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The Charter Schools Educational Trust Safeguarding - Responding to self-harm in children and young people policy

Policy owner	Cassie Buchanan, CEO and Trust Safeguarding Lead
Adopted	July 2026
Next review	(review annually, or sooner if statutory guidance changes)
Linked policies	Child Protection and Safeguarding; First Aid; Online Safety; Behaviour; PSHE; Anti-Bullying; Attendance
Statutory framework	KCSIE 2026; Working Together to Safeguard Children 2026; NICE NG225 (2022, updated 2024); London Safeguarding Children Procedures (8th ed., 2026)

1. Purpose and scope

Self-harm is a safeguarding matter. This policy sets out how Trust schools recognise, respond to and record self-harm in children and young people, and how we support the pupils, peers, staff and families affected. It applies to all staff, governors, volunteers and contractors, and sits beneath the Trust Child Protection and Safeguarding Policy.

It should be read alongside the associated *Self-Harm Toolkit* which contains operational guidance, scripts, proformas and a full local directory. This policy references rather than duplicates statutory guidance. Staff should already be familiar with KCSIE 2026, Working Together 2026, NICE NG225, and the London Safeguarding Children Procedures.

2. Definitions

We use the NICE 2022 definition. Self-harm is **intentional self-poisoning or injury, irrespective of motive or apparent purpose**. It includes cutting, burning, scratching, biting, hitting, hair-pulling, ingesting harmful substances, overdose and deliberate risk-taking. Disordered eating is addressed in the Mental Health and Wellbeing Policy. Online self-harm (content that encourages or normalises self-harm) is addressed in the Online Safety Policy.

Self-harm and suicide are distinct but related. Most young people who self-harm do not intend to end their life, but self-harm is the strongest single risk factor for later suicide. Every incident is therefore taken seriously. Suicidal ideation or intent triggers the immediate response in section 5.

3. Our approach

- **It could happen here.** We work from the assumption that pupils in our schools are, or may be, self-harming. Vigilance is a universal staff responsibility.
- **Curious, calm, non-judgemental.** Staff respond with warmth. We do not react with shock, moral judgement or promises of secrecy.
- **Evidence informed.** Our response follows NICE NG225, the Stanley and Brown Safety Planning Intervention model, and EEF-aligned principles on mental health in schools.
- **Pupil voice is central.** Safety plans are co-created with the child, developmentally appropriate, and shared with parents and carers unless doing so would place the child at greater risk.
- **Specialist decisions sit with specialists.** Schools do not diagnose, assess suicide risk, dress wounds beyond first aid, or make decisions that rest with CAMHS, the GP or Children's Social Care.

4. Roles and responsibilities

Trust Board	Monitors effectiveness via the Safeguarding Link Committee.
Executive team	Ensures each school has adopted this policy, that training is current, and that data on self-harm incidents is reviewed at least termly.
Headteacher(Principal)	Has overall responsibility for pupil safety. Reviews serious cases personally. Ensures the DSL has capacity and supervision.
DSL / Deputy DSLs	Lead on every case. Co-ordinate initial response, information sharing, referrals, safety planning and Safeguarding Risk Reduction Plans (SRRPs).

Pastoral leads, SENCo, counsellors, MHST	Deliver the ongoing support in the safety plan. Liaise with DSL, parents and external services.
All staff	Recognise signs. Listen. Never promise secrecy. Inform the DSL the same day.
Local Governors	Scrutinise implementation via the safeguarding link governor and termly reporting.

5. Initial response: the first 24 hours

Immediate medical or life risk: call 999

Call 999 if a pupil has taken an overdose, has serious physical injuries, is intoxicated to the point of danger, or has stated a clear plan to end their life. Do not leave the pupil alone. The DSL then contacts the parent or carer unless doing so places the child at greater risk, makes a MASH referral, and arranges a wellbeing check with parents the next day.

Non-immediate medical/life risk

- **Listen.** Take what the child says at face value. Do not probe for detail beyond what is needed to keep them safe.
- **Do not promise secrecy.** Explain, calmly, that you need to tell the DSL so the child can be kept safe.
- **First aid.** Treat any injury under the First Aid Policy. Do not dress wounds that need clinical assessment.
- **Inform the DSL the same day.** The DSL completes a safeguarding risk assessment and decides next steps using the flow chart in Appendix A and, for secondary pupils, the risk assessment proforma in the Toolkit (Section 14).
- **Contact parents or carers. Immediately if injuries/first aid given.** On the same day for all other cases; If informing them would place the child at greater risk, consult the DSL. The DSL consults Children's Social Care before contacting, and records the rationale.
- **Suicidal intent.** The DSL contacts the SLaM CAMHS Crisis Line (9am to 11pm) or NHS 111 option 2 out of hours. We do not send a pupil home to an empty house.
- **Record.** Every incident is logged on CPOMS or MyConcern with action, decision-maker and rationale.

6. Ongoing response

- **Safety Plan.** Co-created with the pupil using the primary or secondary proforma in the Toolkit. Shared with parents and carers unless contraindicated. Kept accessible to the pupil.
- **Safeguarding Risk Reduction Plan (SRRP).** Staff-facing. Identifies risk factors, protective factors and agreed control measures. Names who does what, when. Shared with key staff and, as the default, with parents and carers.
- **Key adult.** The pupil agrees a named adult who provides weekly low-key check-ins, more frequent in high-risk cases. Not clinical, consistent. The key adult debriefs with the DSL or a Deputy DSL fortnightly.

- **Referrals.** Where thresholds are met: MHST, school counsellor, CAMHS SPA, Children's Social Care. Where they are not: signposting to Kooth, Childline, YoungMinds and borough wellbeing services.
- **Review.** Initial follow-up within one week. Safety Plan and SRRP reviewed every two to four weeks initially, less often as the pupil stabilises. Only the DSL closes a case.

7. Information sharing and confidentiality

Information is shared on a need-to-know basis in line with the Data Protection Act 2018, UK GDPR, the Data (Use and Access) Act 2025 and *Information sharing: advice for practitioners* (DfE, 2024). The child's safety is paramount. Consent is sought where appropriate but is not a barrier to sharing where a child may be at risk of significant harm. Staff do not share details with peers, with the wider staff body, or on any channel that is not secure.

8. Peer effect, contagion and online context

Self-harm can spread within peer groups and through online content. The DSL considers the wider peer group in every case, takes advice where needed from the Educational Psychology Service, and remains vigilant for escalation. Online content is reported and managed under the Online Safety Policy.

9. Support for staff

Responding to self-harm is emotionally demanding. Line managers check in with staff involved. Staff can self-refer to Education Support (08000 562 561, free, 24/7) or the Trust's Employee Assistance Programme. The DSL and Deputy DSLs access formal safeguarding supervision.

10. Training, parents and prevention

All staff receive self-harm content in annual safeguarding training. The DSL and Deputy DSLs complete advanced self-harm training, refreshed at least every two years, consistent with NICE NG225 recommendation 1.8.4. Parents and carers are offered information, conversation prompts and signposting via the Toolkit and school communications. Prevention is built into PSHE, RSHE, tutor-time programmes and whole-school wellbeing work.

11. Recording and monitoring

Every conversation, decision, plan, referral and review is recorded on CPOMS or MyConcern. The DSL reviews patterns termly. The Headteacher reports termly to governors on incidents, referrals and themes. The Trust Executive reviews cross-school data annually.

12. Policy review

This policy is reviewed annually or sooner if statutory guidance changes. The Toolkit is reviewed on the same cycle. Local contact details in the Toolkit are checked each September.

Appendix A: Staff decision-making flow chart

The flow chart below supports staff and DSL decision-making from the point of disclosure or discovery through to ongoing support. It should be read alongside the scripts and checklists in the Toolkit.