




BEIS YAAKOV JEWISH HIGH SCHOOL ACADEMY

Self-Harm Policy

Date of approval	September 2025
Date of next review	September 2026
Term of review	Annually
Committee Responsible	S&P Welfare
Prepared By	Mrs T Reznick
Signed by Chair of Committee Mr A Topperman	

Changes Made	Date

Self-Harm Policy 2025-2026

School: Beis Yaakov High School Academy

Named personnel with designated responsibility for safeguarding:

Designated safeguarding lead (DSL)	Mrs T Reznick	T.Reznick@byjhs.org
Deputy designated safeguarding leads (Deputy DSLs)	Mrs N Bor Mr B Myers	N.Bor@byjhs.org B.Myers@byjhs.org
Designated Looked After Children Lead	Mr B Myers	B.Myers@byjhs.org
Designated Lead for the Prevent Duty	Mr B Myers	B.Myers@byjhs.org
Nominated Governor for Child Protection	Mr Daniel Nissen	D.Nissen@byjhs.org
Chair of Governors	Mr A Topperman	A.Topperman@byjhs.org
Designated Mental Health Leads	Mrs L Feingold Mrs A Treblow	L.Feingold@byjhs.org A.Treblow@byjhs.org

Purpose of the Self- Harm Policy

This policy is informed by the generic guidance provided in The Greater Manchester Safeguarding Guidance Chapter 5.9.5– Young People and Self Harm.

In keeping with Beis Yaakov Jewish High school values, vision and aims, this policy aims to address the issues of self-harm:

- how to deal with pupils who self-harm and how to offer support in the short and long-term
- to provide support depending upon the individual needs of the pupil
- to help all pupils improve their self-esteem and emotional literacy
- to support staff members who come into contact with people who self-harm
- how to prevent self-harm from spreading within the school
- to have clear guidelines for staff – who needs to be informed, when do parents and outside agencies need contacting?
- education about self-harm for pupils and staff

This policy is an integral aspect of Beis Yaakov Jewish High School's Safeguarding Policy and Procedures. **The Designated Child Protection Officer** and Deputies are the designated staff responsible for leading the school response to dealing with incidents of self-harm. It is vital that the Self Harm Procedures and Safeguarding Procedures are always a co-ordinated and cohesive process.

Read this policy in conjunction with:

- SEND policy
- Behaviour policy
- Anti- bullying policy
- Child Protection and Safeguarding policy

What is Self- Harm?

Self-harm is primarily a way to cope with feelings that are so distressing that no alternatives are thought to be helpful. Young people say that self-harm works for them in the following ways:

Comfort:

Self-harm may be experienced as soothing and comforting by some young people. This may come about from the release of tension but also by providing an opportunity to seek care and nurture from others. This is particularly important for young people with poor self-regulation skills.

Communication:

Self-harm is primarily a means of regulating feelings rather than gaining a response from others. However, self- harm may also be a means of communicating distress without using words.

Control:

Some young people explain that they feel the need for control in their lives (which is characterised with a lack of control). Self-harm can be seen in terms of gaining control because they can control the injuries to their own bodies. Determining the nature, site, timing and severity of harm to the body is a way of staking claim to one's own body.

Distraction:

Self-harm can provide a distraction from the unbearable emotional pain they feel inside.

Feeling alive or real:

Sometimes young people's real-life experiences leave them feeling numb or unreal. Hurting their body may be experienced as a way of breaking through these feelings and experiencing something that makes them feel alive and real again.

Release of feelings:

By hurting themselves, young people report they can release feelings that feel unbearable when held inside.

Self-punishing:

Some young people carry feelings of shame, low self-esteem and self-blame. These feelings become so hard to bear that some young people harm themselves as a punishment and they may not realise that this is why they self-harm.

Possible Warning Signs of Self Harm

Many young people who self-harm often go to great lengths to conceal their self-harming behaviours. This can result in self-harming behaviours going unnoticed for a significant length of time. However, there are some possible warning signs of self-harm: -

- Unexplained accidents or injuries– cuts, bruises or cigarette burns on wrists, arms, thighs, chest.
- Keeping fully covered, even in warm weather and avoiding situations where removing outer clothing is expected e.g., PE, Games, Swimming Lessons and Outdoor Activities.
- Sharp objects or cutting instruments amongst a young person's belongings
- Blood stains on clothing, towels or bedding
- Blood-soaked tissues
- Unexplained relationship problems and changes in socialising
- Breakdown/ significant changes in typical communication
- Low self-esteem, isolation, irritability and mood changes
- Unexplained changes in sleeping and eating patterns
- Sudden deterioration of performance at school
- Loss of interest in favourite hobbies or sports.

ALL potential incidents of self-harming will be taken seriously and will be dealt with in a supportive and sensitive manner. The most critical issue is ensuring the safety and well-being of any pupil who is displaying self-harming thoughts and behaviours. At Beis Yaakov Jewish High School we aim to provide the most appropriate emotional support possible.

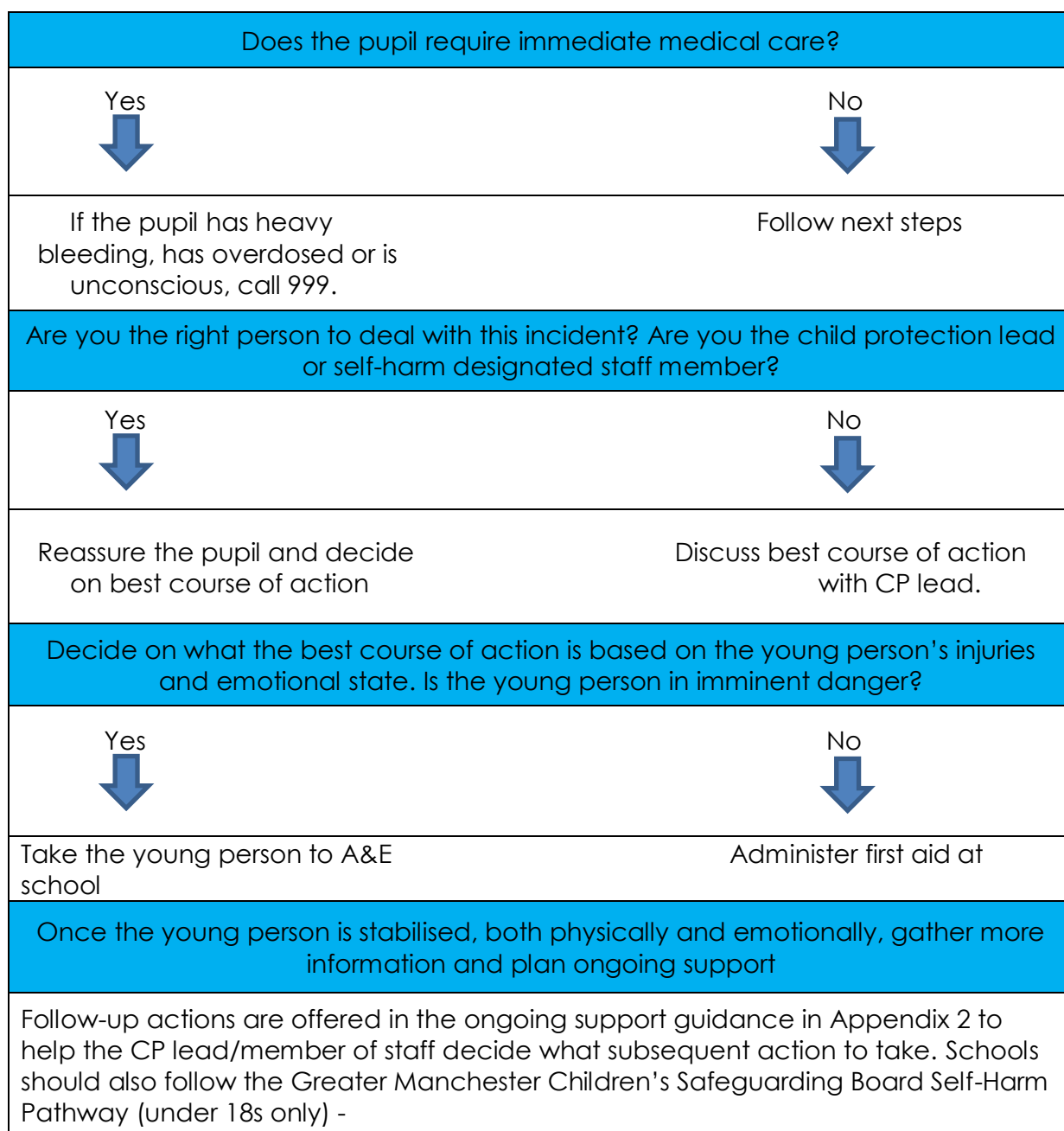
The designated staff member(s) will:

- keep records of self-harm incidents and concerns
- liaise with local services about the help available for people who self-harm
- keep up to date with information about self-harm
- liaise with the Headteacher as appropriate
- contact parent(s) or guardian(s) at the appropriate time(s), wherever possible involve the pupil in this process
- inform the parent(s) or guardian(s) about appropriate help and support available for their child
- monitor the pupil's progress following an incident
- know when people, other than parents, (e.g. social workers, educational psychologists) need to be informed
- know when to seek help to deal with their personal feelings and distress

All staff and teachers are expected to:

- listen to pupils in emotional distress calmly and in a non-judgemental way
- speak confidentially to the designated person(s) if they become aware of a boy who is self-harming, be clear of the timescale in which this is expected
- not make promises (e.g., assuring confidentiality) which can't be kept
- reassure pupils that in order to seek the appropriate support, people need to know about their problems so that they can help
- guide pupils towards appropriate help
- promote problem-solving techniques and non-harmful ways to deal with emotional distress
- enable pupils to find places for help and support
- provide accurate information about self-harm
- broaden their personal knowledge about self-harm and mental health disorders
- be aware of health and safety issues such as first-aid and clearing up if a self-harm incident takes place at the school
- be aware of their legal responsibilities – duty of care, confidentiality, GDPR.

Flow Diagram of action to be taken



Provision of support for other students who have witnessed/know about self-harm

Social contagion refers to the way in which behaviour like self-harm can spread among members of a group.

The risk for contagion is increased when high-status or "popular" pupils are self-harming or when self-harm is used as a means for pupils to feel a sense of belonging to a particular group.

To prevent social contagion in this school, staff must proactively manage discussions around self-harm. If a pupil is self-harming, he or she should be advised not to explicitly talk with other students about engaging in self-harm. Staff should also help pupils manage scars and wounds and visible scars, wounds and cuts should be discouraged.

To prevent social contagion, pupils must not be given explicit details about self-harm. However, educating pupils about signs of distress in themselves and others, as well as teaching the use of positive coping skills, is appropriate. This will be addressed as part of the statutory programme of Relationships, Sex and Relationships and Health Education. This statutory programme incorporates aspects of children and young people's emotional wellbeing and mental health

Provision of support for members of staff who may be experiencing shock/distress following a disclosure or discovery of self-harm.

Staff members need to monitor and care for their own wellbeing on an ongoing basis. Supporting a child or young person who is self-harming can be upsetting as well as rewarding. It is important for the staff member involved to be aware of their own mental health and to acknowledge any distress they may feel. Line Managers need to be careful to ensure that staff members feel they can access appropriate support whenever they need it, but particularly when dealing with these kinds of incidents. Staff can also try some of the self-care techniques to relieve the stress they may feel.

This policy will be reviewed on an annual basis by Mrs Reznick

Appendix One

Self-Harm: Further Guidance and suggested advice to pupils who are self-harming.

Self-harm is a way of expressing and managing emotional distress. So self-harm may serve a number of purposes. It may seem a way of:

- getting the pain out
- being distracted from it
- communicating feelings to others
- finding a kind of comfort
- self-punishing
- attempting to get control over life

People can often feel ashamed or worried about others perception of them if they reveal what they are doing, so it may become a hidden problem. Self-harm includes anything which causes physical harm to the self, where it is a regular habit (such as pulling hair out) or something that is only done at times of stress. It can include less obvious forms, such as risk-taking, eating problems, being in abusive relationships, overdosing, or simply being careless of emotional or physical needs.

Why do people harm themselves?

There are as many reasons why people self-harm, as there are people self-harming. For example, those who have a history of neglect, bullying, isolation, of being put under pressure or other experiences that affect self-esteem are likely to be more vulnerable to engage in this self-coping strategy. It is more prevalent than people think, with recent research showing:-

- Over 19,000 Children and Young People were admitted to hospital for self-harm in England and Wales during 2018/19.
- In 2017/18 ChildLine provided 13,266 Counselling Sessions about self-harm across the UK
- Self-Harming behaviours can begin at any age, but are more commonly identified between 13 and 15 years of age.
- Approximately 18% of pupils aged 12 -15 report self-harming at some point in their life. This would suggest some young people begin self-harming during primary school age.

A common factor in self-harming behaviour is often a sense of helplessness or powerlessness in relation to feelings. Self-harming may sometimes feel relatively painless because of the body's natural opiates. The production of these opiates can in itself become a 'pay-back', which is why there can be quite a compulsion to repeat the experience. It means, though, that some people can become somewhat cut off from their body and their feelings. Others harm themselves in order to escape feelings of detachment and to feel real and alive.

What triggers it?

People may harm themselves once or twice at a particularly difficult time in their life, and never do so again. But self-harming can become an ongoing way of coping with current problems and may occur regularly, on a monthly, weekly, or daily basis, depending on circumstances. The trigger could be a reminder of past difficulties or something in the present which is unexpected and which causes upset. Sometimes, ordinarily life just feels so difficult that self-harm seems the only way to cope with it.

Some steps to positively address self-harming.

Many people who self-harm want to stop hurting themselves and they can do this by trying to develop new ways of coping and expressing themselves. There are also a number of techniques, which have been shown to help reduce the risk of serious injury or minimise the harm caused. It is helpful to understand why it is done and to work out:

- what was going on in life when the self-harm first started
- how it feels just before the urge to self-harm occurs
- whether it always takes place in the same place or in similar situations
- if certain bad memories or thoughts are involved which are difficult to share with others

The following is a list of possible strategies. It is not exhaustive as different people find different things useful. When someone feels like hurting themselves it can help to:

- stop and try to work out what would have to change now in order to no longer feeling like self-harming
- countdown slowly from ten to zero
- point out five things, one for each sense, in the surroundings to bring attention on to the present
- focus on surrounding objects and think about how they look, sound, smell, taste and feel like
- breathe slowly - in through the nose and out through the mouth

If the self-harming feelings are still there, it can help the young person to:

- mark the place that would normally be hurt with the red water-soluble felt tip pen
- hit a cushion or a punch bag to vent anger and frustration, maybe even lining up cushions to represent others and direct angry feelings specifically
- plunge hands into a bowl of ice cubes (though not too long)
- put a rubber band around the wrist and flick it
- put sticking plasters on the parts of the body which otherwise might be harmed

Generally, it can help the young person to:

- keep notes or a 'mood diary' and write down different feelings at different times of the day, noting when self-harming is most likely to happen. Record ways found of coping with and challenging powerful feelings
- talk about feelings with someone supportive so that it does not feel so lonely

- work on building up self-esteem and remember that self-harming is the attempt to express powerful feeling and is not shameful. Try to make positive self-affirmations, instead of only focusing on the negative
- try to find ways to make life less stressful, having occasional treats, eating healthily, getting plenty of sleep, and taking exercise, which is known to lift moods and boost self-esteem.
- know who to talk to in a crisis and how to contact them
- think about ways of dealing with anger and who this anger should really be directed at. Is it appropriate to be self-harming or is someone else the rightful object of your anger? Is the self- punishment deserved?
- create something to help express and alleviate the pain, such as drawing or poem, which can perhaps be shared with others to help explain the feelings.
- listen to music, which naturally raises the mood

If self-harming has become a way of coping with stressful and difficult thoughts and feelings, it is important to remember that this doesn't have to be managed alone. Although it is not necessarily easy to stop, it can be done. Many people have come through it with the help and support of the people around them.

Appendix Two

Ongoing support/ guidance for designated lead staff

It is important to assess the young person at regular intervals as things may change. It is good practice to keep a record of these meetings, and record any information you gather during discussions with the young person and their parents. (*a model Incident record is attached to the policy*) If other professionals are involved you may want to consider initiating a multi-agency meeting to make certain the young person has the opportunity to talk and be taken seriously, you may want to use the following series of questions to help you understand the episode and gather essential information to know how best to respond:-

About the self-harm

- What was used to self-harm?
- When did it take place and where?
- What time of day/night?
- What did the young person do?
- Who was around at the time?
- Who did they tell?
- What did they do?

What is the Self -Harming Behaviours?

Is the young person:-

- Cutting?
- Branding – including burning with hot objects and friction burns ?
- Picking at skin and/or re-opening wounds?
- Hair Pulling – scalp, eye brows, eye lashes or body hair?
- Head Banging against objects?
- Hitting themselves with a heavy object?
- Bone Breaking?
- Repeated punching themselves or hard objects?
- Attempting Ligature Strangulation?
- Cyber Self Harming/'Self Trolling?
- Drinking Harmful Chemicals?
- Deliberately withholding medication (for example Insulin or asthma medication?)

Degree of intent and risk of further self-harm

Along the scale below, what communication did the young person intend?

||.....|

Plea for assistance

Determined attempt to die

- How long has the young person been thinking about harming them self?
- Was the act impulsive or part of a long-standing plan?
- What were they thinking at the time of the event?
- Who knew that they were feeling so bad? What would you have wanted them to do?
- What did they expect to happen as a result of the event?

What other vulnerabilities or contexts affect the self- harming behaviour?

- Trauma: Family violence, child abuse, bullying
- Life events: Parent divorce, exams, and bereavement
- Cultural factors: Identity, sexuality, and language
- Social support: Friendship/relationship breakdown, isolation
- Family: Mental health of parents, domestic violence

Knowledge about the young person's self- harming?

- Who knows the pupil has/is self-harming?
- How does the young person feel about this?
- How have parents/carers been engaged?
- What support has been provided to the young person and their parent/carer?

What services need to be involved?

- Has a referral been made previously?
- Consider referral to CAMHS /discuss with Primary Mental Health
- School nurse: Complete and submit a form indicating concern
- GP: Complete and send a 'Consent to share information' form to GP

Reassess regularly - is a follow-up required?

- Follow up with head teacher and the designated lead for self-harm (Safeguarding or Mental Health)
- Follow up with the School Nurse and GP
- Follow up with CAMHS or Primary Mental Health
- Follow up with young person and/or parents

Is additional support required by the young person and/or parents?

- Consult the online [Emotional Health Service Directory | Partners in Salford](#)