SELF HARM POLICY

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SELF HARM POLICY

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1. Introduction to the Policy

This policy sets out the framework, principles, and procedures that **Byram House** follows to understand, manage, and reduce the risk of self-harm by children and young people in our care. The policy applies to all staff, agency workers, volunteers, and contractors working at Byram House, whether at 62 Deighton Road, 66 Deighton Road, or elsewhere.

The Home is Byram House, which comprises the two residences at 62 Deighton Road and 66 Deighton Road. This policy applies equally across both residences.

IMS Care LTD is committed to providing high-quality care in safe, friendly, supportive environments. We aim to do the best for each person we support. This policy focuses on effectively managing and reducing the risk of self-harm by developing an understanding of the reasons for the behaviour and implementing good professional practice.

The terms **self-harm** and **self-injury** are sometimes used interchangeably, but they are different. This policy addresses self-harm (including suicidal intent and harmful behaviours such as overdose, cutting, hanging). For self-injury (destruction of body tissue without suicidal intent), please see the accompanying **Self-Injurious Behaviour Policy**.

The objectives of this policy are to:

- Ensure compliance with all relevant legislation, including the **Mental Health Act 1983 (as amended 2007)** , the **Mental Capacity Act 2005 (as amended)** , the **Human Rights Act 1998**, the **Children's Homes (England) Regulations 2015**, and **Working Together to Safeguard Children 2026**.
- Provide staff with a clear understanding of self-harm, its functions, risk factors, triggers, and warning signs.
- Establish robust assessment, care planning, and risk management frameworks, including safety planning and multidisciplinary team (MDT) involvement.
- Ensure immediate and appropriate responses to self-harm incidents, including first aid, confidentiality management, and referral to emergency services where needed.
- Support staff who witness or manage distressing incidents through supervision, reflective practice, and counselling.

2. How this Policy Benefits the Home

This Self-Harm Policy benefits Byram House in the following ways:

- **Legal Compliance** – It meets duties under the **Mental Health Act 1983**, **Mental Capacity Act 2005**, **Human Rights Act 1998** (Article 2 – right to life, Article 3 – freedom from inhuman or degrading treatment), **Children's Homes (England) Regulations 2015**, and **Working Together to Safeguard Children 2026**. It also aligns with **NICE guidance on self-harm** (CG133 and CG16, as updated) and the **Mental health and behaviour in schools** guidance.
- **Child Safety** – It provides clear guidance on immediate responses (assess physical harm, call 999 for overdose or serious injury, preserve ligatures for police, follow first aid). It also emphasises the need to take all self-harm seriously, even without apparent suicidal intent.
- **Understanding and Prevention** – It distinguishes between intrapersonal and interpersonal functions of self-harm, lists risk factors (individual, family, social) and triggers, and provides warning signs to help staff identify at-risk children.
- **Safety Planning** – It promotes the use of individualised safety plans (with the child's involvement) to empower the child and develop alternative coping strategies.
- **Staff Support** – It acknowledges the emotional impact on staff and commits to supervision, debriefing, reflective practice, and access to confidential counselling.
- **Clinical Collaboration** – It defines the role of Clinical and Wellbeing Teams and CAMHS in assessment, risk management, and post-incident support, with appendices for services with or without in-house clinical teams.
- **Inspection Readiness** – The **Social Care Common Inspection Framework (SCCIF) 2026** expects homes to demonstrate effective management of self-harm and mental health crises. This policy provides clear evidence.

3. Definitions & Legislation

3.1 Definitions

Term	Definition
Home	Byram House, the children's home registered with Ofsted, comprising two residences at 62 Deighton Road and 66 Deighton Road.
Company	IMS Care LTD, the registered provider and legal entity responsible for operating Byram House.
Byram House	The name used throughout this policy to refer to the home and its staff.
Self-Harm	Any act of self-poisoning or self-injury (e.g., cutting, overdose, hanging, running into traffic) irrespective of motivation. It may include suicidal intent or be a way to escape unbearable emotional pain, reduce tension, or elicit care.
Self-Injury	Destruction or alteration of one's own body tissue without conscious suicidal intent (covered by the separate Self-Injurious Behaviour Policy).
Suicidal Intent	A desire to end one's own life. Self-harm with low intent can still be fatal (e.g., misjudged overdose). All self-harm must be taken seriously.
Ligature	Any item placed around the neck to restrict the airway, used for hanging or strangulation.
Safety Plan	A personalised, practical plan that helps a child to identify warning signs and use coping strategies or seek help before a self-harm crisis escalates.
Contagion Effect	The phenomenon where self-harm or suicidal behaviour in one person (especially a peer) increases the risk of similar behaviour in others.

Intrapersonal Function	Self-harm used as a coping mechanism to manage strong internal emotions; often hidden.
Interpersonal Function	Self-harm used as a form of communication or attachment seeking; often visible to others.

3.2 Key Legislation and Statutory Guidance

Legislation / Guidance	Key Provisions	Relevance to this Policy
Mental Health Act 1983 (as amended 2007)	Provides for assessment, treatment, and detention of individuals with mental disorders. Code of Practice 2015 promotes least restrictive options.	A child who self-harms with suicidal intent may require assessment under the Act. Staff must know when to seek mental health crisis support (CAMHS crisis team, 999).
Mental Capacity Act 2005 (as amended)	Presumes capacity unless assessed otherwise. Requires best interests decisions for those lacking capacity.	Some children may lack capacity due to intoxication or mental distress. Interventions (including restraint) must be in their best interests.
Human Rights Act 1998	Article 2 – right to life. Article 3 – prohibition of inhuman or degrading treatment. Article 8 – right to private life.	The home has a positive duty to protect children from serious self-harm and suicide. Any restrictions must be lawful, necessary, and proportionate.

Children's Homes (England) Regulations 2015	Regulation 23 – health and wellbeing. Regulation 40 – notification of serious events to Ofsted. Quality Standards – behaviour management, staff training.	The home must have policies and trained staff to manage self-harm. Serious incidents (hospital admission, ligature use) require Regulation 40 notification.
Working Together to Safeguard Children 2026	Published March 2026. Strengthens multi-agency accountability and responses to extra-familial harms, including self-harm and mental health crises.	Self-harm is a safeguarding concern. The home must work with CAMHS, social care, and clinical teams, and share information appropriately.
NICE guideline CG133: Self-harm in over 8s – long-term management (2011, updated 2022)	Recommends individualised care plans, regular review (at least 12 months), psychosocial assessment, and psychological interventions.	The home must develop care plans informed by risk assessment and review them regularly.
NICE guideline CG16: Self-harm in over 8s – short-term management and prevention of recurrence (2004, updated 2022)	Covers immediate management, risk assessment, first aid, and referral to mental health services.	Staff must know how to respond immediately to self-harm, assess physical harm, and when to call 999.
Social Care Common Inspection Framework	Effective 1 April 2026. Focuses on children's lived experience,	Inspectors will evaluate how the home supports children who

(SCCIF) for Children's Homes 2026	effective risk management, and staff competence.	self-harm, the quality of safety plans, and staff training.
Health and Safety at Work etc Act 1974	Duty to ensure health and safety of employees and others.	The home must protect staff from harm arising from managing self-harm (e.g., training in safe removal of ligatures, providing cutters).
Mental health and behaviour in schools (DfE, 2018, updated)	Provides guidance on identifying and responding to self-harm in educational settings.	Although this is a children's home, the principles of early identification, risk assessment, and liaison with mental health services apply.

4. The Policy

4.1 What is Self-Harm? (Distinction from Self-Injury)

Self-harm is any behaviour such as self-cutting, swallowing objects, taking an overdose, hanging, or running in front of cars where the intent is to deliberately cause self-harm. Some people who self-harm have a strong desire to kill themselves. However, other factors motivate self-harm, including:

- A desire to escape an unbearable situation or intolerable emotional pain.
- To reduce tension.
- To express hostility.
- To induce guilt or to increase caring from others.

Even if the intent to die is not high, self-harming behaviour expresses a powerful sense of despair and **must be taken seriously**. Some people who do not intend to kill themselves may do so because they do not realise the seriousness of the method chosen or because they do not get help in time.

Distinction from self-injury (Department of Health's Self-Harm Expert Reference Group):

- **Self-injury** – destruction or alteration of body tissue without conscious suicidal intent (e.g., head banging, biting, skin picking). See the accompanying Self-Injurious Behaviour Policy.
- **Self-harm** is a broader term that includes self-injury as well as harmful acts such as drug misuse, overdose, and hanging.

For the purposes of this policy, self-harm includes both suicidal and non-suicidal acts that pose a risk to life or significant physical harm.

4.2 Understanding Self-Harm – Functions, Risk Factors, Triggers and Warning Signs

Functions of self-harm (in young people with complex trauma):

Function	Description
Intrapersonal	Self-harm is a coping mechanism to manage strong emotions (anger, sadness, numbness). Often hidden (e.g., cutting on thighs).
Interpersonal	Self-harm is relational – "attachment seeking" or "attention needing". Often visible, used to communicate distress when the child cannot express needs verbally.
Mixed	A combination of both intrapersonal and interpersonal functions.

Risk factors (particularly in combination):

Domain	Factors
Individual	Depression/anxiety, poor communication skills, low self-esteem, poor problem-solving, hopelessness, impulsivity, substance misuse, bereavement, perfectionism, exam pressure.
Family	Unreasonable expectations, neglect or abuse (physical, sexual, emotional), being looked after, poor parental relationships, parental separation/loss, depression or self-harm in the family.
Social	Difficulty making relationships/loneliness, persistent bullying or peer rejection, easy access to drugs/medication or methods of self-harm, contagion effect, difficult anniversaries, criminal behaviour, school difficulties.

Triggers (events that may precipitate self-harm):

- Family relationship difficulties (most common trigger for younger adolescents).
- Peer relationship difficulties, break-up (most common for older adolescents).
- Bullying/cyberbullying.
- Significant trauma (bereavement, abuse).
- Child sexual exploitation.
- Self-harm behaviour in other young people (contagion effect).
- Identification with a peer group that promotes self-harm.
- Media portrayal of self-harm.
- Difficult times of year (anniversaries).
- Trouble in school or with the police.
- Pressure to conform/achieve (family, school, peers).
- Exam pressure.
- Times of change (parental separation/divorce).

Warning signs (behavioural changes that may indicate self-harm):

- Changes in eating/sleeping habits.
- Increased isolation from friends/family.
- Changes in activity and mood (more aggressive or withdrawn).
- Lowering of academic grades.
- Talking about self-harming or suicide.
- Frequent injuries (cuts, bruises, burns) with suspicious explanations.
- Wearing long sleeves/trousers in warm weather (to cover injuries).
- Wearing bangles, bracelets, wristbands (to cover injuries).
- Low self-esteem or increased negative self-talk.
- Difficulty handling emotions or easily overwhelmed.
- Extreme sensitivity to rejection.

- Self-defeating comments.
- Extreme emotional ups and downs.
- Avoiding sports/activities that would show skin.
- Presence of eating disorders, drug/alcohol misuse, excessive risk-taking.
- Discovery of tools (razor blades, lighters, paper clips).
- Bloodied tissues or clothing.
- First aid supplies being used quickly.
- Rubbing arms (through sleeves) as cuts heal.
- Withdrawing from activities once enjoyed.
- Increased time alone.
- Increased time with peers who self-harm.

4.3 Methods of Self-Harm (including Ligature Use)

Young people may use a variety of methods. Past behaviour is often an indicator of future behaviour. Self-harm can also have a contagion effect.

Common methods:

- Cutting (arms, legs, torso).
- Taking an overdose of tablets (prescription, over-the-counter, or illicit).
- Swallowing hazardous materials or substances.
- Burning (physical or chemical).
- Over/under medicating (e.g., misuse of insulin).
- Punching/hitting/bruising.
- Hair pulling, skin picking, head banging.
- Episodes of alcohol/drug/substance misuse or over/under eating (when done with intent to harm).
- Risk-taking behaviours (running into traffic, jumping from heights).

- **Ligature use** (hanging or strangulation).

Ligature use – specific guidance:

- Ligatures can be fixed (tied to a secure point) or non-fixed. Points do not have to be high – ligatures can be used when kneeling or sitting. Manual strangulation is also possible.
- On every occasion when a person ties a ligature, staff must **remove the ligature as quickly as possible** using trained techniques and ligature cutters (see Ligature Policy).
- For individuals who regularly use ligatures, management strategies must be agreed with the MDT and Clinical and Wellbeing Team, detailed in the Support Plan and risk assessment.
- Staff in homes where a ligature risk has been identified will receive annual training on ligature awareness and use of ligature cutters.
- If an individual ties a ligature for the first time, advice must be sought from the MDT and Clinical and Wellbeing Team immediately following the incident.

What keeps the self-harm cycle going?

Once self-harm (particularly cutting) is established, it can become a coping mechanism. The body releases endorphins in response to pain, giving temporary relief. This can be addictive. Young people may say that physical pain is easier to bear than emotional pain.

Function of self-harm in the cycle	Example
Reduction in tension	“Safety valve” after anger
Distraction from problems	Focus on wound instead of school stress
Form of escape	From overwhelming feelings
Outlet for anger and rage	Punishing self instead of others
Opportunity to feel real	Reverses emotional numbness
Way of punishing self	For perceived failures

Way of taking control	Over one’s own body when life feels out of control
Care-eliciting behaviour	To get help and attention
Non-verbal communication	Of abuse or distress
Suicidal act	Intent to end life

4.4 How to Respond When Self-Harm Has Occurred

Immediate response:

1. **Stay calm** – Indicate that you feel confident and supportive, even if anxious.
2. **Acknowledge the child’s courage** – Thank them for seeking help or allowing you to see the injury.
3. **Acknowledge the self-harm** – Use neutral language, e.g., “I can see you’ve hurt yourself.”
4. **Explain confidentiality limits** – Let them know you need to share information to keep them safe (with the relevant people), but you will not share unnecessarily.
5. **Provide first aid** – Follow first aid guidelines (see below). If you are not trained, call for a trained first aider.
6. **Call emergency services (999) immediately if:**
    - The child is unconscious, has taken an overdose (any amount), has swallowed a harmful substance, is bleeding heavily, or has used a ligature (even if now removed).
    - You are unsure of the severity.
7. **If using a ligature** – Remove it as quickly as possible using trained techniques and ligature cutters. Preserve the ligature for police investigation.
8. **Stay with the child** – Do not leave them alone until medical help arrives or they are stable.

First aid guidance for self-harm:

- **Cuts** – Apply pressure with a clean cloth to stop bleeding. Do not use tourniquets. If wound is deep or gaping, or if bleeding does not stop, call 999.

- **Overdose** – Call 999 immediately. Do not induce vomiting. Try to find out what and how much was taken.
- **Burns** – Cool with running water for 20 minutes. Cover with cling film or a clean, non-adhesive dressing. Call 111 or 999 depending on severity.
- **Head banging** – Follow the Head Injury Protocol (see Self-Injurious Behaviour Policy, Appendix C).

After immediate medical needs are addressed:

- **Do not punish or moralise** – Avoid saying things like “How could you do this?” or “You’re being silly.”
- **Involve the child in decisions** about next steps, where possible.
- **Inform the Designated Safeguarding Lead (DSL)** and the child’s social worker without delay.
- **Follow the home’s safety planning process** (see section 4.5).

4.5 Immediate Coping Strategies and Safety Planning

A **Safety Plan** is a personalised, practical tool to help a child recognise when a crisis is building and use alternative coping strategies before self-harm occurs. Staff should work with the child (where age and understanding allow) to develop and update the safety plan.

Components of a safety plan (adapted from Samaritans):

Section	Example
Warning signs (thoughts, feelings, behaviours)	“I start to feel numb, isolated, and I want to cut.”
Coping strategies (internal)	“Take 10 deep breaths, count backwards from 100.”
People to call for support (distraction)	“Friend, key worker, helpline.”
Professional help (local crisis numbers)	“CAMHS crisis team: 0800..., 999.”
Making the environment safe	“Give my blades to staff.”
Reasons for living	“My pet, my best friend.”

Alternative coping strategies (distraction list – see NSHN resource):

Category	Examples
Physical	Go for a run, throw socks at the wall, dance, squeeze a stress ball.
Creative	Sing, draw, write a letter (not to be sent), play an instrument.
Comforting	Cuddle a soft toy, have a warm bath, wrap in a blanket, drink hot chocolate.
Constructive	Bake a cake, clean a cupboard, tidy the room, build a model.
Fun	Play a computer game, watch a favourite TV show, listen to upbeat music.
With others	Talk to a friend, sit in the communal area, call a helpline.
Inspiring	Yoga, meditation, mindfulness, read a positive quote.

Other immediate coping techniques:

- Writing down feelings (without censorship).
- Rubbing an ice cube on the skin (simulates cutting without harm).
- Snapping an elastic band on the wrist (a harm-reduction technique – use with caution and only as a short-term measure).
- Ringing a helpline (Childline 0800 1111, Samaritans 116 123).

4.6 Reviewing the Environment and Risk Assessment

Every child at risk of self-harm must have an up-to-date **self-harm risk assessment** as part of their care plan. The risk assessment should be:

- Reviewed regularly (at least every 12 months, or after any significant incident or change in presentation).
- Shared with the MDT, Clinical Wellbeing Team, and placing authority.
- Used to **modify the environment** to reduce opportunities for self-harm.

Environmental safety measures include:

- Removing potential self-harm items (razor blades, sharp objects, lighters, cords, plastic bags, medications not stored securely).
- Locking away medications (only accessible to staff).
- Using anti-ligature fittings (where risk assessment indicates).
- Ensuring the child does not have unsupervised access to high risk areas (balconies, kitchens with knives).
- Reviewing restrictions regularly to ensure they remain proportionate and least restrictive.

Note: Items that a child has used in the past are predictive of future use. Removing them may cause the child to find other items; therefore, removal should be accompanied by psychological support and safety planning.

4.7 Physical Intervention and Restraint

Some serious self-harming behaviour may require staff to physically intervene to prevent immediate, significant harm (e.g., a child attempting to tie a ligature, jump from a height, or stab themselves with a sharp object).

- Physical intervention must be a **last resort**, used only when there is an immediate risk of serious harm.
- Interventions must be proportionate, lawful, and in the child's best interests (Mental Capacity Act 2005).
- Staff must use only approved techniques Proactive Team Teach in which they have been trained.
- All physical interventions must be recorded on the home's electronic recording system (Access) within **24 hours**.
- A **debrief** must be held with all staff involved and, where appropriate, with the child (when calm and able to engage).
- The MDT must be informed and regularly review the child's Support Plan following any incident involving restraint.

4.8 Seeking Professional Support (Clinical Teams, CAMHS)

Clinical Wellbeing Teams:

- The home must notify the **Clinical and Wellbeing Team** of any self-harm incident (or attempt) as soon as possible (within one working day, or immediately for serious incidents).
- The Clinical Team will:
    - Review the child's self-harm risk assessment and safety plan.
    - Consider whether additional support (psychological intervention, medication review) is needed.
    - Advise on staff training, reflective practice, or environmental modifications.
    - Where there is no in-house clinical team, liaise with CAMHS (see Appendix A).

Referral to CAMHS (Child and Adolescent Mental Health Services):

- In collaboration with the Clinical Wellbeing Team (or directly if no in-house team), a decision should be made about whether a CAMHS referral is required.
- Indications for CAMHS referral include:
    - High risk factors (e.g., suicidal intent, impulsivity, previous serious self-harm requiring hospitalisation).
    - Underlying mental health condition (depression, anxiety, emerging personality disorder).
    - Lack of response to in-house support or safety planning.
    - Need for specialist therapeutic intervention (e.g., cognitive behavioural therapy, dialectical behaviour therapy).
- The home will support the referral and advocate for timely access.

Emergency mental health crisis:

- If a child is in immediate danger (actively suicidal, has taken an overdose, etc.), call **999** and ask for an ambulance.
- For urgent mental health support (non-life-threatening), contact the local **CAMHS crisis team** or **111** and select the mental health option.

4.9 Supporting Staff After Incidents

Observing and managing self-harm can be distressing and traumatic. The home is committed to supporting staff.

Support measures include:

- Regular supervision (at least monthly) where self-harm incidents can be discussed.
- Reflective practice sessions (group or individual) facilitated by the Clinical and Wellbeing Team or external provider.
- Post-incident debriefs within 48 hours, focusing on emotional wellbeing and learning.
- Access to a confidential Employee Assistance Programme (EAP) or counselling service.
- Time off if needed after a particularly traumatic incident, in line with the home's sickness policy.

The Registered Manager must ensure that staff are aware of these support options and are encouraged to use them without fear of stigma.

4.10 Reporting and Recording

All incidents of self-harm must be:

- Recorded in the child's daily notes and incident log.
- Reported in weekly reports and on the home's electronic recording system (Access / Sleuth).
- Notified to the Registered Manager and the Clinical and Wellbeing Team within agreed timescales (no longer than one working day for serious incidents).
- For serious injuries (e.g., overdose requiring hospitalisation, ligature use requiring cutting, loss of consciousness), a **Regulation 40 notification** to Ofsted must be made without delay.
- For work-related injuries to staff, a **RIDDOR report** may be required.
- Where a crime may have been committed (e.g., supply of drugs to a child used for overdose), the police should be consulted.

Sharing information with parents / social workers:
Unless doing so would place the child at further risk, the child's parent(s) and social worker must be informed of the self-harm incident (subject to the child's consent where appropriate, but safeguarding overrides consent).

5. How the Home Trains its Staff About this Policy

Byram House provides structured training to ensure all staff understand and can implement this Self-Harm Policy effectively.

Training Element	Frequency	Method / Content
Induction	Upon appointment	Face-to-face training covering: definition of self-harm vs self-injury, functions (intrapersonal/interpersonal), risk factors, triggers and warning signs, immediate response (first aid, ligature removal, 999 calling), safety planning, alternative coping strategies, environmental risk reduction, physical intervention (when allowed), reporting and recording, and the dual-site operation (62 & 66 Deighton Road).
Annual refresher	Every 12 months	Classroom or virtual session covering updates to legislation (NICE guidance, SCCIF 2026, Working Together 2026), case studies, and refresher on first aid and safety planning.
First aid for self-harm	At induction and biennially	Practical training on managing cuts (pressure), burns (cooling), overdose (do not induce vomiting), and ligature removal (use of cutters).

Ligature awareness and cutter use	Annually (where risk identified)	Practical training on safe removal of ligatures, use of cutters, and post-incident preservation of evidence.
Safety planning	Annually	Training on how to co-create a safety plan with a child, using the Samaritans or similar template, and reviewing it regularly.
Mental health crisis response	Annually	Training on recognising suicidal ideation, when to call 999 vs 111 vs CAMHS crisis team, and de-escalation.
Staff support and self-care	Annually	Training on recognising vicarious trauma, debrief procedures, and accessing counselling.

Staff are required to:

- Read and sign this policy annually.
- Complete all mandatory training sessions.
- Know the location of first aid equipment, ligature cutters, and the safety plan templates.
- Immediately report any self-harm incident or warning signs to the Registered Manager and Clinical Team.

6. Related Policies and Guidance

This policy must be read in conjunction with:

- Safeguarding Policy
- Self-Injurious Behaviour Policy
- Ligature Policy
- Behaviour Management Policy
- Physical Intervention Policy
- Health and Safety Policy
- Accident and Incident Reporting Policy (including RIDDOR and Regulation 40)
- Data Protection Policy
- Care Planning and Risk Assessment Policy
- Supervision Policy (Staff)
- Children's Homes (England) Regulations 2015
- Working Together to Safeguard Children 2026
- Social Care Common Inspection Framework (SCCIF) for Children's Homes 2026
- NICE guideline CG133 (long-term management of self-harm)
- NICE guideline CG16 (short-term management and prevention of recurrence)
- Mental health and behaviour in schools (DfE guidance, for principles)

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7. Appendices

Appendix A – Guidance for Services with No In-House Clinical Team

- For services without a dedicated in-house clinical team (e.g., psychologist, behaviour analyst), staff must rely on external clinical support:
  - **CAMHS** (Child and Adolescent Mental Health Services) for mental health assessment and intervention.
  - **Local authority commissioned psychology services** or **community learning disability teams** for functional analysis and behaviour support.
- The Registered Manager must ensure:
  - A clear referral pathway to CAMHS is established and known to all staff.
  - Contracts or service level agreements are in place for access to clinical oversight (e.g., regular MDT meetings with CAMHS professionals).
  - All self-harm incidents are notified to CAMHS or the relevant clinical commissioning group within agreed timescales.
- For functional analysis tools (FAST, MAS, QABF, etc.), a suitably trained professional (e.g., CAMHS clinician) should be consulted.

Appendix B – Guidance for Services with an In-House Clinical Team

- In-house clinical teams (e.g., psychologists, behaviour analysts, mental health nurses) are responsible for:
  - Completing self-harm risk assessments and functional analyses.
  - Co-developing safety plans and care plans with the MDT.
  - Providing training and reflective practice to care staff.
  - Notifying the Registered Manager immediately of any new or escalating self-harm.
  - Liaising with external agencies (CAMHS, GP, crisis teams) for specialist input when in-house expertise is insufficient.
- Clinical team members should attend regular team meetings (at least monthly) and be available for emergency consultation.

8. Policy Approval and Review Details

Byram House

Policy Name	Self-Harm Policy	
Home	Byram House	
Reviewed by	Danyaal Iqbal / Mustafa Amin	Deputy Manager / Registered Manager
Approved by	Stacey Wagstaffe	Responsible Individual
Date	May 2026	