




## Self-Harm Policy

Signed	
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### Equality Statement

Centre Academy London is committed to a policy of equality and aims to ensure that no employee, job applicant, pupil or other member of the school community is treated less favourably on grounds of sex, race, colour, ethnic or national origin, marital status, age, sexual orientation, disability, or religious belief. We provide a safe, supportive, and welcoming environment

*Centre Academy London is committed to safeguarding and promoting the welfare of children and young people and expects all staff to share this commitment.*

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# 1. Introduction

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours, and that this figure is higher amongst specific populations, including young people with special educational needs. School staff at CAL can play an important role in preventing self-harm and also in supporting students, peers and parents of students currently engaging in self-harm.

This document describes CAL's approach to self-harm. This policy is intended as guidance for all staff including non-teaching staff and governors.

As a school we have a responsibility to meet the needs of our pupils, and it is important that we all know how to best approach the issue of self-harm. This policy must be read in conjunction with our safeguarding policy. We want all staff to feel confident, informed, and able to respond to young people who self-harm. Any child or young person, who self-harms must be taken seriously, and appropriate help and intervention should be offered at the earliest point. Any practitioner, who is made aware that a child or young person has self-harmed should talk with the child or young person without delay. If staff have a mental health concern that is also a safeguarding concern, immediate action should be taken, following their school's child protection policy, and speaking to the designated safeguarding lead or a deputy (KCSiE).

# 2. Aims

We know that young people remain concerned with the attitude of front-line professionals who lack understanding of self-harm: 'Unacceptable attitudes and comments of professionals have a negative effect on the ways in which young people access help and support. It is crucial that front-line professionals involved with a young person who self-harms are open minded and compassionate' (Cole-King et al, 2013).

As a school we have a responsibility to meet the needs of our students, and it is important that we all know how to best approach the issue of self-harm. This policy aims to:

- Increase understanding and awareness of self-harm.
- Alert staff to warning signs and risk factors.
- Provide support to staff dealing with students who self-harm.
- Provide support to students who self-harm and their peers and parents/carers.

Young people benefit from a non-judgemental approach from a person who is able to listen to them, foster a good relationship with them and encourage them to establish positive relationships with services (*Royal College of Psychiatrists*).

This policy aims to encourage staff to talk with young people about self-harm when appropriate, in particular when they are aware that they are struggling with their lives. Asking about self-harm does not increase the behaviour, and we want staff to be confident in having these conversations.

### 3. Definition of Self-Harm

The term self-harm used in this policy refers to any act of self-poisoning or self-injury carried out by an individual, irrespective of motivation. Self-harm is a sign that a young person is experiencing significant emotional distress.

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- Self-cutting, scratching, scraping, or picking skin.
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Under medicating (Insulin)
- Hanging
- Suffocation
- Swallowing hazardous materials or substances
- Burning or scalding
- Pulling out hair or eyelashes
- Hitting or bruising the head or other parts of the body
- Scouring or scrubbing the body excessively
- Biting parts of the body

Although some people who self-harm may be suicidal, self-harm is often used as a way of managing difficult emotions without being a suicide attempt. However, self-harming can result in accidental death.

It is estimated that about half of autistic people engage in self-injurious behaviour at some point in their life, and it can affect people of all ages (<https://www.autism.org.uk/about/behaviour/challenging-behaviour/self-injury.aspx>).

### 4. Risk Factors

Self-harm can also be linked to high-risk behaviours including:

- Controlled eating patterns such as anorexia, bulimia, or overeating.
- Indulging in high-risk behaviours such as car dodging
- Indulging in high-risk sexual behaviours
- Destructive use of alcohol or drugs
- Suicidal ideation or attempts.

Unwanted emotions such as anger and frustration can be reasons for self-harm, which provides an unhealthy but often cathartic release for pent up feelings. In the autistic community self-harm can also become a fixed pattern of behaviour, or a way for a young person to show others how they feel.

The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm.

#### **4.1 Individual Factors:**

- Depression / anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness – feeling overwhelmed and without any control of their situation.
- Impulsivity
- Drug or alcohol abuse
- Bullying (e.g., because of race or sexuality)
- Frequency of thoughts and actions
- The need for control
- Eating disorders
- Feeling powerless
- Having a friend who self-harms

#### **4.2 Family Factors**

- Unreasonable expectations, excessive punishments, or restrictions
- Neglect or physical, sexual, or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm, or suicide in the family
- Family breakdown
- Drug/alcohol misuse in the family
- Family history of self-harm
- Abuse
- Neglect

#### **4.4 Social Factors**

- Difficulty in making relationships / loneliness.
- Being bullied
- Feeling rejected by peers.
- Abuse
- Availability of methods of self-harm
- Friends who self-harm
- Feeling under pressure due to school or exams
- Feeling the need to socially conform
- Exposure to self-harm via media and internet influences

Because self-harm can reduce tension and help control mood, it can be self-reinforcing and habit forming.

Staff need to understand that it is difficult to break the cycle of self-harm:



#### 4.4 Factors that might make someone more at risk

- Experience of a mental health disorder. This might include depression, anxiety, borderline personality disorder and eating disorders.
- Being a young person who is not under the care of their parents, or young people who have left a care home.
- Being part of the LGBTQIA+ community
- Having been bereaved by suicide (*Extract from Truth about self-harm, Mental Health Foundation*)

#### 4.5 Low risk pupils

Pupils with little history of self-harm, a generally manageable amount of stress, and at least some positive coping skills and some external support.

#### 4.6 Higher risk pupils

Pupils with more complicated profiles – those who report frequent or long-standing self-harm practices, who use high lethality methods, and/or who are experiencing chronic internal and external stress with few positive supports or coping skills.

## 5. Potential Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and staff observing any of these warning signs must share their concerns with the Designated Safeguarding Lead or the Deputy Designated Safeguarding Leads.

Young people often hide their self-harm, but there are several signs that they may be self-harming. These include unexplained cuts, burns or bruises; keeping themselves covered; avoiding swimming or changing clothes around others. Signs of self-harm may be similar to signs of physical or other abuse as it is hard to know who inflicted the injury. It is important that staff are curious when asking children about an injury, and as self-harm is a potential cause for concern, staff need to record and report any observations or conversations they have with pupils about injuries that could be self-harm or abuse, in accordance with the safeguarding policy.

Other non-specific signs of self-harm include becoming withdrawn or isolated; low mood, lack of interest, drop in academic grades; sudden changes in behaviour such as becoming irritable, angry, or aggressive; excessive self-blame for problems, expressing feelings of failure, uselessness, or hopelessness.' (From: *Young people who self-harm, a guide for school staff*)

Self-harm behaviour is usually aimed at coping with life rather than ending it, however, there is an increased risk of suicide if someone already self-harms.

### 5.1 Possible warning signs include

- Changes in eating / sleeping habits (e.g., student may appear overly tired if not sleeping well)
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in behaviour
- Changes in activity and mood e.g., more aggressive or introverted than usual
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness, or loss of hope
- Changes in clothing e.g., becoming a goth

### 5.2 Those who are most likely to harm themselves badly

- Use a dangerous or violent method of self-harm
- Self-harm regularly
- Are socially isolated
- Have a psychiatric illness

## 6. Relationship with Staff Roles

Students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. School staff may experience a range of feelings in response to self-harm in a student such as anger, sadness, shock, disbelief, guilt, helplessness, disgust, and rejection. However, in order to offer the best possible help to students it is important to try and maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.

*'It important that as professionals we must not ask a young person to stop harming. There are many reasons for this. Firstly, due to the addictive nature of self-harm, unless that method of coping is replaced with another in its place you are expecting that individual to give up their coping strategy. Without means to release/process the difficult emotion that they are struggling with, levels of distress will increase and some will move towards suicidal thoughts as they struggle to cope. Secondly, due to the nature of shame and guilt that an individual feel around their self-harm, they will not want to let you down and often unrealistically telling them to stop can drive the issue underground again as they go back to hiding the behaviour.'* (Laura Haddow, Youthscape)

Students need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a student is at serious risk of harming themselves then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should consult the Designated Safeguarding Lead (DSL) or Deputy DSL for safeguarding children. All incidents of self-harming should be reported as a matter of urgency.

Following the report, the DSL (**Ms. Halima Shaker**) and/or Deputy DSLs (**Ms. Maria Palamartsuk and Ms. Kas Lee-Douglas**) will decide on the appropriate course of action. This may include:

- Contacting parents / carers
- Arranging professional assistance e.g., doctor, nurse, social services
- Arranging an appointment with a counsellor
- Immediately removing the student from lessons if their remaining in class is likely to cause further distress to themselves or their peers

In the case of an acutely distressed student, the immediate safety of the student is paramount and an adult should remain with the student at all times.

If a student has self-harmed in school a first aider should be called for immediate help

For more guidance, please refer to CAL's Safeguarding Policy

## 7. Further Considerations

Any meetings with a student, their parents or their peers regarding self-harm should be recorded in writing including:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed
- Check whether a referral to a GP has been made previously
- Reassess regularly by the DSL

This information should be stored in the student's child protection file.

It is important to encourage students to let you know if one of their groups is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be very dangerous and that by seeking help and advice for a friend they are taking responsible action & being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.

The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. Any member of staff wishing for further advice on this should consult the DSL. We encourage students to report fellow students if they think they are at risk of self-harming or of suicide by speaking to a member of staff.

When a young person is self-harming, it is important to be vigilant in case close contacts with the individual are also self-harming. Vigilance is required from all members of staff and any concerns must be raised with the DSL.

We encourage parent carers and families to work in partnership with the school and share any information about their child's self-harming behaviours at home and to support the school's policy on self-harm.

## 8. Informing and supporting Parents/Carers

When the school becomes aware of a young person's self-harm, they will need to have a conversation with the young person about sharing information with their parents/carers, as they need to be involved in supporting their child and accessing further support for them if necessary (unless this would put them at risk of harm). Sometimes young people have a preference of who they would like to be informed, e.g., Mum or Dad. If a young person is reluctant about informing their parents/carers, we will encourage them to think about the benefits of involving their family and how they could help.

Professional judgement must be exercised to determine whether a child or young person in a particular situation is competent to consent or to refuse consent to sharing information. Consideration should include the child's chronological age, mental and emotional maturity, intelligence, vulnerability, and comprehension of the issues. A

child at serious risk of self-harm may lack emotional understanding and comprehension.

Informed consent to share information should be sought if the child or young person is competent unless:

- The situation is urgent and delaying in order to seek consent may result in serious harm to the young person.
- Seeking consent is likely to cause serious harm to someone or prejudice the prevention or detection of serious crime. If consent to information sharing is refused, or can/should not be sought, information should still be shared in the following circumstances:
- There is reason to believe that not sharing information is likely to result in serious harm to the young person or someone else or is likely to prejudice the prevention or detection of serious crime; and
- The risk is sufficiently great to outweigh the harm or the prejudice to anyone which may be caused by the sharing; and
- There is a pressing need to share the information. If a competent child wants to limit the information given to their parents or does not want them to know it at all; the child's wishes should be respected, unless the conditions for sharing without consent apply.'

If you have immediate concerns about the effect of the self-harm injury including an overdose, call 999 straight away.

It is also important that parents/carers are provided with appropriate advice and support about how to support their child with self-harm:

- <https://youngminds.org.uk/find-help/forparents/parents-guide-to-support-a-z/parents-guide-to-support-self-harm/>
- and [https://www.psych.ox.ac.uk/files/news/copy\\_of\\_coping-with-self-harm-brochure\\_final\\_copyright.pdf](https://www.psych.ox.ac.uk/files/news/copy_of_coping-with-self-harm-brochure_final_copyright.pdf)

Parents/carers should be made aware of external support such as helplines, for example YoungMinds, 0808 802 5544 (Young Minds Parents Helpline, Mo-Fr 9.30 – 16.00).

Young people can be directed to helpful websites such as:

- <https://www.swlstg.nhs.uk/our-services/find-a-service/service/wandsworth-camhs>
- [www.kooth.com](http://www.kooth.com)
- [http://www.nshn.co.uk/downloads/Advice\\_for\\_young\\_people.pdf](http://www.nshn.co.uk/downloads/Advice_for_young_people.pdf)
- [www.childline.org.uk](http://www.childline.org.uk)
- [www.youngminds.org.uk](http://www.youngminds.org.uk)
- <https://www.map.uk.net/get-help/mental-health-and-wellbeing/>
- <https://www.selfinjurysupport.org.uk/Pages/Category/self-help-resources>
- <https://www.selfharm.co.uk/>
- [www.harmless.org.uk](http://www.harmless.org.uk)

- <http://epicfriends.co.uk/>
- [www.neurolove.org](http://www.neurolove.org)
- [www.lifesigns.org.uk](http://www.lifesigns.org.uk)
- [www.recoveryourlife.com](http://www.recoveryourlife.com)

### 8.1 Apps

- <https://calmharm.co.uk/>
- <http://self-healapp.co.uk/>
- <https://www.nhs.uk/apps-library/distract/>
- <https://www.nhs.uk/apps-library/chill-panda/>
- <https://www.nhs.uk/apps-library/meetwo/>
- <https://www.nhs.uk/apps-library/thrive/>
- <http://www.self-healapp.co.uk/>

Professionals who need advice when working with individuals who are experiencing mental health difficulties can access help and support by phoning the professionals line on 0300 303 4418.

Whilst schools do not need to ask children to be taken to the GP for a mental health assessment as these can be requested directly from CAMHS, parents/carers may still wish to make an appointment with the GP for additional advice and support.

### 8.2 A helpful guide for Parents and Carers:

- Coping with self-harm: A guide for Parents and Carers
- [Coping with self-harm resource \(charliewaller.org\)](http://charliewaller.org)