



THE ECCLESBOURNE SCHOOL

Learning Together for the Future

SELF-HARM POLICY

May 2023

This Policy was ratified by the Students and Curriculum sub-committee

This policy is to be ratified every two years

This is a non-statutory policy

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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 can play an important role in preventing self-harm and also in supporting students, peers and parents of students currently engaging in self-harm.

2 Scope

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

3 Aims

- To increase understanding and awareness of self-harm
- To alert staff to warning signs and risk factors
- To provide support to staff dealing with students who self-harm
- To provide support to students who self-harm and their peers and parents/carers

4 Definition of Self-Harm

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

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

5 Risk Factors

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

Individual Factors:

- Depression / anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse

Family Factors

- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family

Social Factors

- Difficulty in making relationships / loneliness
- Being bullied or rejected by peers
- Been coerced by social factors for example social media/Tik Tok

6 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 should seek further advice from the Designated Safeguarding Lead (DSL), Clarissa Ourabi or one of the Deputy Designated Safeguarding Leads (DDSL) if the DSL is not available.

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 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. dark colours, dark makeup

7 Staff Roles in working with students who self-harm

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 and helplessness. 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 staff is showing a considerable amount of courage and trust.

Students need to be made aware that it is not possible for staff to offer 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 teacher for safeguarding children, Clarissa Ourabi.

Following the report, the DSL or DDSL will decide on the appropriate course of action. This may include:

- Contacting parents / carers.
- Arranging professional assistance e.g. doctor, nurse, social services.

- 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, first aid issues should be addressed as a priority.

8 Further Considerations

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

- Dates and times
- An action plans
- Concerns raised
- Details of anyone else who has been informed
- Risk assessments created

It is important to encourage students to let you know if one of their group 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 or DDSL.

When a young person is self-harming it is important to be vigilant in case close contacts with the individual are also self-harming. Occasionally schools and colleges discover that a number of students in the same peer group are harming themselves.

9 Responding to Group Self-Harm

Schools and colleges are increasingly reporting incidences of group self-harm which generally consist of:

- A group of students self-harming together
- Usually cutting or burning
- More common amongst some social groups
- Injuries are usually flaunted rather than hidden

In other instances staff may observe self-harm trends with a range of students across different year groups participating in a specific form of self-harm.

Group self-harm usually has entirely different motivations than individual self-harm and should be addressed primarily as a behavioural issue.

The group should be addressed as a whole and a zero-tolerance policy implemented. The following rules should be enforced:

- Injuries must be covered
- Long sleeves in PE if necessary
- Self-harm incidents should be responded to dispassionately and practically

In addition to addressing the group, it is important to talk privately with each individual as a minority may develop a deeper psychological dependence on self-harm. Individuals should also be followed up with some months later as any student who has self-harmed once is more likely than their peers to turn to secretly self-harming in the future as a means of coping with difficult situations.