Self-Harm and Eating Disorders

This policy forms part of a range of policies within the school designed to ensure the safety and well-being of all students at Stoke College. Stoke College is committed to safeguarding and promoting the welfare and well-being of children and young people. We believe that all children and young people, without exception, have a right to be safe and to be treated with dignity and respect regardless of background and free from discrimination. The College recognises that children learn best when they are healthy, safe and secure. Any allegation of child abuse or a safeguarding concern will be treated with the utmost concern.

We will always liaise with relevant external agencies in accordance with locally agreed protocols through Suffolk County Council’s Local Safeguarding Children’s Board (LSCB).

**Contact names**

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Email</th>
<th>Tel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated Safeguarding Lead (DSL)</td>
<td>Mrs Sarah Gensmantel</td>
<td><a href="mailto:s.gensmantel@stokecollege.co.uk">s.gensmantel@stokecollege.co.uk</a></td>
<td>01787 278141</td>
</tr>
<tr>
<td>Alternate Designated Safeguarding Lead (Alternate DSL)</td>
<td>Mr Rob Jaina (Deputy Headteacher)</td>
<td><a href="mailto:r.jaina@stokecollege.co.uk">r.jaina@stokecollege.co.uk</a></td>
<td>01787 278141</td>
</tr>
<tr>
<td>Any other staff trained to DSL level</td>
<td>Mr Rob Jaina</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designated practitioner with responsibility for safeguarding EYFS</td>
<td>Mrs Sarah Gensmantel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headmaster</td>
<td>Mr Frank Thompson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Named Governor for Safeguarding</td>
<td>Mrs Jenny Burrett</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairman of Governors</td>
<td>Mr Jonathan Burchell</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Local Authority contacts**

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stoke College follows the safeguarding protocols and procedures of Suffolk County Council</td>
<td>Suffolk County Council Local Safeguarding Children Board (LSCB): <a href="http://www.suffolkscb.org.uk">www.suffolkscb.org.uk</a>.</td>
</tr>
<tr>
<td>The Local Authority Designated Officer (LADO) for child protection</td>
<td>Dian Campbell and Rennie Everitt</td>
</tr>
<tr>
<td>Suffolk Children’s Social Care (CSC) Services referral team</td>
<td>Customer First</td>
</tr>
<tr>
<td>Suffolk CSC Services out-of-hours contact number</td>
<td>Outside of office hours, please contact the emergency duty team on: 0808 8004005</td>
</tr>
</tbody>
</table>

Where there is a risk of immediate serious harm to a child a referral should be made to Suffolk
Policy Aims
The aim of this policy is to supplement the Current safeguarding policy by providing further detailed guidance to staff about self-harm and eating disorders and the manner in which students who are self-harming should be supported. This policy must be read in conjunction with the Stoke College Safeguarding Policy updated September 2016.

Self-Harm

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. Who the policy is for.
This document describes the College’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

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 one of the DSL/ASL designated Safeguarding Governor Mrs Jenny Burrett.

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 dress.
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, 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.

Students need to be made aware that it will not be possible for staff not to offer complete confidentiality. 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 DSL/ASL or the Designated Governor for safeguarding children Mrs Jenny Burrett. Or contact any of the safeguarding personal and organisations highlighted above.

Following the report, the designated teacher / governor 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 and any treatment documented in line with College Policy.

8. 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

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 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 and 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. Staff should also be aware that when a young person is self-harming it is important to be vigilant in case close friends of the individual are also self-harming. Occasionally it can be the case that a number of students in the same peer group are harming themselves. Therefore it is important that the DSL/ASL is kept fully up to date with any concerns regarding the individuals surrounding the student who has been referred to the DSL/ASL for self harming.

All staff will be made aware of this policy and any updates will be shared with staff at the designated training sessions and in line with national safeguarding training requirements. Any member of staff wishing for further advice on this matter should consult one of the designated teachers for safeguarding children.

Eating Disorders

1. Introduction

School staff can play an important role in preventing eating disorders and also in supporting students, peers and parents of students currently suffering from or recovering from eating disorders.

2. Who is this policy for?

This document describes the school’s approach to eating disorders. This policy is intended as guidance for all staff including non-teaching staff and governors.

3. Aims

- To increase understanding and awareness of eating disorders
- To alert staff to warning signs and risk factors
- To provide support to staff dealing with students suffering from eating disorders.
- To provide support to students currently suffering from or recovering from eating disorders and their peers and parents/carers

4. Definition of Eating Disorders

- Anyone can get an eating disorder regardless of their age, sex or cultural background.
People with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial.

Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretly overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

5. Risk Factors
The following risk factors, particularly in combination, may make a young person particularly vulnerable to developing an eating disorder:

Individual Factors:
- Difficulty expressing feelings and emotions
- A tendency to comply with other’s demands
- Very high expectations of achievement
- Family Factors
- A home environment where food, eating, weight or appearance have a disproportionate significance
- An over-protective or over-controlling home environment
- Poor parental relationships and arguments
- Neglect or physical, sexual or emotional abuse
- Overly high family expectations of achievement

Social Factors
- Being bullied, teased or ridiculed due to weight or appearance
- Pressure to maintain a high level of fitness / low body weight for e.g. sport or dancing.

6. Warning Signs
School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from one of the designated teachers for safe guarding, the Safe guarding Governor Mrs J Burrett or by contacting one of the agencies listed above.

Physical Signs
- Weight loss
- Dizziness, tiredness, fainting
- Feeling Cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Callused knuckles
- Tension headaches
- Sore throats / mouth ulcers
• Tooth decay

**Behavioural Signs**

- Restricted eating
- Skipping meals
- Scheduling activities during lunch
- Strange behaviour around food
- Wearing baggy clothes
- Wearing several layers of clothing
- Excessive chewing of gum/drinking of water
- Increased conscientiousness
- Increasing isolation / loss of friends
- Believes s/he is fat when s/he is not
- Secretive behaviour
- Visits the toilet immediately after meals

**Psychological Signs**

- Preoccupation with food
- Sensitivity about eating
- Denial of hunger despite lack of food
- Feeling distressed or guilty after eating
- Self-dislike
- Fear of gaining weight
- Moodiness
- Excessive perfectionism

7. **Staff Roles**
The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the DSL/ASL OR Safe Guarding Governor Mrs J Burrett aware. Following the report, the designated teacher / governor will decide on the appropriate course of action.

This may include:

- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS – with parental consent
- Giving advice to parents, teachers and other students

Any meetings with a student, their parents or their peers regarding eating disorders will be recorded in writing including:
• Dates and times
• An action plan
• Concerns raised
• Details of anyone else who has been informed
• This information should be stored in the student’s child protection file.

Students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. Students need to be made aware that it will not be possible for staff to offer complete confidentiality. If you consider a student is at risk of causing themselves harm 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.

8. Students Undergoing Treatment for / Recovering from Eating Disorders

The decision about how, or if, to proceed with a student’s schooling while they are suffering from an eating disorder will be made on a case by case basis. Input for this decision should come from discussion with the student, their parents, school staff and members of the multi-disciplinary team treating the student. Stoke College will actively support the continued provision of education for all of its students in consultation with all safe guarding agencies.

The reintegration of a student into school following a period of absence must be dealt with sensitively and carefully and again, the student, their parents, school staff and members of the multi-disciplinary team treating the student may be consulted during both the planning and reintegration phase. Stoke College will work co-operatively with all agencies in all instances regarding safeguarding and the reintegration of students following a period of absence from College.

Version 2016.1 date 29.9.16