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Stoke College

Self-Harm and Eating Disorders Policy

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 and 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 self-harm and eating disorders
- To alert staff to warning signs and risk factors
- To provide support to staff dealing with students who self-harm or might be suffering from eating disorders
- To provide support to students who self-harm or are suffering from eating disorders 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

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 self-harm:

Individual Factors:

- Depression / anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- A feeling of 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

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 e.g. for 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 thoughts of self-harm or suicide.

These warning signs should always be taken seriously and staff observing any of these warning signs should immediately seek further advice from one of the designated teachers for safeguarding children the DSL or ADSL.

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 including discussing these issues online
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing e.g. becoming a goth

Warning signs of eating disorders:

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 in working with students who self-harm or who have an eating disorder

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 or an eating disorder 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 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 or having an eating disorder should consult one of the designated teachers for safeguarding children – DSL, ADSL or the designated governor for safeguarding children. Following the report, the designated teacher / governor will decide on the appropriate course of action. This may include:

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

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 or having an eating disorder. Friends can worry about betraying confidences so they need to know that self-harm and eating disorders 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 or has an eating disorder 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 one of the designated teachers for safeguarding children. When a young person is self-harming or has an eating disorder it is important to be vigilant in case close contacts with the individual are also self-harming or have eating disorders. Occasionally in schools it is discovered that a number of students in the same peer group are demonstrating the same behaviours and this point needs to be monitored.

This policy will be reviewed as part of the safeguarding/child protection policy on an annual basis and utilising lessons learned from cases experienced.

This policy is available to parents of pupils and prospective pupils on request.