

The Governing Body of Denstone College understands its regulatory responsibilities and will maintain an effective oversight of this policy, by evaluating its effectiveness, and reviewing and implementing change.

Risk Assessment Policy

Part 1: Health and Safety Risk Assessment Policy

It is the policy of the College to comply with the Management of Health and Safety at Work Regulations 1999 and its Approved Code of Practice. The College will make a suitable and sufficient assessment of the risks to health and safety of its employees whilst they are at work and pupils and visitors whilst they are at College, to identify the preventative and protective measures necessary to comply with the requirements of relevant statutory provisions. Risk Assessments will be undertaken and relevant documentation produced by the following members of College staff:

- Operations Managers (e.g. Head of Domestic, Grounds, Maintenance, Catering, Enterprise etc.)
- Heads of College / Moss Moor
- Heads of Departments
- Teaching Staff (where relevant)
- EVC / Transport Manager

The person responsible for overseeing that adequate and appropriate risk assessments are completed is the HR Manager.

The College will use the following Risk Assessment recording protocol and assistance for those putting together / updating risk assessments:-

Appendix 1 - Preliminary Information & Hazard Identification

Appendix 2 - General Risk Assessment

Appendix 3 - Risk Rating System

Where the Risk Assessment identifies any appropriate measures /surveillance / health surveillance; this will be carried out, following consultation with suitably qualified and competent persons under the supervision and control of the Premises Manager / Medical Centre /HR Manager or any other appropriate member of staff, within an appropriate timescale.

The College requires that all relevant Risk Assessments, including identified risks and any necessary preventative and protective measures, are brought to the attention of relevant employees (and pupils where necessary) and this is the responsibility of the Heads of Department / Head of College/ EVC/ Transport Manager/ Operational Managers etc.

Laboratory experiments

Where a non - standard laboratory experiment is taking place in the science department that will require additional procedures e.g. the burning of materials that require disposal or the use of chemicals that may pose an additional risk, an additional, specific risk assessment must be completed by the member of teaching staff planning the experiment. The risk assessment should then be forwarded to the HoD and the relevant technician in order for the HoD to approve the activity.

Educational trips / visits

A risk assessment should be completed to cover all trips / visits undertaken by pupils by the member of staff organising the trip / visit. The EVC / Transport Manager is responsible for ensuring that a risk assessment is in place that adequately covers the activity before the trip / visit occurs. It is acceptable to have a general risk assessment that is continuously in place for frequently occurring trips e.g. boarders' trip to Tesco, however the EVC / Transport Manager is responsible for ensuring that these assessments are reviewed at least every 12 months and amended where necessary. The EVC policy gives further guidance and should be referred to.

GENERAL GUIDANCE ON COMPLETION OF GENERAL RISK ASSESSMENTS

The Management of Health & Safety at Work Regulations 1999, Regulation 3, requires employers, i.e. the College, to make a suitable and sufficient assessment of the risks to the health and safety of its employees to which they are exposed whilst they are at work. This is also extended to cover risks to non-employees, e.g. pupils, visitors, contractors; arising out of or in connection with the employer's undertaking.

A General Risk Assessment is nothing more than a general examination of things that could cause harm to people and consideration of measures that can be taken to reduce the likelihood of the hazard occurring or to reduce its severity of harm if it did occur (thus reducing the risk). Therefore a General Risk Assessment involves identifying the **HAZARDS**, evaluating the extent of the **RISKS** involved, taking into account **EXISTING CONTROL MEASURES** and their effectiveness and considering what further action can be taken to reduce the likelihood of the hazard occurring (this reduce the risk). These considerations are then written in a formal document which becomes the risk assessment.

Step 1

The first stage is to **identify what needs to be assessed**. This could be based on assessing individual items of work equipment, particular tasks, cover a particular room such as a classroom or office, an educational visit, a P.E. session or cover whole area/site issues. It is important to cover as many reasonably foreseeable activities within College as possible.

Step 2

For each area / activity to be assessed, the next stage is to **identify all relevant hazards**. A hazard is anything with the potential to cause harm and can include articles, substances, plant or machines, methods of work, games activities, or the work environment. Whatever is being assessed, there are likely to always be a significant number of hazards. Even in a relatively safe, i.e. low risk, environment such as offices, classrooms etc., there will still be a significant number of hazards. Examples could include:-

The **potential** for:-

- Slips, trips and falls - due to slippery substances, uneven flooring, poor condition of floor coverings, trailing cables, obstructions;
- Electrical shock, burn or equipment malfunction from electrical equipment and installations, e.g. damage to equipment or cables, lack of inspection, testing or maintenance, damaged plugs and sockets, uncontrolled access into electrical cupboards/panels; overloading of sockets;
- Enhanced trip or striking hazards due to inadequate lighting;
- Potential injuries due to poorly stored items, unstable fixtures or fittings, fixtures and fittings being in poor condition;

- Sprain, strain, etc. injury from any manual handling, e.g. of stationery, furnishings or furniture;
- Strain or musculoskeletal injury from use of display screen equipment;
- Fire due to combustible materials, inadequate provision of fire-fighting equipment, inadequate means of escape, lack of Emergency Planning and Practices;
- Injury from unprotected low level glazing;
- Ill health due to poor ventilation or high/low temperature;
- Burns, scalds from hot surfaces or liquids.

A Preliminary Information & Hazard Identification Form (Appendix 1) indicates the most obvious Hazards you are likely to encounter and can therefore be used to aid the production of general risk assessments. Identified hazards should then be transferred on to the **HAZARDS** column of the General Risk Assessment Form (Appendix 2)

Step 3

Identify which groups of people may be harmed.

Step 4

Against each identified hazard you should then establish what are the **existing control measures**, ie the preventative and protective measures that are already in place.

Step 5

Evaluate the risk and decide on precautions. To assist in this, a Risk Rating System is used. For each identified Hazard you should consider the:-

- **Effect Severity Rating (ESR)** of the hazard potential, taking into account the existing control measures you have identified are in place;
- **Likelihood/Probability Rating (L/PR)** that the harm will occur, taking into account the effectiveness of any existing control measures you have identified, the number of persons who could be exposed, the duration of exposure, etc.
- The **Risk Rating** indicates the overall risk taking into consideration the ESR and the L/PR and is reached by multiplying the E/SR with the L/PR.

If any relevant control measures identified in the hazard list are missing, then it is likely that these will need to be implemented as an action. Furthermore, you may ascertain that the existing control measures you have identified are ineffective or there is a requirement to undertake a further and separate assessment, eg COSHH, Manual Handling, Display Screen Equipment, Personal Protective Equipment.

As a minimum, even if you consider that all the existing control measures are adequate and reduce the risks to the lowest reasonable level, there will still be a requirement that they are implemented consistently and the relevant HoD / Operations Manager is responsible for this.

Once the General Risk Assessment has been completed it is inevitable that a number of Actions will arise and these should be planned, with the timescales for completion being commensurate with the assessed level of residual risk (ie your Action Priority).

Step 6

Record your findings and implement them. Record all findings in the Departmental Risk Assessment folder and update your Risk Assessments on the I drive. Implement your finding by sharing them with all appropriate staff in a timely manner, and ensuring that you treat your departmental risk assessments as relevant and dynamic documents.

Step 7

Review your risk assessments annually updating them where necessary. A health and safety review will be scheduled with the HR Manager at least every 4 terms to ensure that your risk assessments follow the guidance above and are sufficiently robust.

*****Urgent Actions following RA completion or following a near miss incident*****

Any health and safety actions or concerns that are deemed urgent should not wait for the risk assessment or health and safety review. These must be brought to the attention of HR Manager and the Premises Manager (if appropriate) as soon as possible.

Training on Risk Assessments

This policy will be discussed with all new members of teaching staff and relevant operations staff as part of the new staff induction.

For further information on risks assessments or any other health and safety queries, please refer to the HR office. It is possible, depending upon an individual's role within College, that a more in-depth external risk assessment course could be attended as part of CPD. For more information on this see the HR Manager.

Appendix 1

DENSTONE COLLEGE

PRELIMINARY INFORMATION AND HAZARD IDENTIFICATION

Does the work involve a potential for harm from...

1. Slips/Trips/ Falls
2. Electricity - Portable appliances
3. Electricity – Fixed Installations
4. Low level glazing
5. Fixtures & Fittings
6. Inadequate Lighting
7. Fire
8. Manual Handling
9. Falling Objects, Articles or Equipment
10. Environment (Temperature, Cleanliness etc)
11. Hot or cold surfaces or substances
12. Ill-health from exposure to Hazardous Substances
13. Contact with Objects, Tools, etc
14. Noise
15. Machinery
16. Inability to safely stop equipment
17. Inadequate training
18. Display screen equipment (VDUs)
19. Ejected materials
20. Explosive/Flammable substances e.g. Gas, Petrol
21. Inadequate marking, labelling, means of isolation
22. Working at height
23. Pressure systems
24. PE/Sports activities
25. Drowning
26. Use of minibuses
27. Unsafe working practices
28. Lone working
29. Lack of PPE
30. Expectant mother
31. Radioactive sources
32. Transport
33. Contractors
34. Deteriorating conditions
35. Stress

This list is not exhaustive and there may be other hazards.

Also think about whether there have been any previous accidents or incidents of a similar nature.

People who may be affected by these hazards : Employees, Pupils, members of the public, visitors, other workers

Special groups that may need consideration : Young or inexperienced workers, new & expectant mothers, disabled staff, lone workers

Appendix 2 DENSTONE COLLEGE - General Risk Assessment

Date of Assessment:

Name of Assessor(s)

Location & Subject of Assessment

HAZARDS/FINDINGS	EXISTING CONTROL MEASURES		People Affected	E/SR	L/PR	RR	ACTION TO BE TAKEN TO REDUCE RISKS

Notes

ESR = Effect Severity Rating X L/PR = Likelihood/Probability Rating = RR (Overall risk rating)

Remember to consider if risks can be avoided, the activity substituted, reducing the number of people exposed or their exposure time. If appropriate record your consideration in the Action Column;

Remember to try and identify any measures which could reduce risks further and record in Action Column. This will allow decisions to be made on whether they are reasonably practicable to implement.

For any further guidance or concerns speak to HR Manager / Premises Manager

Appendix 3

DENSTONE COLLEGE
General Risk Assessment - Risk Rating System

1. Effect Severity Rating (ESR)

The Hazard Severity Rating is based on the **potential** severity of injury/loss that could occur assuming there are **NO** Control Measures in place

HAZARD SEVERITY RATING (HSR)	VALUE
MULTIPLE DEATHS	6
DEATH/PERMANENT INCAPACITY/WIDESPREAD LOSS	5
MAJOR INJURY (REPORTABLE TO HSE)/ SEVERE INCAPACITY/SERIOUS LOSS	4
INJURY/ILLNESS REQUIRING 3 OR MORE DAYS ABSENCE (REPORTABLE TO HSE)/MODERATE LOSS	3
MINOR INJURY/ILLNESS - LOST TIME	2
TRIVIAL INJURY (IMMEDIATE FIRST AID ONLY)/ ILLNESS/LOSS	1

3. Likelihood/Probability Rating (L/PR)

The Likelihood/Probability Rating is based on the control measures in place, the number of persons exposed, the frequency and duration of exposure

LIKELIHOOD/PROBABILITY RATING (L/PR)	VALUE
CERTAIN	6
ALMOST CERTAIN/REGULAR OR FREQUENT OCCURRENCE	5
LIKELY TO OCCUR OFTEN	4
EVEN CHANCE/LIKELY TO OCCUR SOMETIME	3
UNLIKELY BUT MAY OCCUR EXCEPTIONALLY	2
IMPROBABLE/EXTREMELY UNLIKELY TO OCCUR	1

Part 2: Risk Assessment Policy for Pupil Welfare

Responsibilities

The Governing Body have overall responsibility for safeguarding and promoting pupil welfare and well-being at the College.

At an operational level, the Headmaster will

- ensure that all staff are aware of, and adhere to, the College's policies and procedures on pupil health, safety and welfare;
- ensure that key staff have clearly established roles and responsibilities;
- ensure that staff are appropriately trained to deal with pupil welfare issues;
- ensure that where concerns about a pupil's welfare are identified, the risks are appropriately managed;
- consult with staff, pupils, parents and others, where appropriate, to find practical solutions to welfare issues;
- ensure that standards of pupil welfare at the College are regularly monitored both at an individual level and globally to identify trends and issues of concern and to improve systems to manage these.

Pupil welfare

The College recognises its responsibility to safeguard and promote the welfare of pupils in its care. This responsibility encompasses the following principles:

- To support pupils' physical and mental health and emotional wellbeing (as well as their social and economic wellbeing);
- To protect pupils from harm and neglect;
- To recognise that corporal punishment can never be justified;
- To provide pupils with appropriate education, training and recreation;
- To encourage pupils to contribute positively to society;
- To ensure that pupils are provided with a safe and healthy environment and to improve the physical environment of the College in order to improve its provision for disabled pupils;
- To manage welfare concerns effectively.

The College addresses its commitment to these principles through:

Prevention - ensuring that all reasonable measures are taken to minimise the risks of harm to pupils and their welfare by:

- Ensuring all staff are aware of and committed to this policy
- Establishing a positive, supportive and secure environment in which pupils can learn and develop;
- Including in the curriculum, activities and in PSHE opportunities which equip pupils with skills to enable them to protect their own welfare and that of others;
- Providing medical and pastoral support that is accessible and available to all pupils.

Protection - ensuring all appropriate actions are taken to address concerns about the welfare of a pupil, whether of a safeguarding nature or otherwise. This includes:

- Sharing information about concerns with agencies who need to know and involving pupils and their parents appropriately;
- Monitoring pupils known or thought to be at risk of harm and formulating and/or contributing to support packages for those pupils.

The College recognises that pupil welfare and well-being can be adversely affected by many matters whether in or away from College, including abuse, bullying, behavioural and health issues.

Risk assessment

Where a concern about a pupil's welfare is identified, the risks to that pupil's welfare will be assessed, appropriate action will be taken to reduce the risks identified, and this will be recorded and then regularly monitored and reviewed. The format of risk assessment to be used for pupil welfare may vary and may be included as part of the College's overall response to a welfare issue or using the risk assessment in appendix 1. Regardless of the form used, the College's approach will be systematic with a view to promoting pupil welfare. The information obtained through this process and the action agreed will then be shared, as appropriate, with other staff, parents and third parties in order to safeguard and promote the welfare of a particular pupil or of pupils generally.

Safeguarding

With regards to safeguarding risks, and in accordance with current statutory guidance, including Keeping Children Safe in Education (KCSIE 2018) and Working Together to Safeguard Children (2018) and Part 3 of the ISSRs, the College has systems in place to identify pupils who may be in need of extra help, or those who are suffering, or are likely to suffer significant harm, and will take appropriate action to address and mitigate those risks by working in conjunction with social care, the Police, health services and other services, where necessary. Full details of the College's safeguarding procedures are set out in the Safeguarding policy.

Anti-Bullying

The College has a written Anti-bullying Policy which covers the College's approach to the management of bullying.

Behaviour

The College has a written Behaviour Policy and a Discipline & Exclusion Policy which sets out how it promotes good behaviour amongst pupils and the sanctions to be adopted in the event of pupil misbehaviour.

Protection from radicalisation and extremism

Details of the College's procedures to prevent pupils from becoming radicalised and/or being drawn into extremism and/or terrorism in accordance with the guidance in Prevent Duty Guidance.

The College will meet these obligations by assessing the risk of pupils being drawn into radicalisation and/or extremism and/or terrorism and putting in place control measures to support those at risk. However, the College balances this duty against the fact that schools should be safe spaces in which children and young people can consider and discuss sensitive topics, including terrorism and the extremist ideas that are part of terrorist ideology, and learn how to challenge these ideas.

The College will ensure that the arrangements for visiting speakers, whether invited by staff, pupils or parents, are suitably risk assessed before the visit takes place and that clear protocols are in place to ensure that those visiting speakers are suitable and are appropriately supervised when on College premises.

First aid and medical incidents:

Accident forms are maintained and the Lead Nurse is responsible for ensuring that accident reports are passed to the HR Manager. The College has a separate policy which explains the procedures that we would follow in the event of a medical emergency. We ensure that children do not have unsupervised access to potentially dangerous areas such as science laboratories, the art room, etc. Doors to these areas are kept locked at all times when not in use. All flammables are kept securely locked. Pupils do not have unsupervised access to the grounds, maintenance, and catering and caretaking areas of the school.

Access by pupils to risky areas

Risk assessments of all areas of the school reinforce the policy of ensuring that our pupils do not have unsupervised access to potentially hazardous areas, such as cleaners' cupboards or boiler rooms in boarding houses, the swimming pool, the Science Laboratories, the Design Technology classrooms,

the Art classrooms, the CCF store. Doors to these areas are kept locked when not in use. Pupils are only allowed access if risks are suitably controlled or accompanied by a member of staff. Pupils do not have access to the operational areas of the school, such as Grounds, Maintenance, and Catering Departments.

Medical issues

In accordance with its obligations under Health and safety at work Act 1974 and with part 3 of the ISSR, the College has a duty to make appropriate arrangements for First Aid- to ensure it is administered to anyone who requires it in a timely and competent manner, the administration of medication, as well as supporting pupils with medical conditions. Details of the College's arrangements are set out in the First Aid Policy, Medical care of pupils who are unwell policy, and Medical support for pupils with medical needs Policy.

Mental Health

Mental Health affects all aspects of a child's development including their cognitive abilities and their emotional wellbeing. Childhood and adolescence are when mental health is developed and patterns are set for the future. For most children, the opportunities for learning and personal development during adolescence are exciting and challenging and an intrinsic part of their school experience. However, they can also give rise to anxiety and stress. Children may also suffer mental health issues owing to circumstances outside the College. The College will take all reports of concerns over the mental health and wellbeing of its pupils seriously and not delay in investigating and, if appropriate, in putting support in place, including where necessary, taking immediate steps to safeguard a pupil. (See risk factors and warning signs in Appendix II)

Health and Safety

In accordance with its obligations under the Health and Safety at Work Act 1974 and with Part 3 of the ISSRs, the College has a duty to ensure the health, safety and welfare of employees and the health and safety of pupils and others affected by the College's operations, so far as is reasonably practicable. The College will do so by taking a sensible, proportionate and holistic approach to management of health and safety issues in accordance with the College's obligations and its health and safety policy.

Visitors to boarding Areas

Access to Boarding areas must be strictly controlled. No visitor, including a parent, is permitted to enter the boarding area other than by prior arrangement with the boarding staff; this can be either by phone call, e-mail or text message. The duty mobile number for each boarding area can be found by the entrance to the boarding area for those who have not made arrangements in advance. It is then expected that visitors will sign into and out of the boarding area using the visitors' book, and be accompanied by the pupil they are visiting. The exception to this is parents and guardians at the beginning or end of term, and at exeats, at which point access is allowed as staff are on hand to monitor the arrival and departure of pupils at these times. There is no requirement to sign in at the Lodge where a visitor has signed in with a boarding area. (See Visitors Policy for further details)

Reporting

When assessing risks to pupil welfare and well-being at the College, all staff should also consider whether the matter should be reported to outside agencies and /or regulatory bodies.

If a pupil is in immediate danger or is at risk of harm, a referral should be made to children's social care and / or the police immediately. Anybody can make a referral in these circumstances (see the College's Safeguarding policy). If a referral is made by someone other than the Designated Safeguarding Lead, the Designated Safeguarding Lead should be informed of the referral as soon as possible.

The School shall inform the applicable local authority in the appropriate circumstances of any pupil who is going to be added to or deleted from the School's admission register.

Information sharing

The School recognises that effective information-sharing between it and local agencies is essential for effective identification and assessment of need and the delivery of appropriate support and the key to providing effective early help where there are emerging problems.

Monitoring and review

Relevant risk assessments and any action taken in response to risk assessments will be monitored regularly by Deputy Head (Pastoral). In undertaking the monitoring and review of relevant risk assessments and this policy (as necessary), the Deputy Head (Pastoral) will seek to identify trends and understand issues of concern and to take steps to improve systems to manage these.

Appendix 1

Guidance on risk assessment

A risk assessment in the pupil welfare context is a careful examination of what could cause harm to pupil welfare and appropriate control measures, so that you can weigh up whether the College has taken adequate precautions or should do more to prevent harm. The purpose of a risk assessment is to identify sensible measures to control real risks - those that are most likely to occur and/or will cause the most harm if they do.

When thinking about your risk assessment in this context, remember:

- a welfare issue is anything that may harm a pupil, including cyber-bullying or abuse;
- the risk is the chance that a pupil could be harmed, together with an indication of how serious the harm could be if they are.

Step 1: Identify the issue

First you need to work out how pupils could be harmed. This will generally be set out in the concern raised about a pupil's welfare.

Step 2: Decide who might be harmed.

The Identify how individual pupils or groups who might be harmed and how they might be harmed by the concern raised.

Step 3: Evaluate the risks and decide on precautions.

Decide what to do about the risks. The extent of the risk will depend on the likelihood of the harm occurring and the severity of the harm. The effectiveness of controls should be considered and the extent of risk remaining assessed. When deciding if precautions are acceptable, the assessor should take into account the legal requirement to do all that is "reasonably practicable" to protect people from harm. Compare what you currently do with what is required by law, DfE guidance or is accepted good practice. If there is a difference, list what needs to be done to protect the pupil's welfare. If the remaining risk is unacceptable then further controls must be identified to further reduce the risk.

Where further action is necessary then an action plan should be included in the risk assessment, this should include:

- name of individual responsible for completing the action
- target date for completion
- any interim measures to reduce risk in the short term
- confirmation that the action has been completed
- reassessment of the level of risk following completion of the action.

Step 4: Record your findings and implement them.

Make a written record of your significant findings - the issue, how pupil(s) might be harmed and what arrangements the College has in place to control those risks.

Step 5: Review your risk assessment and update if necessary.

Review what you are doing for the pupils identified and across the College generally and monitor the efficacy of the measures you have put in place on a regular basis, or as required. A risk assessment template is given below. For safeguarding matters the Staffordshire Safeguarding Children Board's Risk Assessment Management Plan form may also be used.

Risk Assessment template

What is the welfare issue?	Who might be harmed and how?	What measures are already in place?	What further action is necessary?	Action by whom?	Action by when?	Done
Alleged bullying of Pupil X by Pupil Y	Pupil X	Both pupils have been interviewed and investigation is ongoing.	Pupil X should not sit next to Pupil Y in class. Duty staff to keep an eye on Pupil's X and Y at break times and report any incidents to (Insert name E.g Head of House)	Head of College to inform all teaching staff	Immediately	Yes communicated to staff on (add date)
Pupil A has been over heard telling pupil B that he intends to travel to Syria to live a better life.	Pupil A possibly other pupils	Both pupils have been spoken to by the DSL and parents, the police and children's Social services have been informed.	Pupil A to be referred to the channel programme.	DSL	Immediately	Yes (add date)

Appendix II

Mental Health: Risk Factors and warning Signs

Anxiety

All children and young people get anxious at times; this is a normal part of their development. Welfare concerns are raised when anxiety is impairing their development, or having a significant effect on their schooling or relationships.

Anxiety disorders include:

- Generalised anxiety disorder (GAD)
- Panic disorder and agoraphobia
- Acute stress disorder (ASD)
- Separation anxiety
- Post-traumatic stress disorder
- Obsessive-compulsive disorder (OCD)
- Phobic disorders (including social phobia)

Symptoms of an anxiety disorder can include:

Physical effects

- Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing, heartburn
- Respiratory – hyperventilation, shortness of breath, hiccups and burping
- Neurological – dizziness, headache, sweating, tingling and numbness
- Gastrointestinal – dry mouth, nausea, vomiting, diarrhea, bloating, increased gas,
- Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking

Psychological effects

- Unrealistic and/or excessive fear and worry (about past or future events and places)
- Mind racing or going blank
- Decreased concentration and memory
- Difficulty making decisions

Irritability, impatience, anger

- Confusion
- Restlessness or feeling on edge, nervousness
- Tiredness, sleep disturbances, vivid dreams
- Unwanted unpleasant repetitive thoughts

Behavioural effects

- Avoidance of situations
- Repetitive compulsive behaviour e.g. excessive checking
- Distress in social situations
- Urges to escape situations that cause discomfort (phobic behaviour)

It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period will often lead to depression and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

Depression

Risk Factors:

- ▢ Experiencing other mental or emotional problems
- ▢ Divorce of parents
- ▢ Perceived poor achievement at school
- ▢ Bullying
- ▢ Developing a long term physical illness
- ▢ Death of someone close
- ▢ Break up of a relationship

Some people will develop depression in a distressing situation, whereas others in the same situation may not.

Symptoms

Emotions:

- ▢ Sadness
- ▢ Anxiety
- ▢ Guilt
- ▢ Anger
- ▢ Mood swings
- ▢ Lack of emotional responsiveness
- ▢ Helplessness & hopelessness

Thinking:

- ▢ Frequent self-criticism
- ▢ Self-blame
- ▢ Pessimism
- ▢ Impaired memory and concentration
- ▢ Indecisiveness, confusion and a tendency to believe others see you in a negative light.
- ▢ Thoughts of death or suicide

Behaviour:

- ▢ Crying spells & withdrawal from others
- ▢ Neglect of responsibilities

- Loss of interest in personal appearance & motivation.
- Engaging in risk taking behaviours such as self-harm, misuse of alcohol and other substances,
- Risk-taking sexual behaviour.

Physical:

- Chronic fatigue, lack of energy & sleeping too much or too little
- Overeating or loss of appetite & constipation
- Weight loss or gain
- Irregular menstrual cycle
- Unexplained aches and pains.

Suicidal thoughts (ideation) and feelings “Suicidal feelings can range from being preoccupied by abstract thoughts about ending your life, or feeling that people would be better off without you, to thinking about methods of suicide, or making clear plans to take your own life.” (MIND; 2017)

Symptoms

- hopeless, like there is no point in living
- tearful and overwhelmed by negative thoughts
- unbearable pain that you can't imagine ending
- useless, unwanted or unneeded by others
- desperate, as if you have no other choice
- like everyone would be better off without you
- cut off from your body or physically numb
- poor sleep with early waking
- change in appetite, weight gain or loss
- no desire to take care of yourself, for example neglecting your physical appearance
- wanting to avoid others
- self-loathing and low self-esteem ▫ urges to self-harm

Any suggestion that a pupil may be considering suicide should always be taken seriously.

Pupils are instructed to inform a member of staff immediately if they are feeling suicidal, or if another pupil confides suicidal thoughts to them.

Members of staff will respond in accordance with the following protocol:

1. Assess the immediate risk and take whatever urgent action is necessary, which may include immediately calling 999 in an emergency if a suicide attempt has been made.
2. Report all incidents and disclosures immediately to a member of the Safeguarding Team, escort the pupil to the Medical Centre.
3. A full risk assessment will be undertaken by a member of the Safeguarding team.

An assessment will include a decision as to whether further medical and or therapeutic intervention and/or a psychiatric referral is needed.

4. The pupil may be asked to undertake counselling, and to that end, professional advice concerning the management of, and support for, the pupil will be sought. This will include assessing the feasibility of the pupil's continued presence at the School. Consideration will be given as to whether or not the pupil may benefit from a period at home/away from school.

5. Parents will be informed at the earliest opportunity/as appropriate.

Eating Disorders

Eating disorders are serious mental illnesses that involve disordered eating behaviour. This might mean limiting the amount of food eaten, eating very large quantities of food at once, getting rid of food eaten through unhealthy means (e.g. purging, laxative misuse, fasting, or excessive exercise), or a combination of these behaviours. Eating disorders are not all about food itself, but about feelings.

The way the person interacts with food may make them feel more able to cope, or may make them feel in control.

Eating disorders include anorexia, bulimia, and binge eating disorder. It's also common for people to be diagnosed with "other specified feeding or eating disorder" (OSFED). This is not a less serious type of eating disorder – it just means that the person's eating disorder doesn't exactly match the list of symptoms a specialist will check to diagnose them with anorexia, bulimia, or binge eating disorder.

Some specific examples of OSFED include:

- ▢ Atypical anorexia – where someone has all the symptoms a doctor looks for to diagnose anorexia, except their weight remains within a "normal" range.
- ▢ Bulimia nervosa (of low frequency and/or limited duration) – where someone has all of the symptoms of bulimia, except the binge/purge cycles don't happen as often or over as long a period of time as doctors would expect.
- ▢ Binge eating disorder (of low frequency and/or limited duration) – where someone has all of the symptoms of binge eating disorder, except the binges don't happen as often or over as long a period of time as doctors would expect.
- ▢ Purging disorder – where someone purges, for example by being sick or using laxatives, to affect their weight or shape, but this isn't as part of binge/purge cycles.
- ▢ Night eating syndrome – where someone repeatedly eats at night, either after waking up from sleep, or by eating a lot of food after their evening meal.
- ▢ Orthorexia - refers to an unhealthy obsession with eating "pure" food. Food considered "pure" or "impure" can vary from person to person. This doesn't mean that anyone who subscribes to a healthy eating plan or diet is suffering from orthorexia. As with other eating disorders, the eating behaviour involved – "healthy" or "clean" eating in this case – is used to cope with negative thoughts and feelings, or to feel in control. Someone using food in this way might feel extremely anxious or guilty if they eat food they feel is unhealthy.

It's also possible for someone to move between diagnoses if their symptoms change – there is often overlap between different eating disorders.

An Eating Disorder in a child is a mental health and safeguarding concern.

Risk Factors

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

- Difficulty expressing feelings and emotions
- A tendency to comply with other's demands
- Very high expectations of achievement
- 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
- 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

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 follow the Schools' Safeguarding procedures.

Physical Signs

- Weight loss/weight gain
- Dizziness, tiredness, fainting
- Feeling Cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Callused knuckles
- Tension headaches
- Sore throats / mouth ulcers
- Tooth decay
- Restricted eating/over-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
- Excessive exercise
- Control around food: removal of food groups, quantities and avoidance of social events

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
- Excessive perfectionism

Self-harm

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

- 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
- Abusing drugs and alcohol
- Eating Disorders

Risk Factors

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

- 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

Possible warning signs include:

- ▯ Changes in eating/sleeping habits (e.g. pupil 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. always wearing long sleeves, even in very warm weather
- ▯ Unwillingness to participate in certain sports activities e.g. swimming

Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should follow the School's Safeguarding policy.