POLICY FOR RISK ASSESSMENT

Co-ordinator: Mr D Hood
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Risk Assessment Policy

The Governing Body of St Joseph's Preparatory School understands its regulatory responsibilities and will maintain an effective oversight of this policy, by evaluating its effectiveness, and reviewing and implementing change.

1. Introduction

It is not only a legal requirement, but also this School's firm belief, that risks to health and safety should be controlled wherever possible through risk assessments. These are therefore conducted in this school on a regular basis and cover all identified risks to our pupils, our staff, our buildings, our grounds, in our daily routine and at all school events.

What is Risk Assessment?

A risk assessment is a tool for conducting a formal examination of the harm or hazard to people (or an organization) that could result from a particular activity or situation.

- **A hazard** is something with the potential to cause harm.
- **A risk** is an evaluation of the probability (or likelihood) of the hazard occurring.
- **A risk assessment** is the resulting assessment of the severity of the outcome.
- **Risk control measures** are the measures and procedures that are in place in order
  to minimise the consequences of unfettered risk (e.g. staff training, clear work procedures, heat detectors, fire alarms, fire practices, gas and electrical shut down points and insurance).

Who Conducts Risk Assessment?

Risk Assessments are conducted by the Headteacher, or delegated to teachers. Assessment
will not be delegated to staff who are uncomfortable about carrying out the task, or who do
not have the influence to ensure that their recommendations are implemented. The risk assessment should be shared with all staff and voluntary helpers as appropriate to the visit.

Risk assessments should be obtained and utilized from individuals, groups and organizations who are on site and relevant information about pupils should be shared with them, as appropriate, to ensure safety and welfare.

Part 1 :Risk Assessments

There are two main types of risk assessment, generic and specific.

Generic risk assessments should be completed for hazards or activities that are common
throughout the school.

Specific assessments should be completed for particular tasks, procedures, equipment,

locations, and educational visits, which have specific or significant risks. Risk assessments for individual pupils should be established, as appropriate, and shared with staff and parents as appropriate.

The essential steps that are taken in order to comply with this policy are:-

- Identify the hazards to health or safety arising from the activity, learning environment or setting.
- Decide who might be harmed and how.
- Evaluate the risks and decide whether existing precautions are adequate or more needs to be done.
- Record your findings.
- Review your assessment and revise it if necessary.

Assessments identify significant risks, such as defects and deficiencies and prescribe remedial action, i.e. risk control measures.

Thorough risk assessment involves answers to such questions as the following:

- What hazards are we faced with?
- Who might be affected?
- How can the risks be reduced to an acceptable level?
- Can effective measures be implemented now?
- If not, what contingency plans will serve us best for the time being?

Who May be Affected?

Consider pupils, students, trainees, expectant mothers and also those who may not be directly involved with the activity but who may still be affected by the process. This may include cleaning or office staff, contractors or parents, or when beyond the School, members of the public.

Risk Evaluation

Evaluate the risks (low/medium/high; a number system is used to grade this 4=low. 1=high) to which individuals might be exposed. This will be a subjective evaluation but should be used to give an indication of the priority with which the risks need to be addressed. Where risks are already controlled, monitor the effectiveness of the control to decide whether they are sufficient. Where the risk to individuals is thought to be medium or high, additional control measures must be considered.

Risk Control

Decide what controls are necessary to reduce the risk to individuals.

The steps to controlling the risks are as follows: -

- **Avoid the hazard** – can the hazard be avoided or altered to reduce the likelihood or risk?
- **Substitute or replace the hazard**
- **Procedural controls** – can the procedure be altered to avoid or reduce the risk? Can the individual be removed/distanced from the risk? Can the activity be carried out at a time that would have a lesser impact on others?
- **Child management** – make sure that the staff are aware of each child's needs.
- **Setting management** – such as the monitoring of exits and entrances.
- **Additional equipment/staff** – can a lifting device or an additional person be utilized to avoid or reduce the risk?

- **Personal Protective Equipment** – consider the value of using such things as gloves, over garments.
- **Emergency procedures** – have contingencies in the event of things going wrong such as an accident or incident.

The Headteacher monitors the control measures instigated to ensure that they are effective and implemented correctly.

Risk Assessments for taking children off site
Staff responsible for taking children off site must carry out a risk assessment using the standard pro forma. Before it can take place the activity must be authorised and the form signed by the Headteacher.

<u>Specialist Risk Assessment</u>
The Bursar arranges for specialists to carry out the following risk assessments:
- Fire safety
- Electrical safety

<u>Reviews</u>
All risk assessments are reviewed and recorded, when major structural work is planned, or in the event of an accident. The Health and Safety Policy describes the arrangements for regular health and safety audits of the fabric of the school, its plant, machinery and equipment, together with its arrangements for cleaning.

<u>Responsibilities of all Staff</u>
All members of staff are given a thorough induction into the school's arrangements for risk assessments and health and safety (which is recorded). Specialist training is given to those whose work requires it. However, staff are responsible for taking reasonable care of their own safety, together with that of pupils and visitors. They are responsible for cooperating with the Headteacher in order to enable the Governors to comply with their health and safety duties. Finally, all members of staff are responsible for reporting any risks or defects to the Headteacher or Bursar.

<u>Rolling Annual Survey</u>
Rolling Risk Assessments are carried out on the inside and outside of the premises every term and any risks noted, additional full Risk Assessments are carried out in the autumn term.

<u>Reporting Procedures for Surveys</u>
The results of the periodic risk assessment surveys are reported to the full Governing body. The main report is made at the November meeting of the school Governors; a copy is sent to the Trustees.
Copies of all generic Risk Assessments are displayed and copies kept electronically, other risk assessments are stored electronically, a hard copy with the Headteacher.

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 School.
At an operational level, the Headteacher will
- ensure that all staff are aware of, and adhere to, the School'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 School are regularly monitored both at an individual level and globally to identify trends and issues of concern and to improve systems to manage these.

Staff members named in the table below are responsible for carrying out risk assessments in relation to the specific matters of pupil health, safety and welfare covered in the named policies.

Policy	Responsibility for Risk Assessment
Safeguarding	Designated Safeguarding lead or Deputy Safeguarding lead
Supervision	Headteacher
Recruitment/Supervision	Headteacher
Behaviour	Form Teacher, SLT, or Headteacher
Health and Safety including First Aid	Headteacher
Medical Conditions	Lead First Aider
Fire Policy	Headteacher
Visitors and Visiting Speakers	Headteacher
Educational Visits	EVC
IT	Headteacher

Pupil welfare

The School 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 School in order to improve its provision for disabled pupils;
- To manage welfare concerns effectively.

The School 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 School recognises that pupil welfare and well-being can be adversely affected by many matters whether in or away from School, 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 School's overall response to a welfare issue or using the risk assessment in appendix 1. Regardless of the form used, the School'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 2020) and Working Together to Safeguard Children (2018) and Part 3 of the ISSRs, the School 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 School's safeguarding procedures are set out in the Safeguarding policy.

Anti-Bullying

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

Behaviour

The School has a written Behaviour 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 School'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 School 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 School 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 School 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 School premises. (See Visitors Policy)

First aid and medical incidents:

Accident forms are maintained and recorded in the accident book located in the medical cupboard. Lead First Aider is responsible for ensuring that accident reports are passed to the Headteacher. We ensure that children do not have unsupervised access to potentially dangerous areas such as hall, jungle gym unless supervised.

All flammables are kept securely locked. Pupils do not have unsupervised access to the cleaners' cupboard.

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. 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.

Medical issues
In accordance with its obligations under Health and safety at work Act1974 and with part 3 of the ISSR, the School 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 medial conditions. Details of the School's arrangements are set out in the First Aid 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 childhood and 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 School. The School 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 School has a duty to ensure the health, safety and welfare of employees and the health and safety of pupils and others affected by the School's operations, so far as is reasonably practicable. The School will do so by taking a sensible, proportionate and holistic approach to management of health and safety issues in accordance with the School's obligations and its health and safety policy.

Reporting
When assessing risks to pupil welfare and well-being at the School, 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 School'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 the headteacher. In undertaking the monitoring and review of relevant risk assessments and this policy (as necessary), the Headteacher 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 School 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, medical needs, ;
• 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 School 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 School 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 Stoke and Staffordshire Safeguarding Children Boards'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 School 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)

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Risk Assessment and Management Plan

For Use in School / Schools and other Education Providers

Basic Information

Young Person

Name :

Date of Birth :

Date of Meeting :
Education facility, name :

Address :

Location of Meeting :

Who attended –   What is their role

                                 Pupil
                                 Parents
                                 DSL

Risk Management Plan

Think about how to make the perceived risk more manageable and complete the following Risk Management Plan.

Risks associated with events:

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RISK MANAGEMENT PLAN

Needs	Supportive factors	Actions
Based on the available information, who may be at risk	**Who can the young person go to for support?** *eg who does the young person have a good relationship with? Are there extra members of staff available?*	**Action required to reduce the risks?**
Young People **Yes** / No Staff Yes / No Others, please specify Yes / No		
Where is the young person more likely to be at risk of displaying inappropriate behaviour? *eg lunchtime and other break times, home time, during PE (swimming), using the toilets, using the computers?*	**Where are they safe?** *eg classroom during lessons, inclusion unit*	**Action required to reduce the risks?**

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Needs	Supportive factors	Actions
Who in school / School needs to know and why? *eg work experience provider, teaching staff?*	**What do they need to know?** *eg how much information, confidentiality issues - words used?*	**How will they help the young person manage their behaviour?**
Which agencies are currently working with the young person and / or his family? *List names and contact numbers*	**What is their ongoing role with the young person and or their family?**	**What other services are required and how will they be accessed?**

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Needs	Supportive factors	Actions
Young person: **Is there anything in this plan that you disagree with?**	**Do you think this plan is fair and reasonable?**	**What can you do to keep yourself and others safe?**
Parents / Carers: **Is there anything in this plan that you disagree with?**	**Do you think this plan is fair and reasonable?**	**What can you do to support the situation?**

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Needs	Supportive factors	Actions
How will we know if this plan is <u>not</u> working?	How will we know that this plan <u>is</u> working?	What should we do if further concerns arise?

Review required   Yes

Review date :

Location :

Plan agreed on Date :

Signed ……………………..…………………………………   Signed ……………………………………………………..…………….

Signed ………………………..……………………………… Signed ……………………………………………..…………….

Signed ………………………..……………………………. Signed …………………………..…………………………..…………

Review

Review date :
Location :

Plan agreed on Date :

Signed …………………………………………………………….   Signed
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Further Review required   .

Review 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