DURLSTON

Policy 2.8

Durlston School Health and Wellbeing Concerns (Pupils and Staff) Policy (Including EYFS Pupils and Staff)

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Reviewed by:	BRS
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Durlston School 2.8 Health and Wellbeing Concerns (Pupils and Staff) Policy (Including EYFS Pupils and Staff)

1. Aims

1.1 Aims of Durlston School with regard to concerning behaviours which may affect health and wellbeing:

1.1.1 Raise awareness about behaviours indicative of mental and/or physical ill health

1.1.2 Help staff to recognise symptoms and potential concerns early

1.1.3 Demonstrate how our school will support pupils affected by such conditions and their parents/carers

1.1.4 Outline procedures the school will follow to ensure the protection of pupils and their information

1.1.5 Offer advice for support and prevention

1.2 All Children and staff of Durlston School need to feel safe and well cared for at all times. The individual needs of children and staff are considered at all times.

2. Objectives

2.1 Durlston School objectives are as follows:

2.1.1 To aid children and families to access appropriate support as required

2.1.2 To treat each child's condition as unique to them

2.1.3 To work in partnership with parents and other professionals

3. How we strive to create a positive environment and optimum well-being for pupils and staff:

3.1 All children and staff at Durlston:

3.1.1 have the right to feel safe, children are supervised at all times (Senior School pupils are given opportunities for less direct supervision) and staff are alerted to watch for changes in behaviour

3.1.2 Children are encouraged to talk to staff members while staff members are encouraged to speak to the Senior Leadership Team about any mental health issues they may be experiencing

3.1.3 Well-being sessions can be arranged for members of staff as required

3.1.4 All staff and children have the right to be supported to meet their physical, social and emotional needs

3.1.5 Staff are responsible for creating a pleasant working environment in the staff room, classroom and in the community by keeping discussions and talk positive

3.1.6 Children and staff are encouraged to eat well and keep hydrated; this is also covered in the curriculum (e.g. Science)

3.1.7 All staff are encouraged to speak, if they wish to do so, during the weekly SHARE meetings

3.1.8 Staff are encouraged to seek assistance at times when they feel there is an imbalance between their work and home life

3.2 All staff will attend training on how to identify the warning signs of mental and physical issues that may develop. As well as training on how best to support children, staff and parents when required, always maintaining the confidentiality of those involved, liaising with the designated safeguarding lead as appropriate.

4. Expectations

4.1 Children may suffer from periods of low mood and struggle with managing their emotions and pastoral support is available at all times for any child who requires additional help or support. In the event the child is demonstrating concerning behaviours linked to the conditions below, the following actions are required:

4.2 Eating Disorders

Aims and objectives of the Durlston School with regard to potential or diagnosed eating disorders:

- Raise awareness related to eating disorders
- Help staff to recognise signs and symptoms early
- Demonstrate how our school will support pupils affected by eating disorders and their parents/carers
- Outline procedures the school will follow to ensure the protection of pupils and their personal information
- Offer advice for support and prevention

4.2.1 Definition: Eating disorders are a way of coping with feelings that are making the person unhappy or depressed. It may be difficult to face up to and talk about. Eating disorders can affect somebody from any background, gender or ethnic group. The pupil may experience a range of emotions e.g. feelings like anger, sadness, guilt, loss or fear. An eating disorder is a sign that a person needs help in coping with life and dealing with personal problems.

4.2.2 Warning Signs

Physical Signs	Behavioural Signs	Psychological Signs
Anorexia Nervosa	**Anorexia Nervosa**	**Anorexia Nervosa**
● Severe weight loss ● Periods stopping (Amenorrhoea) ● Hormonal changes in men and boys ● Difficulty sleeping ● Dizziness ● Stomach pains ● Constipation	● Wanting to be left alone ● Wearing big baggy clothes, Excessive exercising ● Lying about eating meals ● Denying there is a problem ● Difficulty concentrating ● Wanting to have control	● Wanting to be left alone ● Wearing big baggy clothes ● Excessive exercising ● Dishonesty about eating meals ● Denying there is a problem ● Difficulty concentrating ● Wanting to have control

• Poor circulation & feeling cold. Downy hair on bod		
Bulimia Nervosa	**Bulimia Nervosa**	**Bulimia Nervosa**
• Sore throat / swollen glands, Stomach pains • Mouth infections • Irregular periods • Dry or poor skin • Difficulty sleeping • Sensitive or damaged teeth	• Eating large quantities of food • Being sick after eating • Being secretive	• Feeling ashamed, depressed and guilty • Feeling out of control • Mood swings
Binge Eating	**Binge Eating**	**Binge Eating**
• Weight gain	• Eating large quantities of food • Eating inappropriate food • Being secretive	• Feeling depressed and out of control • Mood swings

4.2.3 Conditions as complex as eating disorders mean that there are variations in the typical signs, many symptoms are common for other conditions, and not all symptoms will apply to all people. Some individuals can feel that they have a mixture of anorexia and bulimia, or alternate between them. Some individuals may also find they are affected by an urge to harm themselves or abuse alcohol or drugs.

4.2.4 Eating Disorders do not include food allergies, selective eating issues or disorders of the digestive system. A General Practitioner should be the first point of call for these issues as well as for eating disorders.

4.3 Self-Harm

Aims and objectives of Durlston school with regard to potential or diagnosed self-harming behaviours:

- Raise awareness about Self-Harm/Suicide
- Help staff to recognise signs and symptoms early
- Demonstrate how our school will support pupils affected by self-harm and their parents/carers
- Outline procedures the school will follow to ensure the protection of pupils and their personal information
- Offer advice for support and prevention

4.3.1 Definition: Self-harm is when a person hurts themselves as a way of dealing with very difficult feelings, painful memories or overwhelming situations and experiences. Some people have described self-harm as a way to:

- express something that is hard to put into words
- turn invisible thoughts or feelings into something visible
- change emotional pain into physical pain
- reduce overwhelming emotional feelings or thoughts
- have a sense of being in control

- escape traumatic memories
- have something in life that they can rely on
- punish themselves for their feelings and experiences
- stop feeling numb, disconnected or dissociated
- create a reason to physically care for themselves
- express suicidal feelings and thoughts without taking their own life

4.3.2 After self-harming the person may feel a short-term sense of release, but the cause of the distress is unlikely to have gone away. Self-harm can also bring up very difficult emotions and could make the individual feel worse.

4.3.3 Even though there are always reasons underneath someone hurting themselves, it is important to know that self-harm does carry risks. Once an individual starts to depend on self-harm, it can take a long time to stop.

4.3.4 Warning SIgns: School staff may become aware of warning signs which indicate a child, member of staff or family member is experiencing difficulties that may lead to thoughts of selfharm or suicide.

- Changes in eating / sleeping habits (e.g. child or adult 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
- Extreme changes in clothing

4.3.5 Procedures:

- Children may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer.
- In order to offer the best possible help to children, it is important to try and maintain a supportive and open approach – a child who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust. Children need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a child is at serious risk of harming themselves, then confidentiality should not prevent a course of action. It is important to inform the child that information may need to be shared to keep them safe. This should be done on a need-to-know basis.
- Any member of staff who is aware of a child engaging in or suspected to be at risk of engaging in these behaviours should consult the Head or one of the Designated Safeguarding Leads (DSL) in school.
- Following the report, the DSL will decide on the appropriate course of action. This may include:
    - Contacting families
    - Arranging professional assistance e.g. doctor, nurse, children's services
    - Arranging an appointment with a counsellor or appropriate professional
    - Immediately removing the child 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 child, the immediate safety of the child is paramount and an adult should remain with the child at all times
- If a child has self-harmed in school a first aider should be called for immediate attention
- Putting an individual risk assessment in place for the child, to be kept within the medical risk assessment file outlining the risks and measures relating to the individual

4.3.6 Members of staff may also notice or be alerted by other members of staff or family members. They may have other concerns about the mental wellbeing of a child. They should follow the same procedure as above and seek advice from the Head or Assistant Head (Pastoral) who is also the DSL.

5. Supporting children

5.1 Durlston School recognised that these behaviours are a way of coping with feelings that are making a person unhappy or depressed. Early intervention and professional support are essential (Refer to the school safeguarding policy).

- The child's welfare is paramount
- All actions must be in the child's best interest
- All agencies involved must work together in the best interests of the child
- While a need-to-know basis must be maintained, confidentiality is subordinate to the need to protect the child

5.2 The curriculum plays an important role in delivering understanding around healthy lifestyles and emotional literacy, and providing appropriate signposting to external agencies for individuals to seek further independent support.