Self-Harm and Eating Disorders Policy 2026-27

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Policy Contact: Jo Forman, Assistant Head / DSL

EATING DISORDERS AND SELF-HARM POLICY

1. Policy Statement

Seaford College is committed to actively promoting the health, safety and wellbeing of all members of the school community. The College recognises that self-harm, eating disorders and disordered eating are serious mental health concerns and safeguarding issues, which may present a risk of significant physical and emotional harm and therefore require a sensitive, coordinated response.
All concerns will be managed in line with the College's Safeguarding and Child Protection procedures.

2. Scope and Safeguarding Responsibility

This policy applies to all pupils and members of staff. Any concerns relating to self-harm, eating disorders or disordered eating must be treated as safeguarding concerns.
The Designated Safeguarding Lead (DSL) has overall responsibility for risk assessment, information sharing, parental communication, record keeping and liaison with external agencies.

PART A: SELF-HARM AND EATING-RELATED CONCERNS

3. Definitions and Scope

3.1 Self-Harm

Self-harm is defined as any behaviour where a pupil intentionally injures or harms themselves as a way of coping with emotional distress. This may be a short-term response to specific pressures or part of a longer-term pattern associated with underlying mental health difficulties.

3.2 Eating Disorders and Disordered Eating

Eating disorders are serious mental health conditions characterised by persistent difficulties relating to food, eating, weight or body image, which can have significant physical and emotional consequences. Diagnoses can only be made by appropriately qualified health professionals.

The term disordered eating is used to describe unhealthy or distressing eating behaviours or attitudes that do not meet the clinical threshold for a diagnosed eating disorder but may indicate significant emotional distress or risk. Disordered eating and eating disorders exist on a continuum and may fluctuate or escalate over time.
Self-harm, eating disorders and disordered eating are all treated as safeguarding concerns and responded to in line with the College's Safeguarding and Child Protection procedures.

4. Possible Causes and Contributing Factors

A range of factors may contribute to self-harm or eating-related difficulties, including emotional distress, bullying, trauma, bereavement, academic pressure, difficulties with self-esteem or body image, and family or relationship difficulties.

5. Indicators and Warning Signs

Indicators may include unexplained injuries, changes in mood or behaviour, withdrawal, changes in eating patterns, anxiety around food or body image, excessive exercise, substance misuse, or reduced engagement in school life.

6. Responding to Concerns or Disclosures

Any member of staff who becomes aware of a concern must listen calmly, take the concern seriously, avoid promises of confidentiality, explain the need to share information to keep the pupil safe, and report immediately to the DSL or Deputy DSL including a CPOMS report.

7. DSL Responsibilities and Safeguarding Response

The DSL will assess risk, maintain safeguarding records, manage information sharing and parental communication, liaise with external agencies, and determine appropriate safety and support measures.

In some circumstances, pupils who disclose self-harm or restricted eating may require a period of time away from school or a reduced timetable. This may be particularly relevant where a pupil is sharing their behaviours or experiences with other pupils, in person or online, increasing risk to themselves or others.

Any such decisions will be risk-assessed and led by the Designated Safeguarding Lead (DSL), in consultation with parents or carers and relevant professionals, and will include a clear plan for ongoing support and graduated reintegration.

8. Supporting Pupils in School

Support may include individualised risk-reduction plans, pastoral support, timetable adjustments, supervised eating arrangements, withdrawal from Physical Education, flexibility for medical appointments, and examination access arrangements.

10. Educational Visits and Activities

Participation in trips will be considered through individual risk assessment and professional consultation.