Policy on Eating Disorders

The care of those who are sick in the community is an absolute priority which must rank before every other requirement so that there may be no doubt that it is Christ who is truly served in them (R.St.B. Chapter 36)

Introduction

School staff can play an important role in preventing eating disorders and also in supporting pupils, peers and parents of pupils who are suffering from or recovering from eating disorders.

Scope

This document describes the School's approach to eating disorders. This policy is intended as guidance for all members of staff.

Aims

- To increase understanding and awareness of eating disorders
- To alert staff to warning signs and risk factors
- To improve early identification and effective intervention for pupils with eating disorders
- To provide support to staff dealing with pupils suffering from eating disorders
- To provide support to pupils suffering from or recovering from eating disorders and their peers and parents/carers

Definition of Eating Disorders

Anyone can get an eating disorder regardless of their age, sex or cultural background.

People with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance and may suffer from body dysmorphia. The majority of eating disorders involve low self-esteem, shame, secrecy and denial

Anorexia nervosa, bulimia nervosa and binge eating are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretively overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example). Binge eating is when someone feels compelled to overeat on a regular basis through regular binges. People who binge eat consume very large quantities of food over a short period of time, even when they are not hungry, but they do not purge themselves to control their weight, but may try to limit weight gain by having periods of eating very little between binges. A common physical effect of binge eating is weight gain, which can lead to obesity. This can put people at risk of a number of related physical health problems, some of which can be life threatening.

Risk Factors

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

Individual Factors

- Difficulty expressing feelings and emotions
- A tendency to comply with other's demands
- Low self-esteem and a lack of confidence
- Very high expectations of achievement

Family Factors

- A home environment where food, eating, weight or appearance have a disproportionate significance
- An over-protective or over-controlling home environment
- Poor parental relationships and arguments
- Neglect or physical, sexual or emotional abuse
- Overly high family expectations of achievement

Social Factors

- Being bullied, teased or ridiculed due to weight or appearance
- Pressure to maintain a high level of fitness / low body weight (e.g. for sport or dancing)
- Peer pressure / social media body image

Warning Signs

School staff may become aware of warning signs which indicate that a pupil 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 seek further advice from the Designated Safeguarding Lead – The Deputy Head Master, and in his absence from the Director of Pastoral Care, or the Head of Learning Support.

Physical Signs

- Weight loss
- Dizziness, tiredness, fainting
- Feeling cold
- Hair becomes dull or lifeless

- Swollen cheeks
- Callused knuckles
- Tension headaches
- Sore throats / mouth ulcers
- Smelly breath
- Tooth decay
- Aware of recent vomiting and associated smell in toilets

Behavioural Signs

- Restricted eating
- Skipping meals
- Scheduling activities during lunch
- Strange behaviour around food
- Wearing baggy clothes
- Wearing several layers of clothing
- Excessive chewing of gum/drinking of water
- Increased conscientiousness
- Increasing isolation/loss of friends
- Stress and anger
- Believes s/he is fat when s/he is not
- Secretive behaviour
- Increased exercise, such as running
- OCD
- Visits the toilet immediately after meals

Psychological Signs

- Preoccupation with food
- Sensitivity about eating
- Denial of hunger despite lack of food

- Feeling distressed or guilty after eating
- Self-dislike
- Fear of gaining weight
- Moodiness
- Depression or anxiety
- Excessive perfectionism

The role of the School

- There is a thin line between appropriate responsiveness and inappropriate intrusiveness into the personal lives of pupils and families
- However, all staff must respond to their responsibility to ensure the well-being and welfare of all pupils
- Progress in School and educational success depends on this
- The aim of the School is to detect and address problems in their earliest stages where they exist in thinking and attitudes relating to self-image, self-esteem and self-control
- The importance of early intervention is stressed
- The goal in determining the existence of an eating disorder is simply to raise concerns with the appropriate member of staff or using MyConcern.
- Members of staff need to be alert by familiarising themselves with the risk factors and warning signs outlined above and to inform the Designated Safeguarding Lead - the Deputy Head Master, or in his absence the Director of Pastoral Care or the Head of Learning Support - if a child is a concern.
- Members of staff should not become involved in any discussion with the pupil before consulting with the staff mentioned above
- Members of staff should monitor the effects that a pupil's eating disorder has on the respective peer group

The process of Referral

- All concerns are referred to the Designated Safeguarding Lead and in his absence to one of the Deputy Designated Safeguarding Leads - the Director of Pastoral Care or the Head of Learning Support.
- No member of staff should discuss any issues with the pupil before a planning meeting has taken place between the pertinent members of staff.
- The Head of Nursing Care / School Doctor will be consulted for professional advice.

- The Head of Nursing Care / School Doctor will then initiate the process of assessment as agreed / advised by CAMHS and, if required, referral to the local CAMHS will be made.

- Any pupil with a BMI of less than 17.5 will be referred to the School Doctor for assessment and observation of core temperature, blood pressure and pulse, standing and sitting. Parents will be alerted of the referral. The pupil will be weighed weekly and may be put 'Off Games' at the Doctor's discretion.

- Any pupil with a BMI of less than 16 will likely be sent home, if feasible, as they will be at risk under Health and Safety considerations. The agreement of the Designated Safeguarding Lead and parents is desirable before this decision is taken, but the decision ultimately rests with the Head Master having consulted and received appropriate advice.

- The pupil's GP will be sent a copy of the referral.

- The pupil will be involved in all discussions and consulted over any interventions.

- Pupils will be encouraged to discuss school concerns with parents / carers.

- The well-being of the pupil is paramount. If there is risk of serious harm, the School will act in the best interest of the pupil.

- The pupil will be offered counselling.

- If a pupil is referred direct to CAMHS by their GP without involvement of the School or Head of Nursing Care, there will not necessarily be liaison with the School, but discussion with someone from the Health Centre is highly recommended. Permission from the pupil and / or parents would be required for this to take place.

- Members of staff will support any management plans / interventions made with the pupil and abide by the guidelines of the plan.

- Day pupils will be considered the responsibility of their parents, with their child's own GP.

- Pupils may choose to confide in a member of staff if they are concerned about their own welfare, or that of a peer. Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a pupil is at serious risk of causing themselves harm, then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

Difficulties with early identification and intervention

Staff should be aware of the following:

- Eating disorders tend to be secretive and are associated with guilt and embarrassment.

- Young people with eating disorders do not usually view themselves as ill, so consequently do not seek help.

- If concerns are expressed, the young person often denies that they have a problem.

- Although Anorexia Nervosa is more visible due to extreme weight loss, most young people with eating disorders are not significantly underweight and go unnoticed, for example Bulimia Nervosa.

- Adolescent peers might be aware of a problem, but feel they cannot approach an adult to expose their friend.

- Young people can engage adults or peers in inappropriate supportive relationships using their desire for confidentiality as a way to prevent referral or involvement of their parents.

School staff will not be expected to diagnose whether a young person has an eating disorder.

Pupils Undergoing Treatment for / Recovering from Eating Disorders

The decision about how, or if, to proceed with a pupil's schooling while they are suffering from an eating disorder is made on a case by case basis. Input for this decision should come from discussion with the pupil, their parents, appropriate School staff and members of the multi-disciplinary team treating the pupil.

The reintegration of a pupil into School following a period of absence should be handled sensitively and carefully, and again, the pupil, parents, appropriate School staff and members of the multi-disciplinary team treating the pupil should be consulted during both the planning and reintegration phase.

Further Considerations

Any meetings with a pupil, their parents or their peers regarding eating disorders should be recorded in writing including:

- Dates and times

- An action plan

- Concerns raised

- Details of anyone else who has been informed

This information should be stored in the pupil's child protection file.

Eating disorders are classed as mental illnesses and in severe cases young people can be admitted to hospital against their will by parental consent or after being detailed under a section of the Mental Health Act.

Claire Murphy

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