

Eating Disorders Policy and Procedures

INTRODUCTION

Foundation staff can play an important role in preventing eating disorders and also in supporting pupils, peers and parents of pupils currently suffering from or recovering from eating disorders. This policy is modelled on guidance for schools provided by the Royal College of Psychiatrists.

SCOPE

This document describes the Foundation's approach to eating disorders. This policy is intended as guidance for all staff including non-teaching staff and governors.

AIMS

- To increase understanding and awareness of eating disorders
- To alert staff to warning signs and risk factors
- To provide support to staff dealing with pupils suffering from eating disorders
- To provide support to pupils currently 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. The majority of eating disorders involve low self-esteem, shame, secrecy and denial.

Anorexia nervosa and bulimia nervosa 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, secretly overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

RISK FACTORS

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

Individual Factors:

- Difficulty expressing feelings and emotions
- A tendency to comply with other's demands
- 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 for e.g. sport or dancing

WARNING SIGNS

Staff may become aware of warning signs which indicate 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 DSL.

Physical Signs:

- Weight loss
- Dizziness, tiredness, fainting
- Feeling cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Callused knuckles
- Tension headaches
- Sore throats/mouth ulcers
- Tooth decay

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

- Believes they are fat when they are not
- Secretive behaviour
- 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
- Excessive perfectionism

STAFF ROLES AND DISCLOSURE PROCEDURES

The most important role Foundation staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the DSL aware of any pupil causing concern. As with all welfare and safeguarding concerns, worries about eating disorders must be logged on MyConcern, or written down and passed on to the DSL as outlined in P1RD02.

Pupils may confide in a member of Foundation staff if they are concerned about their own welfare, or that of a friend. Pupils need to be made aware that it will not be possible for staff to offer complete confidentiality. A report on the disclosure must be filed on MyConcern or in alternate form (as described in P1RD02) as soon as possible. If a student discloses to you:

- **Take the information seriously.**
- **Empathise.** Treat the pupil with respect; get across that you care, and that you want to understand and help.
- **Remain calm and compassionate.**
- **Remain non-judgemental.** Reassure that you understand that eating disorders have a variety of causes and are not easily ‘stopped’.
- **Do not promise confidentiality.** Reassure the pupil that you will only tell other adults who can help, and that the pupil will know who you tell (see P1RD03)
- **Do not react with strong or negative emotions.** This includes alarm or discomfort; asking abrupt or rapid questions; threatening or getting angry; making accusations, e.g. that the pupil is attention-seeking; frustration if the support offered does not seem to be making a difference.
- **Do not comment, advise or attempt to ‘solve the problem’** in the first instance. Simply listen, reassure and report. Show the pupil that they can trust that you will first **hear** what they have to say, and later **support** them if another professional needs to be involved.
- **Make yourself available** at the moment in time when the pupil seeks you out or responds to an invitation to talk further.

WHAT HAPPENS NEXT?

All cases of known or suspected eating disorders will be treated seriously.

The DSL (and normally the College Nurse) will consider each case individually and will decide on the appropriate course of action. This may include:

- Contacting parents/carers
- Contacting the Early Help Team in the appropriate local authority for advice
- Arranging professional assistance, e.g. doctor, nurse
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS – with parental consent
- Giving advice to parents, teachers and other pupils
- Arranging a referral to NHS Child and Adolescent Eating Disorders Services

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 should be made by the College Nurse, DSL and Headmaster on a case by case basis. Input for this decision should come from discussion with the pupil, their parents, school staff (including the College Nurse and other appropriate teaching staff, for example, PE and games teachers) and the Multi-Agency Team treating the pupil. The effect on other pupils must be a priority consideration.

The reintegration of a pupil into school following a period of absence should be handled sensitively and carefully and again, the pupil, their parents, Foundation staff and members of the Multi-Agency Team treating the pupil should be consulted during both the planning and reintegration phase.

FURTHER RESOURCES

Local (Lewisham) Services:

Lewisham Centre for Children and Young People (includes Child and Adolescent Mental Health Services (CAMHS))
Kaleidoscope Child Development Centre
32 Rushey Green
SE6 4JF
020 7138 1100

Specialist help for people with eating disorders:

Beat

A charity supporting anyone affected by eating disorders
www.b-eat.co.uk

Mind

Mental health charity with specialist support for eating problems
www.mind.org.uk

Young Minds

Charity supporting young people's mental health and wellbeing, with specialist support eating problems.

www.youngminds.org.uk

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