

# **Eating Disorders Policy**

## **A Model Policy for Use in Schools / Colleges**

Please feel free to adapt and adopt this policy which has been developed as part of an Institute of Psychiatry programme designed to help school staff prevent and support eating disorders.

# XXXX XXXX SCHOOL

## Eating Disorders Policy

### 1. Introduction

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

### 2. Scope

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

### 3. 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 students suffering from eating disorders
- To provide support to students currently suffering from or recovering from eating disorders and their peers and parents/carers

### 4. 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, secretively overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

### 5. Risk Factors

The following risk factors, particularly 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

## **6. 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 seek further advice from one of the designated teachers for safeguarding children – XXXXXXXXXX

### **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 s/he is fat when s/he is 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

## 7. Staff Roles

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the designated teacher for safeguarding children – XXXXXXXX aware of any child causing concern.

Following the report, the designated teacher / governor will decide on the appropriate course of action. This may include:

- Contacting parents / carers
- 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 students

Students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. Students need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a student 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 student puts pressure on you to do so.

## 8. Students Undergoing Treatment for / Recovering from Eating Disorders

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

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

## **9. Further Considerations**

Any meetings with a student, 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 student's child protection file.