

# DISORDERED EATING POLICY

Updated July 2022

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## 1. Introduction

School staff can play an important role in preventing eating disorders and in supporting students, peers and parents of students currently suffering from or recovering from eating disorders. Sensitive handling of eating disorders is essential in dealing with this complex disorder which is often a sign of emotional distress. Young people with an eating disorder do not usually view themselves as ill, so consequently do not tend to seek help for themselves.

## 2. Scope

This protocol describes the recommended approach to eating disorders. It is intended as guidance for all staff including non-teaching staff and support staff.

## 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 often have concerns about self-esteem and body image. The majority of eating disorders involve low self-esteem, shame, secrecy and denial. There are three main categories for eating disorders, Anorexia Nervosa, Bulimia Nervosa and Atypical Eating Disorder.

Anorexia Nervosa is characterised by marked weight loss or a failure to gain weight, an intense fear of gaining weight and a distorted perception of body shape/weight.

Bulimia Nervosa is characterised by binge eating, and feeling out of control when bingeing, a desire to thinner, using compensatory strategies following bingeing episodes, such as self-induced vomiting, use of laxatives/diuretics/slimming tablets, strict dieting, or excessive exercise. A person with Bulimia Nervosa is often a normal weight or overweight.

Atypical eating disorders can be similar to Anorexia or Bulimia, but may not meet the diagnostic criteria. They may present with a fear of swallowing, choking or vomiting.

If it is suspected that a pupil has an eating disorder:

- The Pastoral Head and School Nurse should agree a plan for the way forward. The parents must be informed of any concerns.
- Urgent medical and psychological assessment may be needed - refer to the child's GP and consider referring to CAMHS.

Sensitivity and discretion are needed in these cases; there is no justification for regular weighing to either detect possible anorexia nervosa or to monitor suspected cases.



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## 5. Risk Factors

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

<b>Individual Factors:</b>	<b>Social Factors:</b>
Difficulty expressing feelings and emotions	Being bullied, teased or ridiculed due to weight or appearance
A tendency to comply with other's demands	Pressure to maintain a high level of fitness / low body weight for e.g. sport or dancing
Very high expectations of achievement	Being weighed as part of Government Childhood Obesity
	A home environment where food, eating, weight or appearance have a disproportionate significance

## 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 the School Nurse or one of the designated teachers for safeguarding children, or the School Counsellor.

<b>Physical Signs</b>	<b>Behavioural Signs</b>	<b>Psychological Signs</b>
Weight loss	Restricted eating	Preoccupation with food
Dizziness, tiredness, fainting	Skipping meals	Sensitivity about eating
Feeling cold	Scheduling activities during lunch	Denial of hunger despite lack of food
Hair becomes dull or lifeless	Strange behaviour around food	Feeling distressed or guilty after eating
Swollen cheeks	Wearing baggy clothes	Self-dislike
Callused knuckles	Wearing several layers of clothing	Fear of gaining weight
Tension headaches	Excessive chewing of gum/drinking of water	Moodiness
Sore throats / mouth ulcers	Increased conscientiousness	Excessive perfectionism
Tooth decay	Increasing isolation / loss of friends	
Absence of periods/menstrual cycle	Believes s/he is fat when s/he is not	
	Secretive behaviour	
	Visits the toilet immediately after meals	

## 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 school nurse and designated teacher for safeguarding children aware of any child causing concern. Early recognition and intervention is vital. Following the report, the School Nurse should meet with the student and depending on the outcome take the following course of action. This will include:

- Contacting parents / carers
- Arranging professional assistance e.g. GP
- Arranging an appointment with a counsellor – School Counsellor or external Counsellor



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- Arranging a referral to CYPS (Children and Young Peoples Service) for the attention of The Community Eating Disorders team – with parental consent
  - Giving advice to parents, teachers and other students via resources such as Orri - <https://www.orri-uk.com/what-is-an-eating-disorder/> or Beat [www.b-eat.co.uk](http://www.b-eat.co.uk)
  - May wish to seek consultation with member of Community Eating Disorders Team ([EDICTNoTCYPS@ntw.nhs.uk](mailto:EDICTNoTCYPS@ntw.nhs.uk))

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 a member of staff considers 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.
- It is important for staff to demonstrate positive, healthy attitudes and behaviours towards eating.

## **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.

This may include stopping PE, a reduced timetable and supported meal times, if feasible and in discussion with Eating Disorders Team and parents. School may facilitate supervised lunches/snacks by providing a space, or the student to be out of school to meet a parent at lunch time, for example.

- 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 core team treating the student should be consulted during both the planning and reintegration phase.
- Attendance on trips during recovery should be discussed with the specialist team. Trip leaders should be aware and additional insurance may be required for the trip.

## **9. Further Considerations**

Any meetings with a student, their parents/CYPS or their peers regarding eating disorders should be recorded via CPOMS, including:

- Dates and times
- An action plan of support
- Concerns raised
- Details of anyone else who has been informed

## **References:**

- BEAT - [www.b-eat.co.uk](http://www.b-eat.co.uk)
- <http://www.anorexiabulimiare.org.uk/>



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