



## **EATING DISORDERS POLICY**

This policy describes the Westfield approach to eating disorders. The 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 who suffer from eating disorders.
- To provide support to pupils currently suffering from or recovering from eating disorders, their peers and their parents.

### **Definition of Eating Disorders**

Anyone can develop 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 2 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).

Other eating disorders include:

- Binge eating disorder – where people eat large portions of food until feeling uncomfortably full
- Purging disorder – where people purge with laxatives or by being sick without it being linked to binge/purge cycle
- Night eating syndrome – where someone eats at night, either after waking or eating excessively in the evening after an evening meal
- Avoidant/restrictive food intake disorder – where someone avoids certain foods or limits their food intake, not due to beliefs about weight or body shape, but because of negative feelings over the smell, taste or texture of certain foods, a response to a negative past experience with food or not feeling hungry or lack of interest in food.

### **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
- Social Media

### **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 safeguarding lead, Mrs Quinn and note their concerns on CPOMS.

### **Physical Signs**

- Weight loss/weight gain
- Dizziness, tiredness, fainting
- Breathlessness
- Feeling Cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Callused knuckles
- Tension headaches
- Sore throats / mouth ulcers
- Tooth decay
- Joint and back pain

### **Behavioural Signs**

- Restricted eating
- Skipping meals
- Scheduling activities during lunch
- Strange behaviour around food
- Lying about how much they've eaten, when they've eaten or their weight
- Eating a lot of food very fast
- Exercising a lot
- Cutting food into small pieces or eating very slowly
- 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
- Difficulty in doing physical exercise or opting out of PE

### **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
- Feeling isolated

### 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 (Mrs Quinn) in Senior House, Mrs Meeson/Mrs Alexander in Junior House) aware of any child causing concern.

Following the report, the designated teacher 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 the school 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. Details of conversations that raise concerns should be recorded on CPOMS at the earliest opportunity.

Parents must be informed as soon as possible as early action is vital for successful treatment. Parents may not be aware that their daughter is showing signs of an eating disorder. Parents are the primary source of care as they make the medical decisions about treatment.

### 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.

### 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.

### Useful Organisations

**Beat** – provides help lines, online support and a network of UK wide self-help groups to help adults and young people in the UK beat their eating disorders <https://www.beateatingdisorders.org.uk/>

**Anorexia and Bulimia Care** – Anorexia and Bulimia Care (ABC) has over 20 years of experience as a UK national eating disorder organisation. ABC provides personal advice and support to anyone affected by anorexia, bulimia, binge eating and all kinds of eating distress <http://www.anorexiabulimiacare.org.uk>

**Eating Disorders Advice** – blog address which is regularly updated with advice and support for parents and teachers of children with eating disorders <http://www.eatingdisordersadvice.co.uk>  
<https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/eating-disorders/overview/>