

Eating Disorder Policy, including Early Years Foundation Stage (EYFS)

(Reviewer: Caty Jacques, Simon Hilliard, July 2022

Approved by SMT September 2022)

1. Introduction

School staff play an important role in preventing eating disorders and also in supporting pupils, their peers, parents and guardians, who are currently suffering from, or recovering from, eating disorders. All staff must respond to their responsibility to ensure the wellbeing and welfare of children in their care at all times. They will not, of course, be expected to diagnose an eating disorder, but should be alert to the signs.

2. Scope

This document describes the College's approach to eating disorders. The School recognises some of its pupils will, from time to time, experience eating disorders. It will seek to support the pupil as far as possible, to recover and establish healthy eating patterns and this policy is intended as guidance for all staff, including support staff and governors. In the current climate (post Covid lockdowns) the school recognises that the eating disorder services are stretched. In order to fully safeguard and protect the welfare of all pupils, it may have to follow the procedures listed below without instruction from medical professionals, due to the high threshold for referrals.

3. Aims of this policy

- 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 pupils currently suffering from, or recovering from, eating disorders along with their peers and parents/guardians.

4. What is an eating disorder?

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

People with eating disorders are usually 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). A child has an eating disorder if he/she eats in such a way that he/she puts their physical/and or mental health at risk. Eating disorders in young people are not about issues with food, but are a mechanism for coping with emotional distress. Eating disorders affect both men and women and our school recognises this. Any pupil who is stressed, unhappy or lacking in confidence may be at risk of developing an eating disorder. Perfectionism, anxiety and obsessive behaviours are risk factors. Triggers may include stress due to exams or problems at home or school. In some cases, an eating disorder may be triggered in a vulnerable personality by a period of illness which is accompanied by

a period of not eating. It is important for the school to act on any suspicions as soon as possible. Often, by the time others recognise that there is an issue, patterns of behaviours are well established.

5. Risk Factors

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

<p>Individual Factors:</p> <ul style="list-style-type: none"> • Difficulty expressing feelings and emotions; • A tendency to comply with others' demands; • Very high expectations of achievement. 	<p>Family Factors</p> <ul style="list-style-type: none"> • 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.
<p>Social Factors</p> <ul style="list-style-type: none"> • Being bullied, teased or ridiculed due to weight or appearance; • Pressure to maintain a high level of fitness / low body weight for a particular reason e.g. sport. 	

6. Warning Signs

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 DSL and the child's HoM/Form Tutor or Class Teacher.

Physical Signs	Behavioural Signs	Psychological Signs
<ul style="list-style-type: none"> • Severe weight loss • Dizziness, fainting • Constantly cold • Changes in skin or hair condition • Swollen cheeks • Callused knuckles • Tension headaches • Sore throats / mouth ulcers • Lethargy and difficulty sleeping • Tooth decay • Downy hair on face/arms • Erratic or cessation of menstrual periods 	<ul style="list-style-type: none"> • Emotional or irritable behaviour or depression • Restricted eating • Skipping meals • Scheduling activities during lunch • Strange behaviour around food • Wearing baggy clothes or several layers of clothing • Excessive chewing of gum/drinking of water • Increased conscientiousness • Social withdrawal • Distorted body image • Secretive and ritual behaviour • Visits the toilet immediately after meals • Concentration problems • Avoidance of eating in public • Binge eating large amounts of food. • Vomiting or purging • Excessive exercising 	<ul style="list-style-type: none"> • Preoccupation with food • Sensitivity about eating • Denial of hunger despite lack of food • Feeling distressed or guilty after eating • Loss of self confidence • Fear of gaining weight • Moodiness • Excessive perfectionism • Negative self-image • Anxiety Feeling out of control and lonely • Self-hatred

7. Objectives

- Help each pupil maintain healthy eating habits while they are away from the home environment and make their own decisions about what they eat;
- Identify those who have a problem and help them as well as support their friends;
- Work in partnership with parents/guardians to ensure a pupils whole well-being is being addressed;
- Teach each pupil about healthy eating in the PSHCE programme and science lessons
- Give each pupil the confidence to confide in an adult if they themselves, or a friend, have a problem;
- Consider each pupil as an individual and take into account their age, culture and personal circumstances.

8. Strategies for achieving the aim and objectives

- Have an up to date policy for members of staff to follow should they be made aware of/suspect a problem;

9. Procedure

If a member of staff has been told of, or suspects a problem, they must record it on CPOMS to ensure the relevant staff are informed. The pastoral staff (including DSL) will discuss together any other issues that may be relevant and a plan agreed which should, ideally, involve contact with parents/carers:

The plan **may** include the following and the advice of the GP will be sought if felt necessary. The school reserves the right to seek a second opinion from the school's Sports and Exercise Medicine Physician. The school will always be guided by the relevant Eating Disorder Service and other involved professionals.

- Supervision of mealtimes which may include keeping a record of food consumption, particularly if they are a boarder
- Supervision of snacks
- Communications with catering staff to ensure appropriate food is available
- Pre-plating of balanced meals by the catering staff
- Regular weighings in school so weight can be monitored
- Briefing sports staff to ensure activity levels are appropriate
- Parents/guardians will be offered channels of support with named organisations that can help.
- Regular communications with parents (from DSL/Form Tutor/HoM) for those parents who are engaged and prepared to work in partnership with the school.
- Regular updates will take place between all staff concerned to ensure everything possible is being done to help and support the pupil.
- Appropriate monitoring of the pupil's academic and extra curriculum programme will take place by the DSL. This may mean exclusion from certain activities or reduced time in school if felt it would be of benefit to the pupil. It may mean that the child is unable to attend school at all until medical permission is obtained or the child has gained sufficient weight.
- The school reserves the right, if seriously concerned about the child's physical health and well-being, to prohibit that child from boarding and/or from playing school sport until such times as the child has regained sufficient weight and demonstrates good physical health. This decision will be taken by the Designated Safeguarding Leads, the Head of College and the school Sports and Exercise Medicine Physician.

If a disclosure has come from friends, then the Housemaster/mistress/ Form tutor/Class Teacher will reassure them that they are being taken seriously and that action will be taken. It may help to refer them to the National Centre for Eating Disorders website ([A Loved One Has An ED - National Centre for Eating Disorders \(eating-disorders.org.uk\)](http://www.eating-disorders.org.uk)).

10. Teacher Advice

- Follow the procedures at all times.
- Support the pupil in any practical way that is not to the detriment of his/her peers
- Support friends and peers of any pupil with an eating disorder by offering them the chance to talk to the HoM / Form Teacher/ Class Teacher/PIP or DSL.
- If a member of staff first brought the problem to light, ensure they are given help, advice and support as necessary.

11. Resources

Sussex Family Eating Disorder Service (SFEDS) - www.sussexpartnership.nhs.uk/eatingdisorder

BEAT – www.b-eat.co.uk

National Eating Disorders Association – www.nationaleatingdisorders.org

National Centre for Eating Disorders – www.eating-disorders.org.uk