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Responsibility: KB

# Bishop Challoner School



## Eating Disorder Policy



## Eating Disorders Policy

### Introduction

School 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. Sensitive handling 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. At Bishop Challoner we seek to nurture a balanced, healthy attitude to food, exercise and body shape.

This policy is intended as guidance for all staff, including non-teaching staff and support staff. We intend to have a respectful, non-judgemental stance towards pupils, whether they have difficulties with body confidence or eating. The same applies to their siblings and parents.

### 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, gender 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. There are three 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 be 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.

A typical eating disorder 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.

### 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 eg: for sport or dance.

### **Warning Signs**

School 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 should seek further advice from the Deputy Head as Designated Safeguarding Lead or the Deputy Designated Safeguarding Lead.

#### **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 or several layers of clothing
- Excessive chewing of gum/drinking of water
- Increased conscientiousness
- Increasing isolation / loss of friends
- Believes he/she is fat when he/she 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

### **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 aware of any child causing concern. Early recognition and intervention is vital.

Following the report, the Deputy Head will meet with the pupil and, depending on the outcome, will take the following course of action. This will include:

- Contacting parents / carers
- Arranging professional assistance e.g. GP
- Suggestion to see a counsellor (if appropriate)
- Arranging a referral to CAMHS – with parental consent
- Giving advice to parents, teachers and other students

Pupils may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. It is important not to make promises of confidentiality even if a pupil puts pressure on you to do so but to make them aware that complete confidentiality may not be possible. **If you consider a pupil is at serious risk of causing themselves harm, then confidentiality cannot be kept.** It is important for staff to demonstrate positive, healthy attitudes and behaviours towards eating.

### **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 on a case by case basis. Input for this decision should come from discussion with the individual, the parents, school staff and members of the multi-disciplinary team treating the pupil. This may include stopping PE and following a reduced timetable.

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

### **Further Considerations**

Any meetings with a pupil, the parents/CAMHS or his/her 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 kept in the pupil's personal file, safeguarding file and school health record.

### **References:**

NICE Eating disorder guidelines <http://publications.org.uk/eating-disorders-cg9>

BEAT [www.beateatingdisorders.org.uk](http://www.beateatingdisorders.org.uk) 0808 801 0677

SLAM-<https://www.national.slam.nhs.uk/services/camhs/camhs-eatingdisorders/> 020 3228 3381  
(Reception Team)

Ask ORRI- 0203 918 6340 [www.askorri-uk.com](http://www.askorri-uk.com)

**K Brooker**

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