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**Eating Disorders Policy**

**A Model Policy for Use in Primary Schools (KS1/2) and Secondary Schools (KS3/4)**

**WHY POLICY**

**WHY**

* School/college staff can play an important role in preventing eating disorders and supporting, peers and parents of students currently suffering from or recovering from eating disorders.
* Staff feeling both equipped and comfortable talking about eating disorders can prevent students falling through the gaps and ensure that cases are picked up at the earliest opportunity
* There are widely perpetuated myths about eating disorders which need to be dispelled



* Staff can provide valuable support to children/YP; if you have concerns it is in the child/YP’s interest that the school offer them support as soon as possible. They need to feel listened to and supported.
* Working with parent/carers is essential; if a school can work effectively with parent/carers, the child/YP’s chance of a rapid and full recovery is greatly increased.

*“Beat opened my eyes to the pain caused by eating disorders and made me think about eating disorders in a different way and realise the struggles young people I work with might have. Since the training I feel comfortable signposting students. So wonderful that this valuable resource is offered free of charge to school professionals”*

**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.
* The policy is informed by the latest evidence/research



****If you have any comments or suggested changes, please email elearn@beateatingdisorders.org.uk

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**Eating Disorders Policy**

**XXXX XXXX SCHOOL (add here the name of your school)**

1. **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
* To work with parents and carers; if a school/college can work effectively with parent/carers, the child/YP’s chance of a rapid and full recovery is greatly increased

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1. **Definition of Eating Disorders**

If we search for a definition, we will find:

"Any of a range of psychological disorders, characterised by abnormal or disturbed eating habits."

When we examine the broad range of eating disorders, we find that the thoughts, feelings, and psychological makeup of the sufferers are very similar. Sufferers of an eating disorder typically evaluate their self-worth by their weight and their shape.

Eating disorders are considered to be a serious mental health condition that also impacts significantly on physical health and wellbeing.

Eating disorders are not restricted to one subset of our population; they can affect anyone regardless of their age, their gender, or their background. All eating disorders can be very dangerous to a person’s health if left untreated.

****An eating disorder is not a diet, or a lifestyle choice, or a form of attention seeking.  It is a mental illness that affects the sufferer in a varying number of ways.



1. **Risk Factors.**

Eating disorders are multifactorial and there is no one single cause of an eating disorder. However, there are several potential risk factors both in the development and maintenance of an eating disorder. 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
* Overlyhigh 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

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1. **Warning Signs**

People with an eating disorder often look perfectly 'normal'. Spotting potential warning signs involves





looking out not only for physical changes, but also psychological and behavioural changes.

Remember that these characteristics will vary according to the eating disorder being experienced – we are not only talking about anorexia. If you notice/observe any of the warning signs you should seek further advice from one of the designated teachers for safeguarding children – XXXXXXXXX (named designated safeguarding staff)

Behavioural signs:

How the young person is behaving or acting, with adults and their peers. You may notice them:

* Restricting their eating
* Skipping meals
* Scheduling activities during lunch
* Behaving strangely around food
* Wearing baggy clothes
* Wearing several layers of clothing
* Excessively chewing gum/drinking water



* Increasing their conscientiousness
* Becoming increasingly isolated/losing friends
* Believing s/he is fat when s/he is not
* Displaying secretive behaviour
* Visiting the toilet immediately after meals.

Psychological Signs:

What you can tell about their thoughts/emotions/feelings. You may notice them:

* Seeming preoccupied with food
* Being sensitive to any comments about their eating
* Denying that they are hungry despite lack of food
* Feeling distressed or guilty after eating
* Showing self-dislike
* Having an intense fear of gaining weight
* Being prone to moodiness
* Tending towards excessive perfectionism.



Physical Signs:

Their appearance and physical cues may also give you pointers. You may notice that they:

* Have lost, or gained, weight
* Are prone to dizziness, fainting
* Seem very tired
* Complain of being cold
* Have dull or lifeless hair
* Have swollen cheeks
* Have calloused knuckles
* Suffer from tension headaches
* Have lots of sore throats/mouth ulcers
* Have fine hair on places where hair does not usually grow, e.g. shoulders, upper arms, face
* Have lots of dentist visits to address tooth decay.

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And there is an increased vulnerability if child/YP.

* Has a history of an eating disorder.
* Is experiencing high levels of stress.
* Is going through key transitions for example moving schools; primary to secondary, secondary to college/sixth form
* Is engaging in particular sports (gymnastics, rowing, athletics.

It is also important to remember that eating disorders can affect anyone at any age so it is important you remember that boys can also develop an eating disorder. Much of the focus has been around girls.

*“Although there has been progress in recognizing the diversity of individuals who are affected by eating disorders, certain stereotypes remain that may perpetuate stigma in particular”*

* Nagata, J. M., & Brown, T. A. (2021). Eating disorders in boys and men. S. B. Murray, & J. M. Lavender (Eds.). Springer.



1. 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 – XXXXXXX aware of any child/young person 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 pupils/students

Pupils/students may choose to confide in a member of school staff if they are concerned about their own wellbeing, or that of a peer. Pupils/students need to be made aware that it may not be possible for staff to offer



complete confidentiality. If you consider a pupil/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.

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1. Pupils/students Undergoing Treatment for / Recovering from Eating Disorders

 The decision about how, or if, to proceed with a pupil/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 child/YP, their parents, school staff and members of the multi-disciplinary team treating the child/YP



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

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Date completed…..

By whom…..

Review date…..