



## EATING DISORDERS POLICY

### Definition

Eating disorders can take a number of different forms, including anorexia and bulimia nervosa, binge eating and other allied conditions in which underlying emotional problems result in the misuse of food.

Central to both anorexia and bulimia nervosa is that, for whatever reason, control over food has become the highest priority in life. Staying in control is regarded as “good”, while lapses are seen as disgusting and despicable, confirming the sufferer’s own belief that somehow she is inadequate or worthless.

### The school’s role

The role of the school is to safeguard the welfare of the student. To this end it is our ongoing role to visually be aware and alert to any changes in weight or persistently being underweight. Concerns may first be raised in school in which case the role of the school will be to communicate with the student and her parents with a view to medical services being engaged. If there are medical concerns or a diagnosis is made the role will then switch to liaising with the student, her family and the medical services to ensure that she is fully supported. The Health Centre will support in this process.

### What to do if you suspect a pupil has an eating disorder

It is essential that help is provided to young people as soon as an eating disorder is suspected. The prognosis for full recovery is greatly improved by providing support early.

The first priority is to establish a relationship of trust, so that the student will be willing to talk about the problem, if there is one. Early identification of a possible eating disorder can be difficult as the sufferer may deny that there is a problem. The nature of the condition tends to make the young person secretive and it is unlikely that she will seek help. Therefore, the teacher who is initially involved must ask specific questions in a sensitive way to find out if there is a problem. It is generally best to avoid any comments about eating, weight or shape. The teacher should be careful not to promise confidentiality, since a referral to a medical profession may be necessary. The professionals employed by the school (the School Counsellor and the School Nurse) may exercise professional judgement as to whether a referral for treatment is required, and otherwise maintain a degree of confidentiality, however Heads of Section/ HoJD do need to be made aware so that they know this girl is being supported. No one member of staff is expected to be responsible for a student with an eating disorder.

### Procedure for referring students with suspected eating disorders

The member of staff (e.g. the Counsellor or a teacher) who is initially involved should:

- 1) Raise the concern to the Head of Section (HoS), or Head of Junior Department (HoJD) and/or Director of Students (DoS).
- 2) Unless there are exceptional individual circumstances the DoS will refer this to the HoS or HoJD.
- 3) The HoS/ HoJD (often with discussion with the DoS) will take a decision about how to proceed next and at this stage will check if the Health Centre have any concerns. Generally, the younger the student the more likely it is that the HoS/ HoJD will contact the parents first to ask about their observations at home. If there are concerns the HoS/HoJD will request that there is a visit to her General Practitioner (GP).
- 4) Alternatively, especially where students are older, the HoS might see the student first for a conversation. If there are concerns, the HoS will inform the student that her parents will be contacted with the request that she goes to her GP, or if over 16 the student may decide to go to her GP.
- 5) In both circumstances the HoS/HoJD need to be satisfied that the visit has happened and the outcome is known.
- 6) The Health Centre must be kept informed of all concerns. If a concern is raised through them then they will keep the HoS/HoJD informed.
- 7) Weighing. The school does have the capacity to weigh students but this is not a routine procedure. In all cases it must happen with the consent of the student. It might also be at the request of a parent following the conversations outlined above but must still have the student's consent.

The Headmistress may inform the student's parents of the school's concern and ask for written assurance that professional medical help, outside school, is being given. In a severe case, it may be necessary to suspend the student if written assurance is not received.

### **When a problem with eating has been diagnosed**

- The school will seek to establish and maintain a working partnership with the student, her parents and the medical professionals supporting her. The school recognises the importance of including the student in this process. The Health Centre will support throughout the process of recovery.
- The school would expect to be given the contact details of the relevant CAMHS professionals caring for the student and would want to take part in review meetings about her care.
- A decision will be made by the school or CAMHS, taking into account medical advice, as to whether the student is fit to be in school and continue to participate in PE lessons.
- The school will seek to make reasonable adjustments to support the student if partial schooling (a reduced curriculum or part days) is recommended by CAMHS.
- If the student needs to stay off school for a period of time, arrangements would be made for work to be sent home, as appropriate.
- The HoS and HoJD will be aware of the potential impacts on the peer group throughout this time and take action to support as needed.
- The Head of Section will advise and provide reassurance to teaching staff.
- On the student's return to school after a period of absence with an eating disorder, all parties will be involved in the decisions about how best to manage her reintegration into school.

A complete copy of Disordered Eating by Oxford Health Trust "Guidelines for School Staff" is held by the School Nurse in the Health Centre.

Useful websites:

[www.b-eat.co.uk](http://www.b-eat.co.uk)

**Helpline**  
**0808 8010677**  
**0808 8010711 (Youthline)**

[www.eating-disorders.org.uk](http://www.eating-disorders.org.uk)

**National Centre for Eating Disorders**  
**Helpline**  
**0845 8382040**

Policy last reviewed.....March 2017  
Next review due .....March 2019  
Person responsible for review ..... Head of Lower School/Nurse  
Audience ..... Staff/Parents

## **Appendix:**

### **Factors involved in the development of eating disorders**

Three issues which have been identified as critical for the young person who is likely to fall ill with anorexia nervosa or bulimia are:

#### **Identity and self esteem**

People tend to compare their appearance, popularity with peers, academic performance, prowess in sports, and career goals with others. Such comparisons are often inappropriate and can cause body image dissatisfaction and low self-esteem.

#### **Separation**

Young people have a natural urge to become independent, make their own decisions and live their own lifestyle. In adolescence, whilst biologically developed, they are still confined to living as dependents by the structure of our society. This often leads to feelings of frustration as they crave excitement and change, but are fearful of their ability to meet the challenges involved.

#### **Control**

Living at home and conforming to rules produces resentment, which is often suppressed. Conflicts often occur over issues such as make up, choice of clothes, staying out late, use of the family car, drinking alcohol, smoking and use of drugs.

Parents often have dual standards for some of these issues, causing inconsistencies. Also they often want their children to have a better life than they did, causing pressure to achieve well.