

## **Earlscliffe (Sussex Summer Schools Ltd)**

### **EATING DISORDERS POLICY**

This school recognises that there are a number of eating disorders which may affect our pupil population during their time at school and in consequence affect their ability to meet the government's five outcomes for children in Every Child matters. The school also recognizes the need for a positive ethos which can significantly influence the health and well being of pupils and staff.

The school aims to provide a positive ethos by,

A strong sense of community

Good interpersonal relationships

Appropriate pastoral care for pupils and staff

An atmosphere that encourages citizenship

Pupil participation in decision management.

Clear anti bullying policy

The school's Eating Disorder Policy is available to staff, students and parents.

#### **AIMS**

To help staff to identify potential problems early and support pupils affected by eating disorders.

To ensure a cohesive school approach to eating disorders

To decrease stigma and increase awareness of eating disorders within the school

#### **OBJECTIVES**

Provide School counselling and mentoring services in which young people can address issues of self-esteem, body shape and social popularity.

Have clearly defined anti-bullying policies, and strongly discourage the teasing of overweight/ underweight children. This should encourage a greater acceptance of normal variation in body size and shape within the population.

PHSE plays a role in helping to prevent pupils from suffering alone with an eating disorder. This is achieved by raising awareness about eating disorders and educating all pupils about how to obtain help if needed.

Consideration should be given to the problems faced by young people during physical education classes, e.g. self consciousness about body shape, fearing being 'picked last' in a team due to perceived physical unsuitability. Fitness and enjoyment should be considered the key priorities, and students of all body shapes and sizes should be made to feel included in lessons and valued for their contributions, even if they are unable to achieve high levels of success.

#### **Recognition**

Eating disorders are a way that some individuals cope with difficult thoughts, emotions or experiences. They are linked with low self esteem, emotional problems and stress.

Anorexia nervosa, Bulimia and Binge eating Disorder are the most well known eating disorders but there is a growing awareness that some people suffer a mix of eating disorder behaviours or may be affected by some symptoms of a disorder but not others.

### **Anorexia Nervosa**

Anorexia involves restricting food intake by skipping meals and cutting down the types and amounts of food eaten. Some people will also over-exercise or binge and purge (laxative or diuretic abuse).

#### **Behavioural signs:**

Unreasonable fear of weight (being fat or gaining weight).

Excessive exercising

Rituals or obsessive behaviour

Denial and ambivalence

Low mood, anxiety/irritability

Increasing withdrawal

School problems/difficulty concentrating

Relationship difficulties

Severe dieting

Distorted body image

Perfectionist/setting high standards

Wearing baggy clothes

#### **Physical signs**

Severe weight loss

Body mass index <17.5

Amenorrhoea

Difficulty sleeping and tiredness

Poor skin and hair loss

### **Bulimia Nervosa**

Bulimia is more common than Anorexia but more hidden because people with Bulimia usually remain an average or just over average body weight. Sufferers may constantly think about calories, dieting and ways of getting rid of the food they have eaten. They become involved in a cycle of bingeing on large amounts of food, making themselves vomit or purging, cutting down or starving for a few days.

#### **Behavioural signs**

Bingeing or eating large quantities of food and vomiting after meals

Being secretive or lying

Obsessional behaviour

Unreasonable fear of being fat or gaining weight

Low mood, anxiety/irritability

School and relationship problems

Increasing withdrawal

## **ACTION**

If a member of staff is concerned about a pupil or a pupil is concerned that they may have an eating disorder they should ask to speak to the Designated Safeguarding Lead, a member of the safeguarding team or a member of SLT.

Members of staff talking to a pupil who has concerns regarding an eating disorder should aim to provide clear information in a calm manner. The staff's position regarding pupil confidentiality needs to be clearly defined and explained to a pupil. (NB staff cannot guarantee confidentiality at any time).

On identification of potential eating disorder behaviour the aim of the school is:

To support the pupil's emotional and physical needs within the school environment

To consult with the student and parents and assist them when requested with referrals to outside agencies for expert help

To support the pupil's family and friends in understanding and coping with the illness.

## **Objective**

People with eating disorders should be assessed and receive treatment at the earliest opportunity.

Early treatment is particularly important for those with or at risk of severe emaciation and such patients should be prioritised for treatment.

A pupil suffering from an eating disorder will need access to a GP in order to gain specialist help. These include; NHS or private referrals to CAMHS, the Priory at Ticehurst, or psychologist.

If the pupil is a day student, this is achieved by informing her/his parent or guardian and providing the relevant information for on-going referral. The House Manager(s), Deputy Head and Head Teacher need to be consulted regarding the nature of this contact and the action being taken.

When the pupil is a boarder the school GP will carry out an initial assessment and will then contact her/his parents as above.

In anorexia nervosa, although weight and BMI are important indicators they should not be considered the sole indicators of physical risk (as they are unreliable in adults and especially in children).

In assessing whether a person has anorexia nervosa, attention should be paid to the overall clinical assessment (repeated over time), including rate of weight loss, growth rates in children, objective physical signs and appropriate laboratory tests.

Referral will be made to an appropriate specialist service only with parental/guardian consent.

When a young person with anorexia nervosa refuses treatment that is deemed essential, consideration should be given to the use, by her family, of the Mental Health Act 1983 or the right of those with parental responsibility to override the young person's refusal.

Relying indefinitely on parental consent to treatment should be avoided. It is recommended that the legal basis under which treatment is being carried out should be recorded in the patient's case notes, and this is particularly important in the case of

children and adolescents. A refusal to arrange or give consent to any medical treatment could give rise to a Child Protection issue.

For children and adolescents with anorexia nervosa, where issues of consent to treatment are highlighted, the school should consider seeking a second opinion from an eating disorders specialist. This should be discussed with the College Nurse before any action is taken. If the student with anorexia nervosa and those with parental responsibility refuse treatment and treatment is deemed to be essential, legal advice should be sought in order to consider proceedings under the Children Act 1989 as it is a matter of Child Protection and school Safeguarding procedures should be followed.

In addition to the provision of information, family and guardians may be informed of self-help groups and support groups, and offered the opportunity to participate in such groups where they exist.

A boarder may have to be asked to return home for family support and local treatment due to the nature of their condition.

### **Further help and guidance**

[www.nice.org.uk/CG009NICEguideline](http://www.nice.org.uk/CG009NICEguideline) [www.edauk.com](http://www.edauk.com)

MOSA Handbook of School health. Trentham Books. [www.mosa.org.uk](http://www.mosa.org.uk)