Eating Disorder Policy

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Eating Disorder Policy

BETHANY SCHOOL

CURTISDEN GREEN

GOUDHURST

KENT

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1.0	March 2022	New policy
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Eating Disorder Policy

Version	Date Issued	Reason for Issue
3.0	January 2024	Reviewed resources
4.0	November 2025	Reviewed policy

Policy Owner

The policy owner is Senior Nurse and Designated Safeguarding Lead.

Introduction

Over 3 million people in the UK are affected by eating disorders. Young people aged 12-20 years old are most likely to develop an eating disorder

Aim

- To help pupils maintain healthy eating habits while they are at school and make their own educated decisions about what they eat.
- To identify those who have or may have an eating disorder and provide help and support.
- To provide support to others who may be affected by a pupil with the identified problem, e.g. friends, members of staff and family.
- Where an eating disorder is suspected or diagnosed, the school will aim to provide swift intervention to minimise the impact and promote recovery.

DEFINITIONS (For detailed information see Appendix 1)

- Anorexia Nervosa: People with anorexia limit the amount of food they eat by skipping meals and rigidly controlling what they will and will not eat. Their concern about food, weight and calories can start to control them and they can become very ill.
- Bulimia Nervosa: People with bulimia will also constantly think about food, but they become caught in a cycle of eating large amounts of food and then making themselves sick ("purging") or taking laxatives, in order to try and lose the calories they have eaten.
- Binge Eating Disorder and Compulsive Overeating: People with binge eating disorder will eat large amounts of food in a short period of time and tend to put on weight.
- Compulsive overeating involves 'picking' at food all day. In both cases, food and eating is used as a way of dealing with difficult feelings.
- EDNOS (Eating Disorders Not Otherwise Specified): Any eating disorder that affects a person's thoughts, feeling or behaviour but does not fit the criteria above
- Avoidant/restrictive food intake disorder (ARFID) See Appendices.
- Chaotic eating is eating at variable times and variable amounts. No set pattern.

Behavioural signs and how they can be observed

Behaviour	How it can be observed
Binge eating amounts of food	Can be observed by peers, teachers, lunch monitors, parents/guardians at home. May be done in secret or hiding food. Cleaning staff may notice hoarding of food in their bedroom if boarding during cleaning the pupils rooms.

Vomiting or purging	Visiting the toilet very soon after eating. May be observed by teaching staff, peers or parents/guardians.
Excessive exercising	Gym instructors may see an increase in visits to gyms. Parents/guardians may notice an excessive usage of the gym and very careful intake management
Secretive or ritual behaviour	May be observed by lunch staff in school or parents/guardians may notice habit forming behaviours at family mealtimes or when out in restaurants. Wide variety of secretive and ritual behaviour Pupil may only be able to ingest a particular type of food or a particular brand.
Unbalanced/trendy eating habits	Parents/guardians may witness unusual requests at home. School lunch monitors. Peers
Food Avoidance	Not attending lunch times at school can be observed by teachers, lunch monitors, peers. Avoiding places can be observed by parents/guardians
Missing meals or making excuses for missing meals	All people involved in the life of the pupils can observe this
Social withdrawal	Turots/teachers may notice withdrawal from other peers in lessons and playtimes. Parents/guardians may notice lack fo interaction at home

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Avoidance eating in public	Peers, teachers/tutors, parents/guardians may notice/observe excuses and reasons to not eat in public
Calorie counting	Teachers/tutors may observe interest in food constituents. Peers may observe at meal times when pupil is eating they are specific about what they eat. Peers may also notice and discuss apps that can be used and food diaries. May become competitive. Parents/guardians may notice specifics about what the pupil will or won't eat and what it contains
Wearing baggy clothes	All people involved in the care and interaction of that pupil could observe the wearing the clothes and that they are baggy
Encouraging eating in others	Peers especially may observe their friends encouraging them to eat and what they should eat and how they should eat.
Inappropriate use of laxatives or diuretics	Parents/guardians may discover these items in school bags or bedrooms/bathrooms. Pupil may discuss its usage with other peers.

Psychological signs may include;

- Emotional or irritable behaviour or depression
- Loss of self-confidence
- Mood swings
- Black and white thinking
- Irritability
- Feeling out of control and lonely
- Self hatred
- Negative self-image

STRATEGIES

- To ensure all staff members are aware of Bethany's Eating Disorders Policy.
- To encourage all staff to be vigilant and, if they have any concerns regarding the possibility of an eating disorder in a pupil, to pass their concerns on to the Wellness Centre (who will inform the DSL if appropriate). The Wellness Centre will keep a record of all concerns raised and actions taken.
- To foster a balanced, supportive, non-judgmental, helpful, confidential and safe environment in line with the "Positive Mental Health and Well-being at Bethany School" document
- To encourage students who have concerns about a friend to voice their concerns to a member of staff and reassure them that their concerns will be taken seriously.
- To ensure students and staff are aware of support that is available within the school by use of displays, school literature, PSHCE education.
- To have a PSHCE curriculum which includes sessions on healthy eating and maintaining a positive body image for pupils of all ages.
- All staff having an important role to play, including setting an example in the promotion of healthy eating habits and body image.
- To make all students, staff and families aware of support that is available externally, including private counselling, eating disorders clinics, CAHMS, 'b-eat' (formerly Eating Disorders Association). This information can be obtained via the Wellness Centre

- Work closely with the caterers in identifying pupils who they are concerned about and in monitoring pupils identified or diagnosed with issues around their eating.

PROTOCOL

The school recognises that:

- The stress that eating disorders can have within the school community and peer group. The isolation generated by the condition and the controlling effects of the eating disorder on the sufferer can be disturbing for others. Many precipitating factors can be spread within the school environment, e.g. chaotic eating, food fads, laxative abuse, vomiting.
- Over-eating leading to obesity is as serious a problem for a pupil's health, as is anorexia and bulimia.
- Prompt diagnosis is essential to prevent the situation deteriorating further. Staff should be aware of other possible medical conditions which may cause excessive weight loss/gain.
- Eating disorders are a complex and multifaceted problem.
- For treatment to be effective then prompt referral to a medical practitioner, usually the GP, is essential. This will probably result in further referrals to specialist practitioners and counsellors.
- Most pupils who are suffering from an eating disorder and some parents will be in denial about the existence of the problem and may refuse to co-operate with the steps taken to rectify the situation.
- All staff have a role to play in the monitoring of a pupil's eating habits and weight gain or loss and in reporting concerns.

PROCEDURE TO FOLLOW WHERE THERE IS SUSPICION OF AN EATING DISORDER

- Where there are concerns that a pupil may have an eating disorder, the response is that the staff member should be calm, measured and reassuring. The pupil needs to understand that the school is there to support them and help them in any way they can or are able to. Acknowledge the courage it has taken to disclose this. Let them know the

limits of your confidentiality. Explain the importance as to why this information needs to be shared.
- The concern should then be discussed with the Designated safeguarding lead, deputy safeguarding lead (if safeguarding lead is absent or unavailable) or the Senior Nurse at the Wellness Centre.
- It is important that the Senior Nurse at the Wellness Centre has all the information they need including the disclosure and all the factors surrounding it. An assessment of the student will take place (this will NOT include a BMI as it is deemed to be unhelpful in the assessment of eating disorders). The assessment will determine the extent as to how it is affecting the pupil and explain to the pupil what the next steps are and how we can support them.
- There will be a suspected eating disorders/disordered eating register kept within the Wellness Centre.

Required Response by the DSL or Senior Nurse at the Wellness Centre

- Parents/Guardians will be contacted by the Senior Nurse or the DSL and the concerns and issues raised with regards to the pupils disordered eating will be discussed, unless it is deemed that it is determinantal to the pupil to discuss it with parents/guardians (see Bethany Policies on safeguarding and child protection). This should be clearly documented.
- A face-to-face meeting can be arranged with the pupil and parents/guardians to discuss next steps in the journey and how to access support through the school and outside agencies. If this is not possible it can be completed by telephone
- An assessment by the pupils GP is required as soon as possible. This may generate a referral to the Child and Adolescent Mental Team depending on the severity of the concern. A private assessment may also be sought if this is deemed necessary.
- In the boarding community if a boarder is highlighted as an eating disorder concern or discloses they have disordered eating, then this must also be discussed with the parents/guardian as a priority. The boarder must also have an assessment by their registered GP. It is the responsibility of the DSL, Head of Boarding and Senior Nurse collectively to make as decision as to whether or no they can support that pupils needs in

boarding. If there is a disagreement the DSL will make the overriding decision. Relevant boarding staff will be made aware and may become part of the support plan.

- The Senior Nurse at the Wellness Centre, DSL (and in some cases it may be necessary for the Deputy DSL, Nurse on duty or Pupil Welfare Officer) are responsible for liaising with services and parents involved in any plan that is created. And supporting that plan within the school.
- If the pupil refuses to see the GP, then the DSL and the school nurse will have a consultation with the Headmaster, to decide upon a course of action, which might in, extreme situations, include pupils being asked to not attend school.
- The Senior Nurse or DSL will liaise with parents and senior staff and keep them informed of any concerns. This should ideally happen with the pupil's full consent and understanding.
- The situation will be monitored regularly by the Wellness Centre with a weekly meeting with the student concerned, with the DSL being informed of the outcomes.

PROCEDURE TO FOLLOW WHERE THERE IS A DIAGNOSIS OF AN EATING DISORDER

- When there is a diagnosis of an eating disorder, or there is a strong suspicion of one, then further action will need to be taken. This may include further medical tests and investigations. It is likely to include referral to outside agencies such as CAMHS, a counsellor, a psychiatrist, or a specialist eating disorder clinic. All of this should happen in collaboration with the pupil, their parents, Wellness Centre and staff involved in a Individual Health Care Plan (IHCP)
- The designated safeguarding lead or Senior Nurse will draw up an Individual healthcare plan (IHCP) and agree an action plan with the relevant staff. This should ideally be done in conjunction with the parents.
- Pupils will be asked to agree to an action plan to which they must adhere. The IHCP could include;
    - Conversation with catering staff to provide a different meal choice
    - Agreement to not use laxatives/diuretics
    - Minimal supervision during meal times (it is not possible to do 1-2-1)
    - Quiet lunchtimes with a specified group of individuals
    - Highlighting from staff if pupil does not attend meal times

  - Supervised mealtime behaviour from day and boarding staff. Cleaning staff may identify hoarding of food
  - Agreement to check in with Wellness Centre, DSL and engage with services provided
- Parents will be put in touch with organisations that may be able to offer advice and support.
- If a pupil is physically and emotionally well enough to stay in school then s/he should do so.
- A pupil who has a diagnosis of an eating disorder who remains at school may need to be excluded from certain activities during the period of her recovery. Teaching staff involved will need to be informed of this.
- Regular updates will take place between the DSL, Senior Nurse, Pupil Welfare Officer and the relevant staff. There will be regular 'keeping in touch' opportunities for everyone working with pupils with eating disorders to enable the staff to be supportive of each other and also to ensure that the team are not manipulated in any way. This will be led by the DSL or Senior Nurse.
- Pupils will be given advice on healthy eating and may be asked to keep a food diary.
- Pupils may need to be made aware of the impact of their illness on other pupils. Part of the IHCP may require them to refrain from any behaviour that may be seen to influence those around them.
- The decision on how or if to proceed with a pupil's schooling while they are suffering from a diagnosed or suspected eating disorder should be made on a case by case basis. However, if the school feels the pupil is too unwell to stay in school, is not adhering to the measures agreed in the action plan or continues to lose weight then the School may take the decision to send the pupil home to receive treatment and only return to school when well enough to do so, when s/he will continue to be monitored closely by the Senior Nurse and the DSL. It is expected this will be done with communication with the Team looking after that pupil.
- Any monitoring of BMI, weight gain/loss, calorie intake, health checks such as dentistry, bone density, calcium levels, electrolyte imbalances, hormone levels, menstruation are expected to be measured by the specialist team looking after that pupil. It is not the responsibility of the school to measure these parameters.

- All staff should be aware of the impact this illness may have on other members of the school community and be willing to offer support where able or to refer them on where appropriate, for example to house staff, the school counsellor, the school nurse, safeguarding lead, or outside organisations such as beat (eating disorder charity).

PROSPECTIVE PUPILS

- Prospective pupils with eating disorders will be treated in line with the school's normal Admissions procedures.
- A pupil accepted with a past eating disorder is required to provide a full medical history so that the designated safeguarding lead and the school nurse can assess and support the pupil at an early stage. It is likely that a mutually approved written agreement will be drawn up between the school and the parents regarding the pupil's behaviour and consequent health.

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USEFUL WEBSITES and HELPLINES

National Centre for Eating Disorders https://eating-disorders.org.uk/

Eating disorders in young people - for parents and carers | Royal College of Psychiatrists (rcpsych.ac.uk)

https://thenewmaudsleyapproach.co.uk/

https://www.youngminds.org.uk/young-person/my-feelings/eating-problems/

Beat

https://www.beateatingdisorders.org.uk/

Support and therapy in Kent

https://www.therapypartners.co.uk/therapy-and-counselling/eating-disorder-specialists
https://www.nelft.nhs.uk/services-kent-medway-eating-disorders/

The Mix

Offers support to anyone under 25 about anything that's troubling them.

Email support available via their online contact form.

Free 1-2-1 webchat service available.Free short-term counselling service available.
Opening times: 4pm - 11pm, seven days a week 0808 808 4994

ARFID Awareness

https://www.arfidawarenessuk.org/

Childline If you're under 19 you can confidentially call, chat online or email about any problem big or small. Sign up for a free Childline locker (real name or email address not needed) to use their free 1-2-1 counsellor chat and email support service. Hosts online message boards where you can share your experiences, have fun and get support from other young people in similar situations.

9am - midnight, 365 days a year 0800 11 11

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Appendix 1

Types of eating disorders

Anorexia Nervosa

Anorexia (or anorexia nervosa) is a serious mental illness where people are of low weight due to limiting their energy intake. It can affect anyone of any age, gender, or background. As well as restricting the amount of food eaten, they may do lots of exercise to get rid of food eaten. Some people with anorexia may experience cycles of bingeing (eating large amounts of food at once) and then purging.

The way sufferers see themselves is often at odds with how others see them – they often have a distorted image of themselves, and think they're larger than they really are. They experience a deep fear of gaining weight, and will usually challenge the idea that they should.

Sometimes, someone's symptoms may not exactly match all the criteria a doctor checks for to diagnose anorexia – for example, they may remain at a weight considered "normal" for their age, sex, and expected development. Depending on the exact symptoms, they might be diagnosed with atypical anorexia or another form of other specified feeding or eating disorder (OSFED). This is just as serious and can develop both into or from anorexia. It's just as important that people suffering with OSFED get treatment as quickly as possible.

The behaviour associated with anorexia can contribute to a feeling of control – many people who have spoken to us about their anorexia have said that they felt they could control what they ate and their body weight when they didn't feel they could control other aspects of their lives. There are many different reasons that someone might develop anorexia, but it's important to remember that eating disorders are often not about food itself. They are mental illnesses, and treatment should address the underlying thoughts and feelings that cause the behaviour.

Bulimia Nervosa

Bulimia (or bulimia nervosa) is a serious mental illness. It can affect anyone of any age, gender, or background. People with bulimia are caught in a cycle of eating large quantities of food (called

bingeing), and then trying to compensate for that overeating by vomiting, taking laxatives or diuretics, fasting, or exercising excessively (called purging). Treatment at the earliest possible opportunity gives the best chance for a rapid and sustained recovery from bulimia.

It’s normal for people who aren’t suffering from an eating disorder to choose to eat a bit more or “overindulge” sometimes. This shouldn’t be confused with a binge. During a binge, people with bulimia don’t feel in control of how much or how quickly they’re eating. Some people also say that they feel as though they’re disconnected from what they’re doing. The food eaten during a binge may include things the person would usually avoid. Episodes of bingeing are often very distressing. People with bulimia place strong emphasis on their weight and shape and may see themselves as much larger than they are.

Binge Eating Disorder

Binge eating disorder (BED) is a serious mental illness where people experience a loss of control and eat large quantities of food on a regular basis. It can affect anyone of any age, gender, or background.

People with binge eating disorder eat large quantities of food, over a short period of time (called bingeing). BED is not about choosing to eat extra-large portions, nor are people who suffer from it just “overindulging” – far from being enjoyable, binges are very distressing. Sufferers find it difficult to stop during a binge even if they want to, and some people with binge eating disorder have described feeling disconnected from what they’re doing during a binge, or even struggling to remember what they’ve eaten afterwards.

Binges may be planned like a ritual and can involve the person buying "special" binge foods, or they may be more spontaneous. People may go to extreme lengths to access food – for example, eating discarded food or stealing food. Many things may trigger a binge eating episode, but commonly they occur when a person is feeling uncomfortable or negative emotions, such as sadness, anger or loneliness.

Binge eating usually takes place in private, though the person may eat regular meals outside their binges. People with binge eating disorder may also restrict their diet or put in certain dietary rules around food – this can also result in them binge eating due to hunger and feelings of deprivation.

People often have feelings of guilt and disgust at their lack of control during and after binge eating, which can reinforce that cycle of negative emotions, restriction and binge eating again. Unlike those with bulimia, people with binge eating disorder do not regularly use purging methods after a binge.

Binge eating episodes are associated with eating much more rapidly than normal, eating until feeling uncomfortably full, eating large amounts of food when not physically hungry, eating alone through embarrassment at the amount being eaten, and feelings of disgust, shame or guilt during or after the binge.

Other Eating and Feeding Problems

A number of other eating and feeding problems exist and include orthorexia (an obsession with food that one considers healthy), rumination disorder (illness that involves repetitive, habitual bringing up of food that might be partly digested. It often occurs effortlessly and painlessly and is not associated with nausea or disgust.), and pica (an eating disorder where an individual has a preference for eating items that have no perceived nutritional value to the human body).

There is limited information available about these problems. If you suspect that you or someone you know may be showing signs of one of these illnesses, then we strongly advise you to consult with a medical professional as quickly as possible so that they can give you more information and refer you for appropriate treatment. Remember, it is always best to seek treatment early.

There are also many other illnesses, both physical and psychological, that can lead to changes in someone's eating behaviour, or in other areas that may be affected by an eating disorder, such as their feelings about their body. If you're worried about yourself or someone you know but don't feel that any of the disorders covered on the Beat website accurately describe the symptoms you or they are experiencing, it's always best to speak to a medical professional who will be able to give you further advice.

Other Specified Feeding or Eating Disorder (OSFED)

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Anorexia, bulimia, and binge eating disorder are diagnosed according to a list of expected behavioural, psychological, and physical symptoms. Sometimes a person's symptoms don't exactly fit the expected symptoms for any of these three specific eating disorders. In that case, they might be diagnosed with an "other specified feeding or eating disorder" (OSFED).

OSFED is every bit as serious as anorexia, bulimia, or binge eating disorder, and people suffering from OSFED are every bit as deserving and in need of treatment – their eating disorder is just presenting in a different way. It is common for symptoms to not fit with the exact diagnostic criteria for anorexia, bulimia, or binge eating disorder – OSFED accounts for a large percentage of eating disorders.

Some specific examples of OSFED include:

Atypical anorexia – where someone has all the symptoms a doctor looks for to diagnose anorexia, except their weight remains within a "normal" range.

Bulimia nervosa (of low frequency and/or limited duration) – where someone has all of the symptoms of bulimia, except the binge/purge cycles don't happen as often or over as long a period of time as doctors would expect.

Binge eating disorder (of low frequency and/or limited duration) – where someone has all of the symptoms of binge eating disorder, except the binges don't happen as often or over as long a period of time as doctors would expect.

Purging disorder – where someone purges, for example by being sick or using laxatives, to affect their weight or shape, but this isn't as part of binge/purge cycles.

Night eating syndrome – where someone repeatedly eats at night, either after waking up from sleep, or by eating a lot of food after their evening meal.

Like any other eating disorder, OSFED is a very serious mental illness that is not only about the way the person treats food but about underlying thoughts and feelings. The eating disorder may be a way of coping with these thoughts, or a way of feeling in control.

People with OSFED may work to hide their illness and someone may have been ill for a long time before physical symptoms appear, if they do at all. Any of the symptoms associated with bulimia,

anorexia, or binge eating disorder can be part of OSFED, and these would come with the same short-term and long-term risks that they present in the case of these specific eating disorders. As with other eating disorders, it will probably be changes in the person's behaviour and feelings that those around them notice first, before any physical signs appear.

Avoidant/restrictive food intake disorder (ARFID)

Avoidant restrictive food intake disorder, more commonly known as ARFID, is a condition characterised by the person avoiding certain foods or types of food, having restricted intake in terms of overall amount eaten, or both.

Someone might be avoiding and/or restricting their intake for a number of different reasons. The most common are the following:

They might be very sensitive to the taste, texture, smell, or appearance of certain types of food, or only able to eat foods at a certain temperature. This can lead to sensory-based avoidance or restriction of intake.

They may have had a distressing experience with food, such as choking or vomiting, or experiencing significant abdominal pain. This can cause the person to develop feelings of fear and anxiety around food or eating, and lead to them to avoiding certain foods or textures. Some people may experience more general worries about the consequences of eating that they find hard to put into words, and restrict their intake to what they regard as 'safe' foods. Significant levels of fear or worry can lead to avoidance based on concern about the consequences of eating.

In some cases, the person may not recognise that they are hungry in the way that others would, or they may generally have a poor appetite. For them, eating might seem a chore and not something that is enjoyed, resulting in them struggling to eat enough. Such people may have restricted intake because of low interest in eating.

It is very important to recognise that any one person can have one or more of these reasons behind their avoidance or restriction of food and eating at any one time. In other words, these examples are not mutually exclusive. This means that ARFID might look quite different in one person compared to another. Because of this, ARFID is sometimes described as an 'umbrella' term – it includes a range of different types of difficulty. Nevertheless, all people who develop ARFID

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share the central feature of the presence of avoidance or restriction of food intake in terms of overall amount, range of foods eaten, or both.

Other key aspects of ARFID are that it can have a negative impact on the person's physical health and as well as on their psychological wellbeing. When a person does not take in enough energy (calories), they are likely to lose weight. Children and young people may fail to gain weight as expected and their growth may be affected, with a slowing in height increase. When a person does not have an adequate diet because they are only able to eat a narrow range of foods, they may not get essential nutrients needed for their health, development and ability to function on a day-to-day basis. In some people, serious weight loss or nutritional deficiencies may develop, which need treatment. In people whose food intake is very limited, nutritional supplements may be prescribed. In some cases a period of tube feeding may be recommended if physical risk is judged to be high.

Being limited in terms of what they can eat often causes people to experience significant difficulties at home, at school or college, at work and when with friends. Their mood and day-to-day functioning can be negatively affected. Many people with ARFID find it difficult to go out or to go on holiday, and their eating difficulties may make social occasions difficult to manage. They may find it difficult to make new friends or establish close relationships as social eating occasions are often part of this process.