Eating Disorder Policy

BETHANY SCHOOL

CURTISDEN GREEN

GOUDHURST

KENT

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REVISION HISTORY

Version	Date Issued	Reason for Issue
1.0	March 2022	New policy
2.0	January 2023	Review
3.0	January 2024	Reviewed resources
4.0	November 2025	Reviewed policy
5.0	October 2026	Review

EATING DISORDER 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 or disordered eating 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

- 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.

- Avoidant Restrictive Food Intake Disorder (ARFID) – ARFID involves avoiding certain foods or types of food, having restricted intake in terms of overall amount eaten, or both.
- Bulimia Nervosa: involves a cycle of eating large quantities of food, and then trying to compensate for that overeating through various means
- Binge Eating Disorder (BED) – involves eating very large quantities of food without feeling like they're in control of what they are doing
- Other Specified Feeding or Eating Disorder (OSFED) – If someone's symptoms don't exactly fit the expected symptoms of other eating disorders, they might be diagnosed with OSFED.
- Other Eating and Feeding Problems -a number of other eating and feeding problems exist and include orthorexia, rumination disorder and pica.

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. Anxiety around food and situations involving food. May manifest as panic attacks or other behaviours like withdrawal.
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
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 Designated Safeguarding Lead 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, Beat (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.
- Avoidant restrictive eating can often be seen displayed in neurodivergent pupils and has a wide range of avoidant restrictive behaviours.
- 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 or the local eating disorders service 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 and Headmaster 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.

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/

The Feeding Trust

https://www.feedingtrust.org/

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/

ARFID Awareness

https://www.arfidawarenessuk.org/

Seed – Eating Disorders Support Service

https://seed.charity/

Overeaters Anonymous Great Britain

https://www.oagb.org.uk/

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

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