

**Holme Grange School**  
**Whole School Policy Including EYFS**



## **Disordered Eating Policy**

<b>Date:</b>	<b>Amendment:</b>	<b>Reviewed by:</b>	<b>Approved by:</b>
<b>January 2022</b>	<b>New Policy</b>	<b>Jo Cooke</b>	<b>SMT - 8/2/22</b>
<b>January 2024</b>	<b>Next Review due</b>		

A great many young people suffer from disordered eating and from body dissatisfaction. We want our school's culture to nurture a balanced, healthy attitude to food, exercise and body shape.

Regarding eating disorders, we recognise that they are serious illnesses, that there is a strong likelihood that some of our pupils will be affected at any time, and that the school has a crucial role to play in detection and treatment, in partnership with parents and clinicians.

To the best of our abilities we want to:

- support pupils who are undergoing treatment, in partnership with the family and treatment providers, aiming at rapid and full recovery
- flag up concerns around a pupil so that he or she can get diagnosis and treatment as soon as possible
- play our part in reducing the risk of pupils developing an eating disorder or of suffering from disordered eating
- take care with the messages we give around eating, exercise and body-shape

This policy must be read in conjunction with the school's Safeguarding and Child Protection Policy, and The Positive Mental Health Policy.

**Links:**

\* What is disordered eating and how common is it? \*

\* What is body dissatisfaction and how common is it? \*

\* What is an eating disorder? \*

\* The main eating disorders: binge eating, bulimia, anorexia, ARFID and OSFED \*

\* Not an eating disorder but totally relevant: orthorexia, bigorexia and others \*

**A central point of contact in the school**

The school has one or more designated staff members who shape policy, disseminate information and coordinate action on eating disorders, disordered eating, body confidence and obesity. These staff are Head of Pastoral Care and Health and Wellbeing Nurse.

They set up or attend meetings with parents and clinicians and keep records.

They liaise with other members of staff and monitor that agreed actions are carried out.

All other teaching staff have basic awareness – enough to recognise the more obvious signs and to then consult the designated members of staff.

**Links:**

\*: Role of a designated staff member \*

\* What all staff need to know about eating disorders \*

## **Teamwork around pupils with an eating disorder**

Eating disorders are serious medical conditions that require expert treatment. We will take our lead from

- the parents
- the health service
- CAMHS
- Counsellors and psychologists

We value teamwork with parents. We appreciate they are experts on their child and are the main asset in a young person's eating disorder treatment. We are conscious that they may be under tremendous stress and need empathy.

### **Links:**

\* Teamwork with parents and clinicians \*

\* Understand the parents \*

\* Confidentiality: who in the school needs to know? \*

### **A non-judgemental stance**

We intend to have a respectful, non-judgemental stance towards pupils, whether they have difficulties with body confidence or eating. The same applies to their siblings and parents.

We recognise an eating disorder is an illness, not a choice, and that it is not caused by parents. The illness affects all sexes, irrespective of social class and of family environment.

### **Links:**

\* The surprising truth about what causes eating disorders \*

\* Why your pupils can't reach their full potential when they have an eating disorder \*

### **Warning signs**

We will treat all signs of an eating disorder seriously.

We will give all staff basic information to help them detect disordered eating or an eating disorder and know how to proceed.

Staff complete training in a wide range of safeguarding issues including Disordered Eating through their EduCare programme, which is on a three-year cycle. Staff have annual safeguarding training and weekly pastoral meetings where many pastoral issues are shared

A healthy BMI would be in the range 19-25. A healthy 'weight for height' as expected for age is 95%-105%.

BMI can offer a rough idea of whether or not a person is at a moderate weight. However, it should not be the only measure for an individual to assess whether their weight is ideal.

**High risk presentation with BMI below 17 or 80% expected weight for height**  
Pupil should be cared for at home, not in school  
Professional support needs to be sought urgently from CAMHS or specialist psychiatry  
or home GP involvement  
**High risk factors: abnormal ECG, electrolyte abnormalities, serious risk of self-harm consider referral to  
local A & E for emergency medical care**  
Communications with: Headteacher, parents, safeguarding lead, counsellor  
**To return to school a pupil should have a BMI of 17.5**

### **Eating disorder versus disordered eating**

Your pupils will display behaviours along a continuum, with balanced eating at one end, some signs of disordered eating along the way, and at the far end of the continuum, the signs are serious and frequent enough to indicate a diagnosable eating disorder. There will also be a continuum on body dissatisfaction.

You don't need the expertise to tell where any particular pupils is on any spectrum. Your role is to spot signs that may indicate either disordered eating or an eating disorder, and to raise this with the parents.

The further along the continuum, the sooner you should act, and the more insistent you should be on the pupil getting referred to a specialist health professional.

### **Pupils who require the most urgent and specialised attention**

Diagnosable eating disorders (like binge-eating disorder, bulimia, anorexia, OSFED and ARFID) normally require urgent specialised care.

Even without a diagnosable eating disorder, some of your pupils may need urgent attention due to malnutrition.

For instance there is a growing number of boys (it's more often boys than girls) whose health is at risk from an obsession with muscle-building.

Likewise, many of your pupils may be restricting entire food groups in a drive to eat 'healthy' or 'clean'. You will need to raise the alarm urgently with any who seem to have cut out major food groups.

### **What signs should staff be aware of?**

As a school you don't need expertise in the various types of eating disorder and you don't need to differentiate an eating disorder from disordered eating. You just need to raise the alarm when:

- a pupil appears to be missing meals, or eating reduced quantities, or avoiding particular types of food
- you suspect the pupil is exercising obsessively
- you suspect the pupil is vomiting after eating
- you suspect the pupil is bingeing – eating unusually large quantities in an out-of-control (and usually secretive) way
- the pupil is intensely interested in the topics of food, cooking, fitness, diet
- the pupil seems to have lost or gained weight

You should be concerned about any child or adolescent having lost weight even if (especially if) they previously seemed overweight. Youngsters need a regular input of energy to grow and develop. Flag up the apparent weight loss with parents (if it was gradual they may not have noticed). Never praise weight loss or slimness in a growing young person.

Another sign is a marked change in mood. People often become withdrawn, depressed and anxious-looking while they're affected by an eating disorder (though this may only show up at home, and at school this person may be a star student).

Any concerns regarding the loss of weight of one of our pupils must be reported to one of the Safeguarding Team.

### **The misery of an eating disorder can be combined with self-harm or obsessive-compulsive disorder (OCD).**

Note that pupils on the autistic spectrum are at greater risk of suffering from an eating disorder.

\* [Schools, this is how you spot an eating disorder](#) \*

\* [How dangerous is an eating disorder?](#) \*

\* [Eating disorders are a lot more common than you might think](#) \*

\* [Eating disorders need urgent attention](#) \*

### **Educating pupils to disclose problems**

We will encourage pupils to speak up if they suspect that they or a peer has an eating disorder. To this end we will give all pupils a minimum of information about eating disorders.

If a friend of the pupil suspects an eating disorder, staff should record what they say in detail and pass the information on to the DSL

If a pupil confides difficulties with eating to a staff member, we will explain that we have to inform parents, as we don't have the expertise to gauge the level of risk, and confidentiality doesn't apply when a pupil is at risk.

\* What all pupils need to know about eating disorders \*

Alerting parents and securing prompt treatment

If we detect signs of an eating disorder or of disordered eating, we will alert the parents. If we suspect that the pupil is at the more severe end of the disordered eating spectrum, or if we suspect an eating disorder, we will call the parents within 24 hours.

Depending on the pupil's age we may first talk with him or her to tell them we are planning to contact their parents.

We appreciate that it may be a great shock to the parents to discover their child may have an eating disorder. We will strive to build a supportive relationship so that the pupil can get expert help fast.

We will advise parents to consult a specialist service promptly.

**Links:**

\* What to say to a pupil showing signs of an eating problem \*

\* What to do when a pupil discloses problems with eating \*

\* What to say to a pupil who reports concerns about a peer \*

\* What to say to parents (within 24 hours) \*

\* How to get the pupil assessed by specialists (urgently) \*

\* What to do if parents don't want their child to see a clinician \*

**Practical support to pupils in treatment for an eating disorder**

- We will discuss with parents what support a pupil needs with lunch and snacks.
- We can provide supervision in the dining room, and inform parents of any behaviours we spot that would indicate food is not getting eaten.
- School staff should not be expected to coax a pupil to eat.
- We can provide parents with menus ahead of time, if this helps them prepare their child.
- We will find out from parents and clinicians what else we can do to help the pupil in school.

**Links:**

\* Why pupils need mealtime support in school \*

\* Different levels of support during school meals \*

\* How the school can support a pupil to not exercise \*

\* How else can your school help a pupil in treatment for an eating disorder? \*

\* School trips during treatment for an eating disorder \*

\* School interventions that are NOT useful \*

\* Support pupils who are upset about a fellow pupil's eating disorder \*

\* Support siblings of a pupil with an eating disorder \*

### **Pupils who cannot attend school or need extra support with studies**

We appreciate that pupils may need time in hospital, while for others there could be a phase of treatment at home, during which attending school would be counter-productive and studies need to be put on hold.

We will take advice from the parents and the clinical staff. We can provide learning materials on google classroom.

We will support the pupil with a phased return to school if that is useful.

\* How the school can nurture links with an absent pupil \*

### **Meeting the pupil's academic needs with flexibility**

We understand that studies may have to take a back seat in order to prioritise treatment.

We will help reduce unnecessary stresses on the pupil. For instance we may allow them to hand in homework late and we may stretch deadlines. We may arrange for them to have a teacher they are relaxed with rather than one that they feel anxious about. We may change the class group they are in so that they are with friends. We may adjust our expectations of their academic progress. We may be flexible about their punctuality.

\* How eating disorder treatment affects a pupil's school work \*

\* How the school can remove unnecessary stressors \*

It is important to understand the Disordered Eating is a safeguarding issue and as such, any concerns must follow the safeguarding flowchart which can be found in Holme Grange School's Safeguarding and Child Protection policy document. This policy is on the school's website or kept in Every.

As with any safeguarding concern it must also be logged in MyConcern.



Flowchart for the management of a pupil with disordered eating

