Eating Disorder Policy

Wheatley Hill Community Primary School

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Wheatley Hill Primary
Eating Disorder Policy

1. Introduction

School staff can play an important role in preventing eating disorders and also in supporting children, peers and families of children currently suffering from or recovering from eating disorders. This includes staff members of Wheatley Hill who may also be experiencing an eating disorder.

2. Scope

This document describes the school's approach to eating disorders. This policy is intended as guidance for all staff including non-teaching staff and governors.

3. Aims

To increase understanding and awareness of eating disorders
To alert staff to warning signs and risk factors
To provide support to staff dealing with children suffering from eating disorders
To provide support to children currently suffering from or recovering from eating disorders and their peers and families

4. Definition of Eating Disorders

Anyone can get an eating disorder regardless of their age, sex or cultural background.
People with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial. Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretively overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

5. Risk Factors

The following risk factors, particularly in combination, may make a young person particularly vulnerable to developing an eating disorder:

Individual Factors:

Difficulty expressing feelings and emotions
A tendency to comply with other's demands
Very high expectations of achievement

Family Factors
A home environment where food, eating, weight or appearance have a disproportionate significance
An over-protective or over-controlling home environment
Poor parental relationships and arguments
Neglect or physical, sexual or emotional abuse
Overly high family expectations of achievement

Social Factors
Being bullied, teased or ridiculed due to weight or appearance
Pressure to maintain a high level of fitness / low body weight for e.g. sport or dancing.

6. Warning Signs
School staff may become aware of warning signs which indicate a child, member of staff or member of the family is experiencing difficulties that may lead to an eating disorder. These warning signs should **always** be taken seriously and staff observing any of these warning signs should seek further advice from one of the designated leads for safeguarding children.

Physical Signs
• Weight loss
• Dizziness, tiredness, fainting
• Feeling Cold
• Hair becomes dull or lifeless
• Swollen cheeks
• Callused knuckles
• Tension headaches
• Sore throats / mouth ulcers
• Tooth decay

Behavioural Signs
• Restricted eating
• Skipping meals
• Scheduling activities during lunch
• Strange behaviour around food
• Wearing baggy clothes
• Excessive chewing of gum/drinking of water
• Increased conscientiousness
• Increasing isolation / loss of friends
• Believes s/he is fat when s/he is not
• Secretive behaviour
• Visits the toilet immediately after meals

Psychological Signs
• Preoccupation with food
• Sensitivity about eating
• Denial of hunger despite lack of food
• Feeling distressed or guilty after eating
• Self dislike
• Fear of gaining weight
• Moodiness
• Excessive perfectionism

7. Staff Roles
The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the designated officer for safeguarding children aware of any child or adult causing concern.
Following the report, the designated officer will decide on the appropriate course of action. This may include:
• Contacting families
• Arranging professional assistance e.g. doctor, nurse
• Arranging an appointment with a counsellor
• Arranging a referral to CAMHS – with parental consent
• Giving advice to families, teachers and other children
Children, staff or family members may choose to confide in a member of school staff if they are concerned about their own welfare, or that of another person. Children need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a child is at serious risk of causing themselves harm then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a child puts pressure on you to do so.

8. Children Undergoing Treatment for / Recovering from Eating Disorders
The decision about how, or if, to proceed with a child's schooling while they are suffering from an eating disorder should be made on a case by case basis. Input for this decision should come from discussion with the child, their families, school staff and members of the multi-disciplinary team treating the child.
The reintegration of a child into school following a period of absence should be handled sensitively and carefully and again, the child, their families, school staff and members of the multi-disciplinary team treating the child should be consulted during both the planning and reintegration phase.
Staff undergoing or recovering from an eating disorder will be supported on an individual basis in line with the Local Authority Occupational Health guidance.

9. Further Considerations

Any meetings with a child, their families or members of staff regarding eating disorders should be recorded in writing including:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed

This information should be stored in the child's child protection file or staff personnel file.