

LGGS Eating Disorders Policy

Purpose of the Policy	The aim of this policy is to ensure that: There is as understanding and awareness of eating disorders in school so that staff are alert to warning signs and risk factors LGGS works with the young people at risk of eating disorders, their parents and external agencies at an early stage so that effective support can be put in place
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Related Material	Keeping Children Safe in Education 2017 Lancashire Supporting the positive mental health and wellbeing of our children and young people October 2017

School vision and context

Our vision is for a school in which all girls are supported and challenged as they grow in knowledge and confidence; enabling them to reach their full academic and personal potential.

We are dedicated to preparing them for success and fulfilment in their futures as resilient, happy and responsible young people, who will make a positive contribution to society.

A key priority for us continues to be to support all aspects of development not just educational success, important as this is. Young women need to be healthy, happy and have the skills to deal with life's challenges if they are to enjoy life and make a positive contribution.

School staff can play an important role in preventing eating disorders and also in supporting students, peers and parents of students currently suffering from or recovering from eating disorders.

Scope This document describes the school's approach to eating disorders. This policy is intended as guidance for all staff and governors. It also provides helpful information for young people and their parents.

1. 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 students suffering from eating disorders
- To provide support to students currently suffering from or recovering from eating disorders and their peers and parents/carers

2. Definition of Eating Disorders

Eating disorders are serious mental health issues. In many cases the student affected is unlikely to recover without focused support, professional treatment or significant change in their underlying circumstances. Eating disorders is an umbrella term for a number of enduring psychological illnesses. Anyone can get an eating disorder regardless of their age, sex or cultural background. 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, secretly overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

3. Reasons why students develop eating disorders

Control

The belief that food is the only part of their life that they can exert any control over.

Punishment

Students who are perfectionist may feel they don't deserve to eat and punish themselves through not eating

To manage overwhelming feelings

For students who struggle to express their feelings disordered eating behaviour can feel like the only way to communicate and release feelings.

4. 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
- Low mood/anxiety and low self esteem
- Impulsivity or drug and alcohol use

• Family Factors

- An over-protective or over-controlling home environment
- Poor parental relationships and arguments
- Neglect or physical, sexual or emotional abuse
- Unreasonably high academic expectations
- Cultural identity conflict
- Young carer

• Social Factors

- Being bullied, teased or ridiculed due to weight or appearance
- Friends who have eating disorders
- Highly competitive hobbies which leave little down time
- Pressure to maintain a high level of fitness / low body weight for e.g. gymnastics/ dancing

5. Triggers

- Family relationship difficulties
- Peer relationship difficulties
- Bullying
- Trauma
- Exam pressure
- Transition – starting a new key stage.

6. Warning Signs School staff may become aware of warning signs which indicate a student 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 report their concerns on cpoms and seek further advice from the relevant designated safeguarding lead.

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
- Wearing several layers of clothing
- Excessive chewing of gum/drinking of water
- Increased conscientiousness
- Increasing isolation / loss of friends
- Distorted self-image
- 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, document any concerns on cpoms and alert any the relevant designated safeguarding lead.

8. Responding to concerns

The student themselves might raise concerns but it is more likely to be from their peers or staff. It is important that a suitable member of staff, usually with safeguarding training at a high level, talks to the student to discuss any action to be taken. Students need to be made aware that it may not be possible for staff to offer complete confidentiality. **If a student 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.

For students with mental health and well being issues it can often feel like everything is happening to them rather than with them. This can exacerbate their difficulties. Recovery is far more likely to be successful if the student is fully involved during every step of the process. The first step should always be to talk to the student when possible.

In the discussion with the student, who needs to be informed, how and what they should be told should be covered. Unless there are significant safeguarding issues parents need to be informed. If the student wishes to tell the parent themselves they should be given a timeframe in which to do so, which is then followed up by the teacher.

The student should be made aware of support in school as well as online information

9. Working with parents

A young person's best chance of recovery comes from having a united recovery team consisting of friends, family, the school and any treatment provider they may be working with. Parents should be given the opportunity to come into school for a meeting as well as providing them with information about what support is available and online

Parents will be usually advised to make an appointment with their GP and to let school know the outcome. Where there are serious worries regarding dramatic weight loss the parent may be advised to go directly to the Eating Disorder service. School may also refer directly to this service.

In extreme cases where a parent refuses to acknowledge a problem then the issue will be dealt with as a safeguarding concern.

10. The Eating Disorder Pathway

Any extreme weight loss or change in attitude towards food should be directed to the eating disorder service ASAP. A referral can be made using the ED team referral form. A phone consultation can be utilized before referral. The team can be contacted on 01772 647 004

11. Support in school

Expecting a young person to achieve beyond what they are currently capable of due to their psychological or physical well being or following a period of absence can result in the student failing to live up to their expectations, which can feed into their anxieties and harmful behaviors. Strategies, which should be considered, include

- Reducing students target grades
- Where they may require additional academic support or tutoring
- Whether they can be relieved of any additional responsibilities
- Whether they should impose a homework time limit e.g. two hours a night
- Whether they should stop some or all of their extra-curricular activities
- What arrangements will there be at lunch times
- Whether the student can take part in school sport
- Whether they should drop a subject or two
- Whether they should restart the year
- Other useful strategies can include use of a pass to leave a lesson and go to a designated place.
- Referral to the school nurse or school counsellor

There will also be allocated a named member of staff who they can go to in school.

All decisions should be taken with the student.

12. Supporting students who require in patient care

The school will appoint one of the designated safeguarding leads as a key person who is responsible for liaising with the unit where the young person is resident. A meeting or telephone conversation should be arranged so that the unit know who the main point of contact is at the school. The decision about how, or if, to proceed with a student'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 student, their parents, school staff and members of the multi-disciplinary team treating the student. The school will be prepared to provide and mark academic work if this is deemed appropriate by the unit.

13. Reintegration back into school

The reintegration of a student into school following a period of absence should be handled sensitively and carefully and involve the student, their parents, school staff and members of the multi-disciplinary team treating the student. The following will be discussed and a written plan drawn up.

- Opting for a phased return
- Academic expectations (see the strategies outlined above)
- Talking about any possible triggers
- What information is appropriate to share with staff and peers
- Support at meal times
- What should the school do if they are worried the student might be relapsing?

14. Monitoring and evaluation

The policy and its effectiveness will be monitored by the Students Parents and Community Committee of the Governing Body.