



Eating Disorders Protocol

Person(s) responsible for this policy		Nurse	
Last review by	C. Bearman R. Tomlin	Review date	September 2024
Date of next review		September 2025	

1. Introduction

School staff can play an important role in preventing eating disorders and in supporting students, peers and parents of students currently suffering from or recovering from eating disorders. Sensitive handling of eating disorders is essential in dealing with this complex disorder which is often a sign of emotional distress. Young people with an eating disorder do not usually view themselves as ill, so consequently do not tend to seek help for themselves.

2. Scope

This protocol describes the recommended approach to eating disorders. It is intended as guidance for all staff including non-teaching staff and support staff.

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

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. Most eating disorders involve low self-esteem, shame, secrecy and denial. There are three categories for eating disorders, Anorexia Nervosa, Bulimia Nervosa and Atypical Eating Disorder.

Anorexia Nervosa is characterised by marked weight loss or a failure to gain weight, an intense fear of gaining weight and a distorted perception of body shape/weight.

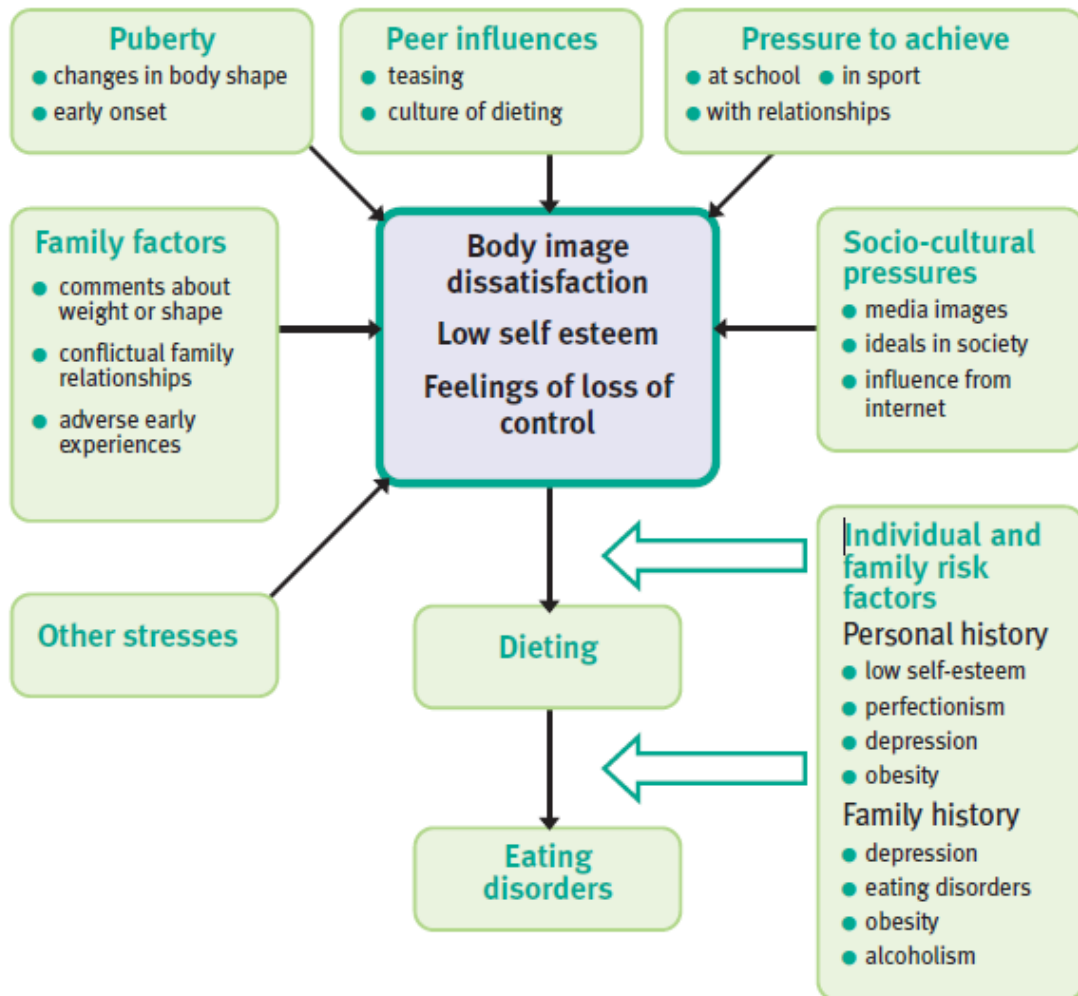
Bulimia Nervosa is characterised by binge eating, and feeling out of control when bingeing, a desire to thinner, using compensatory strategies following bingeing episodes, such as self-induced vomiting, use of laxatives/diuretics/slimming tablets, strict dieting, or excessive exercise. A person with Bulimia Nervosa is often a normal weight or overweight.

Atypical eating disorders can be similar to Anorexia or Bulimia but may not meet the diagnostic criteria. They may present with a fear of swallowing, choking or vomiting.

5. Risk Factors

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

Factors involved in the development of eating disorders



Source: Disordered Eating – Guidelines for School Staff – Oxford NHS Trust

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 seek further advice from the school nurse or one of the designated teachers 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
- Absence of periods/menstrual cycle

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
- 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 school nurse and designated teacher for safeguarding children aware of any child causing concern. Early recognition and intervention is vital.

Following the report, the school nurse should meet with the student and depending on the outcome take the following course of action. This will include:

- Contacting parents / carers
- Arranging professional assistance e.g. GP
- Arranging an appointment with a counsellor
- Arranging a referral to CYPS (Children and Young Peoples Service) for the attention of The Community Eating Disorders team – with parental consent
- Giving advice to parents, teachers and other students www.b-eat.co.uk
- May wish to seek consultation local Community Eating Disorders Team

Students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. Students need to be made aware that it may not be possible for staff to offer complete confidentiality. **If a member of staff considers 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 even if a student puts pressure on you to do so. It is important for staff to demonstrate positive, healthy attitudes and behaviours towards eating.

Guidance on what to say / not to say in conversations with pupils with suspected eating disorders can be found in '*Disordered Eating – Guidelines for School Staff – Oxford NHS Trust 2016.*'

A **flow chart** 'Helping Young People with Eating Disorders' can be found at **Appendix 1.**

8. Students Undergoing Treatment for / Recovering from Eating Disorders

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. This may include stopping PE, a reduced timetable and supported mealtimes, if feasible and in discussion with Eating Disorders Team and parents. School may facilitate supervised lunches by providing a space, or the student to be out of school to meet a parent at lunch time, for example.

The reintegration of a student into school following a period of absence should be handled sensitively and carefully and again, the student, their parents, school staff and members of the multi-disciplinary core team treating the student should be consulted during both the planning and reintegration phase and completion of a Safety Plan (see Appendix 2). Attendance on trips during recovery should be discussed with the specialist team. Trip leaders should be aware and additional insurance may be required for the trip.

9. Further Considerations

Any meetings with a student, their parents/CYPS or their peers regarding eating disorders should be recorded in writing including:

- Dates and times
- An action plan of support
- Concerns raised
- Details of anyone else who has been informed
- On CPOMs
- Review of Safety Plan (see Appendix 2)

10. References:

NICE Eating disorder guidelines
publications.org.uk/eating-disorders-cg9

BEAT
www.b-eat.co.uk

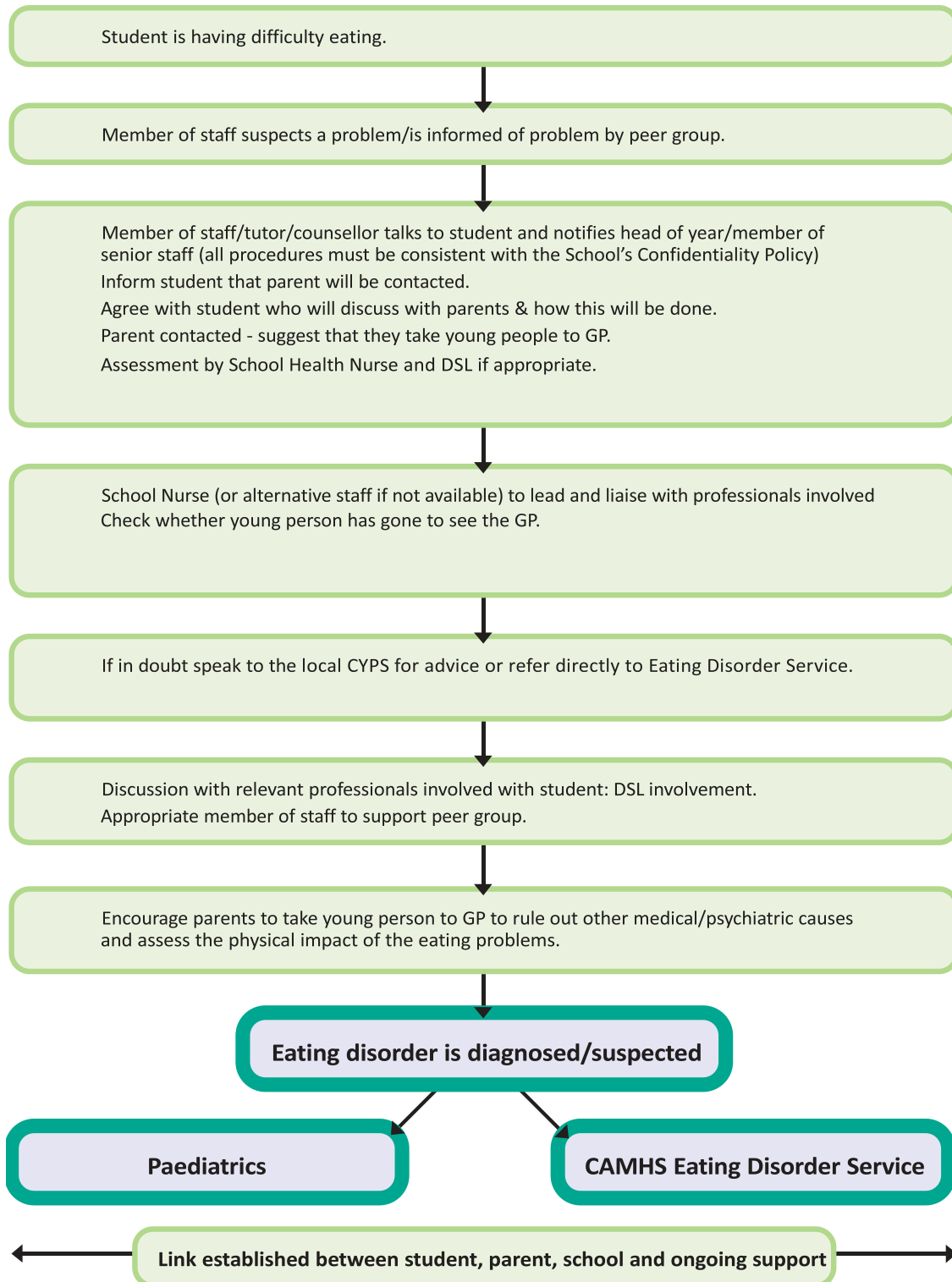
Disordered Eating – Guidelines for School Staff – Oxford NHS Trust
2016
<https://www.oxfordhealth.nhs.uk/wp-content/uploads/2018/03/Disordered-Eating-for-School-Staff.pdf>

SAPHNA Eating Disorder Toolkit – for Nurses
<https://saphna.co/library/toolkits/eating-disorder-toolkit/>

SAPHNA Eating Disorder Toolkit – for school staff
<https://saphna.co/library/toolkits/eating-disorder-toolkit/>

“How to help your teenager beat an eating disorder” by Locke and Le Grange. (2004)

Appendix 1 - Helping Young People with Eating Disorders Flow Chart



NB School can liaise with CAMHS at any stage in the process above.

Appendix 2

PUPIL SAFETY PLAN

Name:

Issues to support:

My warning signs that I am finding it hard to cope:
My physical signs (i.e. palpitations, headache):
My thoughts:
My behaviour:
My coping mechanisms (things I do to distract myself i.e. listen to music):
Other support that will help me in school:
Impact on life in school – the following activities need to be reviewed
Participation in lessons: Participation in activities outside lessons i.e. clubs, trips etc.: Participation in drama and music: Mealtimes (if relevant): Other:
My personal network (people I would ask for help) in school:
1. 2. 3. 4. Health centre 5. Designated Safeguarding Lead
If you need to leave a lesson, please report to go to the Health Centre, or Reception if no-one is in the Health Centre
My professional or agency contacts:
GP appointment – Yes/No Professional support from agency outside school in place: Yes/No What form does this take? How is it going?

What are the signs that show I need extra support?
If I am struggling in school, my preferred parental contact is:
Name: Relationship Emergency contact No:

Date written:

Review Date:

I agree to abide by the personal support plan to manage any risk assessment in school. I consent to this information being shared with staff as appropriate on a 'need to know' basis.

Pupil Signature:

Date:

Parent's signature:

Date:

Complete the summary boxes below.

Student	Parents
Class Teachers	Key Staff

Once completed, please upload the plan to CPOMS and alert the relevant staff.
Share the teacher summary box with teachers of the pupil.