Health Centre – Eating disorders policy

Harrogale Ladies' College family of Schools:
Bankfield, Highfield and College

This policy applies to all members of our school community, including boarders and those in our EYFS setting.

Review Date: July 2017
1 Aims

1.1 This policy outlines the complex nature of eating disorders and the school responsibilities towards pupils suffering from an eating disorder.

2 Introduction

2.1 “Eating disorders are not a diet gone wrong or a fad or fashion. They are a way of coping with difficult thoughts, emotions or experiences” (from b-eat “beating eating disorders”).

3 Definitions

There are three main types of eating disorder:

a. 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.

b. Bulimia Nervosa: People with bulimia will also constantly think about food, but they become caught in a cycle of eating large amounts of food and then making themselves sick (or “purging” as doctors call it), in order to try and lose the calories they have eaten.

c. Binge Eating Disorder: People with binge eating disorder will eat large amounts of food in a short period of time and tend to put on weight.

There are also other eating disorders that are a mixture of the disorders above.

4 Risk Factors

4.1 Any pupils who are stressed, unhappy or lacking in confidence may be at risk of developing an eating disorder. Triggers may include stress due to examinations, problems at home or school. There may be past traumas that manifest themselves in the form of an eating disorder. In some cases an eating disorder may be triggered in a vulnerable personality by a period of illness which is accompanied by a period of not eating.
5 Warning Signs

**Physical Signs:**

- a. Weight loss/weight gain
- b. Dizziness, tiredness or fainting
- c. Feeling cold
- d. Dull, lifeless hair; hair loss
- e. Swollen cheeks
- f. Calluses on the knuckles of the dominant hand
- g. Headaches
- h. Menstrual disturbances
- i. Sore throat, mouth ulcer and tooth decay; bad breath
- j. Stomach pains
- k. Growth of soft, fine hair over body
- l. Dry or poor skin
- m. Fainting
- n. Dehydration

**Behavioural signs:**

- a. Restricted eating – i.e. volume of food and low calorie content
- b. Difficulty sleeping
- c. Obsession with food, weight and dieting
- d. Preference for eating alone
- e. Irritability, distress, and arguments around mealtimes
- f. Strange behaviour around food
- g. Hiding, collecting or storing food
- h. Secretive eating; lying about how much they have eaten
- i. Inability to tolerate unplanned events involving food
- j. Extreme irritability when meals earlier or later than usual
- k. Using a lot of salt, vinegar or spicy substances
- l. Drinking lots of water or fizzy drinks
- m. Frequent weighing
- n. Excessive exercising
- o. Wearing baggy clothes
- p. Increase in activity including homework
q. Increased conscientiousness  
r. Insisting on being fat when not  
s. Increased isolation and loss of friends  
t. Ritualistic behaviour and obsessions  
u. Disappearing to the toilet immediately after meals  
v. Secretive behaviour

**Psychological signs:**

w. Preoccupation with food  
x. Sensitivity about eating  
y. Denial of hunger despite lack of food  
z. Feeling distressed or guilty after eating  
aa. Fear of gaining weight  
bb. Self-dislike  
cc. Moodiness  
dd. Excessive perfectionism

It is unlikely that a young person would present with all or even most of these signs. However, the list is intended to raise awareness of potential signs to look out for.

5.2 Eating disorders are very secretive and usually associated with a high level of denial, and self-denial, which can make diagnosis very difficult. It is often a bringing together of clues reported from different sources that build up the bigger picture that results in diagnosis or strong suspicion of an eating disorder.

5.3 People with eating disorders can be plagued by them for many years, or even a lifetime. Up to 13% of those with Anorexia Nervosa die as a result of the effects of the disorder or by suicide

5.4 Research also suggests that early intervention can be very effective and reduce the years of suffering for the young person and their family

6 **Policy Statement**

6.1 The school recognises some of its pupils will, from time to time, experience eating disorders as defined above. It will seek to support the pupil as far as possible, to recover and establish healthy eating patterns.

---


Aim

6.2 To help to avoid the onset of an eating disorder by increasing awareness of the problem amongst pupils and all staff, and providing a safe, supportive and nurturing environment for pupils. Where an eating problem is suspected or identified, provide swift intervention to minimise damage and promote recovery.

Objectives

a. To help pupils maintain healthy eating habits while they are away from the home environment and making their own decisions about what they will eat.

b. To identify those who have or may have an eating disorder and provide help and support.

c. To offer and provide support to those who may be affected other than the pupil with the identified problem, e.g. friends, members of staff, family.

Strategies

a. Staff will be made aware of the HLC Eating Disorders Policy and procedures to follow.

b. Health Centre nurses will offer all pupils a twice yearly health check, at the start of the autumn term and in the second half of the spring term. Attendance is not compulsory, but all boarding students will be strongly encouraged to attend and houses informed of non-attenders. The health check will include height and weight check, and give nurse and pupil the opportunity to discuss healthy eating and attitudes towards food as well as general physical, emotional and psychological health issues. Boarding students will be referred on to see the GP if their BMI is giving cause for concern, taking into consideration student’s ethnic origin, lifestyle, general health and previous BMI. They will also be referred to see the GP where discussion with student has given other cause for concern.

c. All staff will be encouraged 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 Head of School, Housemistress, Health Centre or Senior Deputy. This will enable staff to build up a picture and see if any patterns are developing.

d. Staff will be encouraged to be open and receptive to pupils who wish to discuss any worries or anxieties they may have, whether directly concerned with an eating disorder, or any other worries, some of which may be an underlying cause of an eating disorder.

e. Pupils who have concerns about a friend will be encouraged to voice their concerns to a member of staff, who will reassure them that their concerns will be taken seriously.

f. Ensure pupils and staff are aware of support that is available within the school, including peer listeners, counsellor, Health Centre nurses, GPs,
pastoral and teaching staff, by use of displays, school literature, PSHE education and word of mouth.

g. Pupils and staff will be made aware of support that is available externally, including private counselling, eating disorders clinics, CAHMS, b-eat (formerly eating disorders association). This information can be obtained via the Health Centre.

7 Procedure to follow where there is suspicion or confirmation that a pupil has an eating disorder.

Boarders:

7.1 Where there are concerns that a pupil may have an eating disorder, staff should contact the Head of School, Housemistress, Health Centre or Senior Deputy.

7.2 The member of staff contacted will encourage the pupil to attend the Health Centre for assessment. If the pupil does not want to attend the Health Centre, house staff will continue to monitor the pupil closely, and liaise closely with Health Centre nurses. If there are serious concerns regarding a pupil’s health and he/she still refuses to attend the Health Centre, then the Senior Deputy Head must be consulted and a course of action decided upon.

7.3 Health staff will liaise with house staff, senior staff and parents regarding a pupil’s condition. Ideally this should be with the pupil’s consent. Health staff need to respect the confidentiality of pupils, although where there is serious concern for that pupil’s safety, confidentiality may have to be breached. The normal rules of medical confidentiality and Gillick competency apply but where a pupil, who is very unwell and has not given permission for information disclosure, is deemed no longer fit to remain within the school community, his/her parents will be contacted to come and take her out of school. The pupil should be encouraged to see that it is in his/her interests to allow information to be shared.

7.4 When a pupil with a suspected or identified eating disorder attends the Health Centre, he/she will be assessed by a Health Centre nurse. This will include measuring his/her height and weight. If a pupil’s Body Mass Index is very high or very low, taking into consideration student’s ethnic origin, lifestyle, general health and previous BMI he/she will be referred to the GP. If a pupil is displaying physical signs or symptoms of an eating disorder he/she will be referred to the GP. If a pupil is or is reported to have been displaying behavioural signs and symptoms of an eating disorder he/she will be referred to the GP.

7.5 When a pupil has been assessed by the GP and there is a diagnosis made of an eating disorder, or there is a strong suspicion of one, then further action will be taken. This may include further medical tests and investigations. It may include referral to a counsellor, a psychiatrist, or a specialist eating disorder clinic. All of this should happen in collaboration with the pupil, his/her family, other Health Centre staff, house staff, and senior staff.

7.6 If a pupil is physically and emotionally well enough to stay in school, then he/she should do so. House and Health Centre staff will monitor his/her condition and
progress closely to ensure he/she is responding to treatment. If he/she is not physically or emotionally well enough to stay at school, he/she should be taken home by her parents to receive treatment and only return to school when well enough to do so, when he/she will continue to be monitored closely by House and Health Centre staff.

7.7 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, and will be expected to handle any information they are given in a discreet and sensitive manner.

7.8 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 Health Centre, line managers, senior staff or outside organisations such as b-eat.

Day pupils:

7.9 All staff should be aware of the signs of an eating disorder as outlined above, recognising that the non-residential status of day pupils will inevitably make it harder to recognise some of the signs.

7.10 If a pupil is showing signs of illness, he/she should be encouraged to attend the Health Centre for assessment by a nurse. If the pupil is displaying signs of physical ill health, or if there is strong suspicion of an eating disorder, then the pupil’s parents should be contacted and informed of the nurse’s concerns. The same rules of medical confidentiality apply, so an older pupil, or one who is considered Gillick competent may refuse to allow disclosure to her parents. However, it should be pointed out to the pupil that if he/she is deemed not medically fit to be in school, then his/her parents will be asked to come and take him/her out of school, so it is in his/her best interests to allow disclosure.

7.11 If a pupil refuses to attend the Health Centre for assessment, then senior staff should liaise and agree on a course of action, which will involve contacting parents and informing them of their concerns, and requesting that the pupil be medically assessed. Parents should be contacted ideally with the pupil’s full understanding and consent, but where staff concerns are very serious this may have to be done without his/her consent. If a pupil is considered to be physically too unwell to be in school, and he/she refuses to attend the Health Centre, his/her parents should be asked to take him/her home.

7.12 Pupils with a suspected eating disorder and their parents should be advised where they can get help, including GP, CAHMS, b-eat, private counselling. This information can be obtained via the Health Centre.

7.13 Pupils with a diagnosed eating disorder who are deemed well enough by the involved health professionals to be at school may do so. Staff will closely liaise with parents to ensure that his/her health and behaviour is monitored closely whilst at school, and if there are any concerns, the parents will be contacted.
7.14 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 his or her recovery. Teaching staff involved will need to be informed of this, and will be expected to handle any information they are given in a discreet and sensitive manner.

7.15 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 Health Centre, line managers, or outside organisations such as b-eat.

8 Follow Up

8.1 Any meetings with a pupil, their parents or their peers 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

8.2 This information should be stored in the pupil’s Child Protection / Vulnerable Pupil file.

8.3 The policy will be reviewed annually by the Senior Deputy Head and School Nurse Manager. Any recommendations will be given to the Principal for approval.
9 Guidelines for staff supporting pupils with possible eating disorder

How do you know there is a problem?
- The pupil told you?
- Other pupils or staff has voiced their concerns?
- You’ve noticed significant changes in a pupil’s appearance – weight loss/gain? Wearing baggy clothes / A pre-occupation with food and calories / An obsession with clothing sizes, mirrors and scales
- You’ve noticed changes in the mood of the pupil? – withdrawn, miserable, hyperactive, sad.
- You’ve noticed recent changes in the pupils eating behaviour – change in appetite, Leaving the table immediately after eating, avoiding meals, taking excessive exercise.

Yes, to any of the above.

Don’t avoid the situation.

Remember time constraints Don’t deal with the situation on your own.

Refer any concerns to the school nurses, whether the pupil says they want help or not.

School nurses to see pupil. The G.P. should be informed, as well as DSL and House staff if appropriate.

If pupil wants to be helped:
- Medical help should be sought.
- Height and weight should be done to establish a base BMI.
- Dietary advice should be given.
- An eating diary should be kept for two weeks.
- Encourage them to talk to their parents.
- Discuss counselling options.
- A follow up appointment should be made.
- If a boarding pupil the House Staff should be involved.
- If at the follow up appointment progress has not been made, a meeting of the pastoral Team should be called.

If the pupil refuses to accept there is a problem, try at least to weigh them. Follow up two weeks later. If a boarding pupil House Staff should watch behaviour carefully.

If still not acknowledging a problem, where there clearly is. Pastoral Team meet to decide next move. If a boarding pupil parents should be informed.

Over 16 NOT wanting parents to know must follow nursing protocol.

UNDER 16 Encourage them to tell their parents. “Team” to nominate someone to tell the parents unless inappropriate or there are child protection issues.

It can be stressful helping a pupil, remember to look after yourself and seek support and help from other within the team.