



Independent School for Girls Aged 2 to 18
and Boys Aged 2 to 11

WELLNESS CENTRE: EATING DISORDERS POLICY

Harrogate Ladies' College family of Schools:

Highfield Pre School, Highfield and College

SLT Responsibility: Joanna Fox

Governor Committee Review: Pupil Welfare

Review Cycle: Annual

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Since 1893

1 Aims

- 1.1 This policy outlines the complex nature of eating disorders and the school responsibilities towards pupils suffering from an eating disorder.
- 1.2 To ensure staff have knowledge and training in how to identify and support pupils with eating disorders

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”). A great many young people suffer from disordered eating and from body dissatisfaction. We aim to have a culture in school where pupils nurture a balanced, healthy attitude towards food, exercise and body shape.
- 2.2 We recognise eating disorders are serious illnesses and that there is a strong likelihood that a number of our pupils are affected by them at any time. The School has a crucial role to play in detection and treatment, in partnership with parents and clinicians.
- 2.3 To the best of our abilities, we want to:
 - a. Support pupils who are undergoing treatment, in partnership with the family and treatment providers, with the aim of rapid and full recovery
 - b. Flag up concerns for a pupil so he or she can receive a diagnosis and treatment where appropriate
 - c. Play our part in reducing the risk of pupils developing an eating disorder, suffering from disordered eating or from an exercise compulsion
 - d. Take care with the messages we give around eating, exercise and body-shape.

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. The School also recognises the seriousness of disordered eating and that disordered eating can contribute to the development and onset of an eating disorder.

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

- 5.1 We will treat all signs of an eating disorder seriously. The pastoral team have basic understanding (Please see Appendix 2) to help them detect disordered eating or an eating disorder and know to record on CPOMs and to discuss with the Head of School, the Senior Deputy and/or the Wellness Centre staff. Please see Appendix 1 for possible physical, behavioural and psychological signs**

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 Those suffering from eating disorders can be very secretive and are 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 which 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 suicide¹
- 5.4 Research² also suggests that early intervention can be very effective and reduce the years of suffering for the young person and their family

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
- Medical practitioners
- CAMHS or other appropriate external agency

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 they may be under tremendous stress and need empathy. For our international pupils, we will work with guardians where appropriate, to ensure the parents feel supported and have confidence we are doing our utmost to support their child.

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

¹ Neumarker K-J (2000) "Mortality Rates and Causes of Death". European Eating Disorders Review, 8, 181-187.

² LKG Hsu (1990) Outcome. In "Eating Disorders", Guildford Press, New York



- b. Wellness Centre staff will offer all pupils an annual health check during the academic year. Attendance is not compulsory, but all boarding students will be strongly encouraged to attend and houses informed of non-attenders. During the school medical, height and weight will be recorded if there are concerns regarding the BMI, and will 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 pupils will be referred on to see the GP if their BMI is giving cause for concern, taking into consideration boarder's ethnic origin, lifestyle, general health and previous BMI. They will also be referred to see the GP where discussion with the pupil 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 relevant Head of School, Housemistress, Wellness 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 school counsellor, Wellness 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 Wellness Centre.
 - h. Our intention is to have a respectful, non-judgemental stance towards pupils, whether they have difficulties with body confidence, exercise or eating.
 - i. The staff recognise that an eating disorder is an illness, not a choice. The illness affects all sexes, irrespective of social class and family environment.
- 6 Procedure to follow where there is suspicion or confirmation that a pupil has an eating disorder.**

Boarders:

- 6.1 Where there are concerns that a pupil may have an eating disorder or disordered eating, staff should contact the Head of School, Housemistress, Wellness Centre or Senior Deputy.
- 6.2 The member of staff contacted will encourage the pupil to attend the Wellness Centre for assessment. If the pupil does not want to attend, house staff will continue to monitor the pupil closely, and liaise closely with the nurses. If there are serious concerns regarding a pupil's health and he/she still refuses to attend the Wellness Centre, then the Senior Deputy/Highfield Pastoral Lead must be consulted and a course of action decided upon.
- 6.3 Wellness Centre 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 him/her out of school. The pupil should be encouraged to see that it is in his/her interests to allow information to be shared.
- 6.4 When a pupil with a suspected of having or identified with an eating disorder attends the Wellness centre, he/she will be assessed by a nurse and 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.
- 6.5 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, according to the direction of the GP. This may include further medical tests and investigations. It may also 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 Wellness Centre staff, house staff, and senior staff.
- 6.6 If a pupil is physically and emotionally well enough to stay in school, then he/she should do so. House and Wellness 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 Wellness Centre staff.

- 6.7 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.
- 6.8 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 Wellness Centre line managers, senior staff or outside organisations such as b-eat.

Day pupils:

- 6.9 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.
- 6.10 If a pupil is showing signs of illness, he/she should be encouraged to attend the Wellness 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.
- 6.11 If a pupil refuses to attend the Wellness 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 Wellness centre his/her parents should be asked to take him/her home.
- 6.12 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 Wellness Centre. 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.

6.13 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.

6.14 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.

7 Follow Up

7.1 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

7.2 This information should be stored in the pupil's CPOMS file.

7.3 The policy will be reviewed annually by the Senior Deputy and the Wellness Centre Nurses.

Appendix 1

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

Appendix 2 Information needed by staff to help detect disordered eating or an eating disorder

Eating disorder versus disordered eating or 'fitness'

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.

An obsessive, compulsive attitude to exercise, 'fitness', 'toning' and muscle-building, is usually part of an eating disorder. This is a common route into eating disorders for males. Adults as well as pupils may fail to realise that bodies need body fat, and that young people need to keep growing and getting heavier.

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).

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.

Appendix 3 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.

