



## MOIRA HOUSE GIRLS SCHOOL EATING DISORDERS 2018-19

This school recognises that there are a number of eating disorders which may affect our pupil population during their time at school and in consequence affect their ability to meet the government's five outcomes for children in Every Child Matters. The school also recognises the need for a positive ethos which can significantly influence the health and wellbeing of pupils and staff.

The school aims to provide a positive ethos by:

- A strong sense of community
- Good interpersonal relationships
- Appropriate pastoral care for pupils and staff
- An atmosphere that encourages citizenship
- Pupil participation in decision management.
- Clear anti bullying policy

The school's Eating Disorder Policy is available to staff, students and parents.

### **Aims**

- To help staff to identify potential problems early and support pupils affected by eating disorders.
- To ensure a cohesive school approach to eating disorders
- To decrease stigma and increase awareness of eating disorders within the school

### **Objectives**

Provide School counselling and mentoring services in which young people can address issues of self-esteem, body shape and social popularity.

Have clearly defined anti-bullying policies, and strongly discourage the teasing of overweight children. This should encourage a greater acceptance of normal variation in body size and shape within the population.

PSHCE plays a role in helping to prevent pupils from suffering alone with an eating disorder. This is achieved by raising awareness about eating disorders and educating all pupils about how to obtain help if needed.

Consideration should be given to the problems faced by young people during physical education classes, e.g. self-consciousness about body shape, fearing being 'picked last' in a team due to perceived physical unsuitability. Fitness and enjoyment should be considered the key priorities, and children of all body shapes and sizes should be made to feel included in lessons and valued for their contributions, even if they are unable to achieve high levels of success.

### **Recognition**

Eating disorders are a way that some individuals cope with difficult thoughts, emotions or experiences. They are linked with low self-esteem, emotional problems and stress.

Anorexia nervosa, Bulimia and Binge eating Disorder are the most well-known eating disorders but there is a growing awareness that some people suffer a mix of eating disorder behaviours or may be affected by some symptoms of a disorder but not others.



### **Anorexia Nervosa**

Anorexia involves restricting food intake by skipping meals and cutting down the types and amounts of food eaten. Some people will also over-exercise or binge and purge (laxative or diuretic abuse).

#### **Behavioural signs:**

- Unreasonable fear of weight (being fat or gaining weight).
- Excessive exercising
- Rituals or obsessive behaviour
- Denial and ambivalence
- Low mood, anxiety/irritability
- Increasing withdrawal
- School problems/difficulty concentrating
- Relationship difficulties
- Severe dieting
- Distorted body image
- Perfectionist/setting high standards
- Wearing baggy clothes

#### **Physical signs**

- Severe weight loss
- Body mass index <17.5
- Amenorrhoea
- Difficulty sleeping and tiredness
- Poor skin and hair loss

### **Bulimia Nervosa**

Bulimia is more common than Anorexia but more hidden because people with Bulimia usually remain an average or just over average body weight. Sufferers may constantly think about calories, dieting and ways of getting rid of the food they have eaten. They become involved in a cycle of bingeing on large amounts of food, making themselves vomit or purging, cutting down or starving for a few days.

#### **Behavioural signs**

- Bingeing or eating large quantities of food and vomiting after meals
- Being secretive or lying
- Obsessional behaviour
- Unreasonable fear of being fat or gaining weight
- Low mood, anxiety/irritability - depression
- School and relationship problems
- Increasing withdrawal - isolation
- Excessive use of laxatives, diuretics
- Excessive exercise

### **Binge Eating Disorder (BED)**

Like bulimia, binge eating disorder has only recently been recognised as a distinct condition, it was first acknowledged as a disorder in its own right in 1992. BED shares some of the characteristics of bulimia but the essential difference is that you binge uncontrollably but do not



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purge. It is believed that many more people suffer from binge eating disorder than either anorexia or bulimia nervosa. Because of the amount of food eaten, many people with BED become obese; this can lead to problems with blood pressure, heart disease and a general lack of fitness. The treatment for BED is some ways similar to that for bulimia.

### Signs of binge eating:

- Eating much more rapidly than usual
- Eating until feeling uncomfortably full
- Eating large amounts of food when not physically hungry
- Eating alone because of embarrassment at the quantities of food consumed
- Feeling out of control around food
- Feeling very self-conscious eating in front of others
- Feeling ashamed, depressed or guilty after bingeing
- Being unable to purge yourself or compensate for the food eaten

### Compulsive Overeating

Compulsive Overeating is a variation on binge eating when you will eat at times when you are not hungry. This may happen all the time or it may come and go in cycles. Most people who are compulsive eaters are overweight, and many use their weight or appearance as a shield they can hide behind to avoid social interaction, others hide behind a happy or jolly façade to avoid confronting their problems. Sufferers often have great shame at being unable to control the compulsion to eat. Compulsive overeating is a serious condition and needs professional support to ensure long term recovery.

### Action

If a member of staff is concerned about a pupil or a pupil is concerned that they may have an eating disorder they should ask to speak to the Nursing Sister.

Members of staff talking to a pupil who has concerns regarding an eating disorder should aim to provide clear information in a calm manner. The staff's position regarding pupil confidentiality needs to be clearly defined and explained to a pupil. (NB staff cannot guarantee confidentiality at any time).

On identification of potential eating disorder behaviour the aim of the school is:

- To support the pupil's emotional and physical needs within the school environment
- To consult with the girl and her parents and assist them when requested with referrals to outside agencies for expert help
- To support the pupil's family and friends in understanding and coping with the illness.

### Objective

- People with eating disorders should be assessed and receive treatment at the earliest opportunity.
- Early treatment is particularly important for those with or at risk of severe emaciation and such patients should be prioritised for treatment.
- A pupil suffering from an eating disorder will need access to a GP in order to gain specialist help. These include; NHS or private referrals to CAMHS, the Priory at Ticehurst, Eastbourne Clinic or psychologist.
- If the pupil is a day girl, this is achieved by informing her parent or guardian and providing the relevant information for on-going referral. The Head of Pastoral Care and Wellbeing needs to be consulted regarding the nature of this contact and the action being taken.



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- When the pupil is a boarder the school medical officer will carry out an initial assessment and will then contact her parents as above.
- In anorexia nervosa, although weight and BMI are important indicators they should not be considered the sole indicators of physical risk (as they are unreliable in adults and especially in children).
- In assessing whether a person has anorexia nervosa, attention should be paid to the overall clinical assessment (repeated over time), including rate of weight loss, growth rates in children, objective physical signs and appropriate laboratory tests.

Referral will be made to an appropriate specialist service only with parental/guardian consent.

When a young person with anorexia nervosa refuses treatment that is deemed essential, consideration should be given to the use, by her family, of the Mental Health Act 1983 or the right of those with parental responsibility to override the young person's refusal.

Relying indefinitely on parental consent to treatment should be avoided. It is recommended that the legal basis under which treatment is being carried out should be recorded in the patient's case notes, and this is particularly important in the case of children and adolescents. A refusal to arrange or give consent to any medical treatment could give rise to a Child Protection issue.

For children and adolescents with anorexia nervosa, where issues of consent to treatment are highlighted, the school should consider seeking a second opinion from an eating disorders specialist. This should be discussed with the Head of Pastoral Care and Scholars before any action is taken. If the patient with anorexia nervosa and those with parental responsibility refuse treatment and treatment is deemed to be essential, legal advice should be sought in order to consider proceedings under the Children Act 1989 as it is a matter of Child Protection and school Safeguarding procedures should be followed.

In addition to the provision of information, family and guardians may be informed of self-help groups and support groups, and offered the opportunity to participate in such groups where they exist.

A boarder may have to be asked to return home for family support and local treatment due to the nature of their condition.

### Further help and guidance

- [www.nice.org.uk/CG009NICEguideline](http://www.nice.org.uk/CG009NICEguideline)      [www.edauk.com](http://www.edauk.com)
- MOSA Handbook of School health. Trentham Books. [www.mosa.org.uk](http://www.mosa.org.uk)

### Related policies and documents

This policy should be read in conjunction with the following policies and documents:

Employee Handbook  
Staff Handbook  
Code of Conduct for Employees  
Health Safety Handbook  
Boarding Staff Handbook  
National Minimum Standards for Boarding Schools  
ISI Handbook for the Inspection of Schools, Regulatory Requirements  
Teachers' Standards  
Departmental Handbook  
Keeping Children Safe in Education



## MOIRA HOUSE GIRLS SCHOOL EATING DISORDERS 2018-19

Safeguarding Policy  
Medical Policies  
Complaints Policy (Parents)  
Complaints Policy (Pupils)

POLICY REVIEWED BY JTA: May 2018

POLICY REVIEWED BY SCHOOL COUNCIL:

NEXT REVIEW: June 2019