**Eating Disorders Policy**

**Responsibility**

Individual: Deputy Head (Pastoral)

**Review**

Last review date: June 2013

Next review date: June 2014
Contents

1. Overall aim of the policy………………………………………………………………………………2
2. Introduction – What is an eating disorder?………………………………………………………2
3. Why do people get eating problems and disorders? …………………………………………..3
4. Recognising the warning signs …………………………………………………………………….3
5. What are the physical/psychological/behavioural signs of an eating disorder? 3
6. What are our pastoral responsibilities?……………………………………………………………..5
   6.1. General responsibilities ……………………………………………………………………………5
   6.2. House matrons’ and house staff responsibilities ………………………………………………5
   6.3. Housemasters’/mistresses’ responsibilities ……………………………………………………6
   6.4. Responsibilities of the Medical Centre…………………………………………………………6
   6.5. Responsibilities of Deputy Head (pupils)………………………………………………………6
7. Catering arrangements at King’s College …………………………………………………………7
8. Supervising eating at King’s College ………………………………………………………………8
9. Monitoring of weight at King’s College………………………………………………………………8
10. Families of pupils with eating disorders …………………………………………………………8
11. Curriculum programmes: Healthy eating …………………………………………………………8
12. Protein supplements and healthy eating…………………………………………………………8
13. Friends and family – what can they do to help?………………………………………………8
14. Useful sources of additional support/information………………………………………………9
EATING DISORDERS POLICY

1. Overall aim of the policy

This policy aims to:

- Raise awareness about eating disorders
- Help staff to recognise symptoms and potential problems early
- Demonstrate how the School will support pupils affected by eating disorders by outlining staff responsibilities

2. Introduction – What is an eating disorder?

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

A pupil is considered to have an eating disorder if s/he eats in such a way that s/he puts her/his physical and/or mental health at risk.

Eating disorders in young people are not about issues with food, but are a mechanism for coping with emotional distress. People with eating disorders can be plagued by them for many years, or even a lifetime.

Boys, girls, men and women from all types of background and ethnic groups can suffer from eating disorders. The School recognises that eating disorders are an issue which the School must address.

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 exams, problems at School or at home. In some cases an eating disorder may be triggered in a vulnerable personality by a period of illness accompanied by a period of not eating. It is important to note that some cases are triggered by being in contact with a friend or loved one with an eating disorder.

More ordinary events, such as relationship difficulties, a teasing remark or School exams may also be the trigger in a vulnerable person.

It is important for the School to act on any suspicions as soon as possible. By the time others recognise that there is an issue, patterns of behaviour associated with the eating disorder are often well established.

The most common eating disorders are anorexia nervosa and bulimia nervosa. Some pupils may also have a compulsive (binge) eating disorder.
3. Why do people get eating problems and disorders?

Some of the reasons people get eating problems and disorders include:

- Feeling out of control – a pupil may feel that their body is the only thing over which they have control
- Wanting to be popular – thinking that if you are slim you will be more attractive to other people and therefore more popular
- Having parents/siblings/friends who worry about their own weight and diet
- Wanting to be like other people who are successful, e.g. models /celebrities – equating slimness with success
- Carrying on with reduced eating after an illness, even though the illness has passed
- Starting a diet and not being able to stop, partly because of the positive comments and encouragement they have received
- Not realising that a bit of body fat is normal and essential for health
- Feeling that they aren’t good enough, which leads to a thought that everything will be better if they are thinner
- Hating of one’s body which can occur after abuse

4. Recognising the warning signs

Realising that a pupil has an eating disorder is difficult for a variety of reasons, including:

- The most usual age for people to show signs of an eating disorder is in their early to mid teens. This is a time of physical and emotional upheaval for both boys and girls and it is not always easy to tell that development is not quite as it should be.
- Many people have some sort of issue around food or drink at some stage or another. Some refuse to eat vegetables, some won’t touch hot drinks; sorting out what is a fad and what is a problem can be difficult

5. What are the physical/psychological/behavioural signs of an eating disorder?

It is unlikely that a young person would present with all or even most of the signs listed below. The list is intended to raise awareness of things to look out for. It is important to remember that concerns expressed by peers should always be taken seriously, even if adults have observed no signs of difficulties.

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 of, or strong suspicion, of an eating disorder.
Physical signs of an eating disorder can include:

- Weight loss or unusual weight changes
- Dizziness, tiredness, fainting
- Feeling cold, poor circulation
- Changes in condition of skin and hair; hair loss
- Swollen/puffy cheeks
- Calluses on knuckles/hands
- Frequent headaches
- Sore throats, mouth ulcers, tooth decay
- Dehydration
- Lethargy, yet difficulty sleeping
- Hormonal disturbances, especially menstrual disturbances: periods irregular, stopping completely or not starting within "normal" time frame

Behavioural signs of an eating disorder can include:

- Restriction of eating (i.e volume of food and/or low calorie count) or missing meals
- Drinking a lot of water or fizzy drinks
- Excessive chewing of gum
- Secretive eating or other secretive behaviour
- Irritability, distress and arguing around mealtimes
- Gathering information on dieting, excessive calorie counting
- Interest in pro-ana or pro-mia websites, such as Thinspiration, which encourage eating disorders
- Unusual eating habits, avoidance of food groups
- Inability to tolerate unplanned events involving food leading to erratic behaviour/emotional outbursts
- Frequent weighing
- Denial of hunger despite lack of food
- Excessive exercising
- Disappearing to the lavatory immediately after or soon after meals
- Using a lot of salt, vinegar or spicy substances on food
- Hiding, collecting or storing food (including food belonging to others)
- Wearing baggy clothes
- Increasing/unusual conscientiousness over school work, room tidiness etc
- Poor concentration
- Ritualistic behaviour and obsessions
- Obsession with cooking/preparing food for others; obsessively reading recipes etc
- Avoidance of eating in public
- Always choosing low calorie foods, avoidance of 'fattening' foods
- Loss of confidence and avoidance of socialising
- Withdrawal or sudden change of friendship group
Psychological signs of an eating disorder can include:
- Self dislike and low self-esteem
- Fear of gaining weight
- Moodiness, anxiety, depression
- Excessive perfectionism
- Preoccupation with food
- Feelings of extreme distress/guilt after eating

6. What are our pastoral responsibilities?

All those working with children in the School, in addition to knowing what things signify an eating disorder should remember:
- Although anorexia nervosa is more visible due to extreme weight loss, those with full-blown anorexia represent a minority amongst those with eating disorders. Most young people with eating disorders are not significantly underweight and so can go unnoticed.
- People with eating disorders tend to be secretive; the disorders are associated with guilt and embarrassment. We need to be alert and observant.
- Young people with eating disorders do not usually view themselves as ill; so consequently do not seek or welcome help. If concerns are expressed they often deny they have a problem
- Adults often find it difficult/inappropriate to discuss their concerns with the young person with the eating disorder and miss the chance for early intervention. Staff should not speak to a pupil if they have worries: they should discuss their concerns with the Housemaster/mistress concerned, who will then pass these concerns to the Deputy Head (pupils) and the Medical Centre.

6.1. General responsibilities
- To observe each pupil’s educational, social, behavioural, physical and emotional welfare
- 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
- To be alert to sudden changes and to identify any worrying signs
- To discuss concerns with a pupil’s HSM to establish if there is cause for concern
- To monitor attendance at meals of those pupils on the ‘at risk’ list as notified by the Deputy Head (Pastoral) when on school duty, informing HSMs of pupil absence or noticeable lack of food taken/eaten

6.2. House matrons’ and house staff responsibilities
- To discuss concerns about any particular pupil with the HSM
- To challenge sensitively pupils found in house during meal times and to keep HSM informed of pupils who frequently fall into this category
- To support the HSM in monitoring any pupil judged to be ‘at risk’ (e.g. checking attendance at meals, participation in meals, behaviour after meals, exercise habits)
Specifically for matrons – to work with the house cleaning staff to monitor bathrooms/bins etc where pupils are judged to be at risk (e.g. for evidence of vomiting, use of laxatives, diet pills) and to keep HSM informed of observations/concerns

6.3. **Housemasters'/mistresses' responsibilities**

Where a pupil is causing initial concern, the HSM’s responsibilities are:

- to discuss concerns about pupils with other house staff
- to advise and support other pupils concerned about a friend with a possible eating disorder
- to initiate an observation plan (calling on the support of all house staff) to monitor the behaviour of any pupil judged to be at risk
- to report the initial/developing concerns and the ongoing observation to the Deputy Head (pupils)
- to report the concerns and any related information to the Medical Centre, following this up with a written statement of concerns. Suspicions should still be discussed with the Deputy Head and with the Medical Centre even when there is no objective evidence
- to raise concerns with parents as appropriate

When it has been decided that the concerns are substantiated, the HSM’s responsibilities are:

- to encourage pupil to attend the Medical Centre and accompany/or offer to support an initial visit to the medical centre (and subsequent visits if required)
- to inform parents of the School’s concerns and of the discussions with the Medical Centre, except in those circumstances where the pupil refuses permission (and the Medical Centre confirms that the pupil is competent to make the decision)
- to follow the advice of the Medical Centre in supporting/treating the pupil
- to implement/monitor any plan for action within the School, advising other staff as appropriate and with due consideration to the pupil’s right to confidentiality
- to update pastoral information with SMT as appropriate
- to advise and support other pupils involved with a friend who has a developing eating disorder

*day pupils can use medical centre/counsellor, but KCT medical centre can only offer advice, encourage pupil to see own GP, as day pupils are not registered with our doctors*

6.4. **Responsibilities of the Medical Centre**

- to develop and follow Medical centre policies and protocols associated with eating disorders, following MOSA guidelines
- to inform and advise pastoral staff as appropriate, particularly with regard to the pupil’s advised levels of participation in extra-curricular activities
- to provide links to other health care agencies as appropriate

6.5. **Responsibilities of Deputy Head (Pastoral)**

- to review and update this policy in discussion with all relevant staff,
- to monitor the effectiveness of the policy
- to provide support to those dealing with eating disorders in the community (including pupils supporting friends who are suffering from the disorder)
7. Pupils undergoing treatment for/recovering from an eating disorder.
The decision about how, or if to proceed with a pupil’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 a discussion with the pupil, their parents, school staff and the health professionals treating the pupil.

As a general principle, if a boarder is physically and emotionally well enough to stay in school then s/he should do so. House and Medical Centre staff will monitor his/her condition and progress closely, to ensure that s/he is responding to treatment. If s/he is not physically or emotionally well enough to stay at school, s/he should be taken home to receive treatment and only return to school when well enough to do so. Upon returning to the boarding environment, s/he will continue to be monitored closely by House and Medical Centre staff.

If a day pupil is deemed well enough (by the involved health professionals) to be at school, then s/he may do so. Staff will liaise closely with parents to ensure that to the best of our ability, his or her health and behaviour is monitored closely while at school, and if there are any concerns, the parents will be contacted.

Any pupil with confirmation of an eating disorder or likely eating disorder who remains at school may need to be removed from certain activities during the period of his/her recovery. Staff involved in these activities will need to be informed of this, and will be expected to handle any information they are given in a discreet and sensitive manner.

The reintegration of a pupil into school following a period of absence needs to be handled sensitively and carefully and again, the pupil, their parents, school staff and the health professionals involved in treating the pupil should be consulted during both the planning and the reintegration phase. It is possible that the pupil’s academic load may need to be reduced as part of this process.

8. Catering arrangements at King’s College
The School provides pupils with three cooked meals and tea each day. In addition, bread and milk (if the pupil orders and pays for it) is made available in houses.

Pupils are expected to attend meals. House kitchens are provided to facilitate occasional cooking.

Pupils on trips out of school are provided with packed meals. Late /early meals can also be booked.
9. Supervising eating at King’s College
We are aware of the difficulties associated with the supervision of eating. Our Dining Hall has cafeteria type meals and there is no checking of attendance. As such we place great importance upon the responsibilities of staff as mentioned above.

Anecdotal evidence suggests that a number of pupils miss occasional meals because they are discouraged from attending when long queues form. Meals are carefully timetabled to control the lengths of queues and the Dining Hall is kept open for long periods at breakfast, lunch and dinner to give all pupils sufficient opportunity to eat. Close attention to pupil movement in houses is however an essential part of our management of the risk that pupils, aware that meals can be missed, will miss them on occasions.

10. Monitoring of weight at King’s College
The formal monitoring of a pupil’s weight (beyond the weighing and measuring of pupils required as part of routine medical checks by the Medical Centre) will only be undertaken on the instruction of medical professionals. This additional weighing would take place in the Medical Centre and would be formally specified in the pupil’s pastoral care plan.

11. Families of pupils with eating disorders
On occasions where the Medical Centre judges that a pupil’s condition is such that s/he should be referred to a specialist (such as CAMHS), the Headmaster will be informed if the pupil’s family refuses to follow the advice. He may seek to discuss this matter further and could insist that the pupil’s boarding status becomes conditional upon the family following medical advice.

12. Curriculum programmes: Healthy eating
The PSHE programme addresses the issue of healthy eating at various stages. The programme also works towards helping pupils develop self-confidence and self-esteem. The topics of nutrition and healthy lifestyles are also covered in PE, Biology and in MFL lessons.

13. Protein supplements and healthy eating
Some pupils may be tempted to use protein/nutritional supplements to boost physical development in pursuit of enhanced sports performance / body image. HSMs / sports staff should be alert to these possibilities, take note of pupils using such supplements and engage them in discussion to ensure that their practice is well informed and free from unnecessary risk. Advice must be obtained from the Directors of Sport.

14. Friends and family – what can they do to help?
Support from friends and family can be essential for people struggling to get over an eating problem or disorder. However, it can be difficult to know how to help, especially if the person with the eating problem or disorder is not yet ready to face their difficulties. Friends and family members may feel helpless, and may be rejected by the sufferer, which will put pressure on relationships.

Things which people can do to help if they think a friend might have an eating problem or a disorder:

- Give them time, and listen
- Encourage them to seek help – it is important for them to get medical advice
- Let them know that you are worried and that you are there for them
- Remind them why you like and value them
- Include them in activities, even if they have not been joining in with things
- Get some information on eating problems and disorders (see sources below) to help your own understanding of the issues
- If you are worried, or finding it difficult to cope with the issue, talk to an adult you can trust, or contact one of the helplines/websites listed below
- Look after yourself too!

Some things to avoid:

- Don’t take responsibility for a friend’s problems
- Don’t feel guilty
- Don’t change your own eating habits – it’s important that your friend is reminded of healthy eating habits
- Don’t give up – even though your friend may push you away or tell you to mind your own business. Stay interested!

15. Useful sources of additional support/information

Those who support a young person with an eating disorder are likely to suffer anxiety. Staff, pupils and families must feel supported and relevant information is available to those who need it via the Medical Centre, the PSHE classroom and in houses. The following websites are also excellent sources of information and advice:

- www.b-eat.co.uk
- www.youngminds.org.uk
- www.swedauk.org
- www.nationaleatingdisorders.org
- www.getconnected.org.uk
- www.anorexiabulimiacare.org
- www.teenagehealthfreak.org