

# Let’s Talk: Disordered EatingJanuary 2022

Guidance for Schools

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## Introduction

There is a growing awareness in schools and settings of eating disorders and their impact on the physical and emotional functioning of those who experience them. These guidelines have been developed to help school/setting staff understand and recognise these difficulties early in development, and support the individuals who suffer from them, in the most effective way. The guidelines provide information on how schools/settings can encourage a healthy lifestyle for children and young people, including healthy eating and exercise, in addition to how to help and support those who are at risk of developing an eating disorder.

### Definitions:

*Disordered eating* describes a variety of abnormal eating behaviours that do not by themselves warrant a diagnosis of an eating disorder. You might hear this term being used more by clinicians and other support providers to demonstrate difficulties in relationships with food as a preventative approach to the development of eating disorders.

*Eating disorder* is a clinical definition which describes a serious mental health condition characterised by severe disturbances in eating behaviour.

It is essential that help is provided to children and young people as soon as disordered eating is suspected. The prognosis for full recovery is greatly improved by providing support early. If school/setting staff are alert to the early warning signs, this could be vital to initiating prompt intervention.

## A Healthy Lifestyle

Childhood and adolescence are marked by continuous growth and development for which an adequate and well-balanced diet, along with adequate physical activity and sleep, is necessary. Energy demands rise during adolescence, peek in late teens, and reduce in adulthood. The energy (kilocalorie) content of the food children and young people eat daily should be equal to the energy they require for growth and development, plus the energy expended in body metabolism. As well as adequate nutrition and regular exercise, a healthy lifestyle also includes developing an appropriate work/leisure balance and helpful ways of dealing with stress.

### Healthy eating

A nutritionally balanced diet is necessary throughout life and is provided by regularly eating a variety of foods. Healthy food habits established in childhood and adolescence will provide the foundation to beliefs, attitudes and behaviours to food and eating in later life. Unhealthy eating habits established early in life will be difficult to change and can have a harmful effect on immediate and long-term health.

The Eatwell Guide indicates the proportions of different types of food that make up a healthy diet and shows how much of what we eat overall should come from each food group to achieve a healthy, balanced diet. You do not need to achieve this balance with every meal but try to get the balance right over a day or even a week.

More information about the Eatwell Guide can be found here: [https://www.nhs.uk/live-well/eat-well/the-eatwell-guide/](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nhs.uk%2Flive-well%2Feat-well%2Fthe-eatwell-guide%2F&data=04%7C01%7C%7C77b580b084484eb8173508d94b7b4fa0%7Ca8b4324f155c4215a0f17ed8cc9a992f%7C0%7C0%7C637623815252978753%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=rxC713hpQEmuIGNGp7XPEdTKmAPlcn%2FKjAOwmKmH6sg%3D&reserved=0)



In addition to physiological requirements, food meets psychological, sensory and social needs. Food satisfies hunger, it is a source of pleasure and friends meet together at meal times for relaxation and use food to celebrate special occasions. Sharing meals with others provides the opportunity for new experiences and to learn about different cultures.

Schools/settings are encouraged to have a whole school/setting food policy, including consistency between what food is provided and the formal curriculum. A range of healthy foods should be available at all meal breaks, in a welcoming environment where food can be eaten with friends. Breaks for meals should be seen as an integral part of the whole school/setting activity, with sufficient time allocated. The focus should be on healthy eating rather than unhealthy eating.

It is worth noting that there may be some children/young people who take messages about ‘good’ and ‘bad’ foods literally and might interpret they cannot eat certain foods. For examples, crisps might be considered ‘unhealthy’ when compared to fruit, but in fact they can be a good snack and more preferred than a sugary snack from a dental health point of view. Schools and families are encouraging to have these discussions with children/young people to ensure they have interpreted the heathy eating messages appropriately; to encourage a balanced diet and enjoy all foods in moderation.

### Fluids

It is important that young people drink enough throughout the day as well as encouraging young people to bring drinks with them, schools/settings should also provide milk, fruit juice or water. Water should be freely available throughout the day.

## Healthy Schools/Settings

Schools/settings can contribute positively by encouraging young people to adopt a healthy lifestyle. The core themes of a Healthy Schools programme includes Personal, Social and Health Education (PSHE), including the statutory Relationships & Sex Education (RSE) and Health Education (HE), Trauma Perceptive Practice (TPP), Food and Nutrition, Physical Activity, Mental Health and Emotional Wellbeing and Pupil Voice. They help to create an ethos and environment within the school which offers encouragement for all young people, enabling them to develop healthy behaviours. The environment of the school/setting should also provide a context where children and young people feel comfortable with the process of growth and development and where difference is valued.

### Emotional health and wellbeing

All schools and settings should promote emotional health and wellbeing by:

* + identifying vulnerable individuals
	+ building resilience in children and young people
	+ providing a confidential and effective pastoral support system
	+ offering a well-defined policy on behaviour and relationships
	+ setting realistic expectations for positive body image for all children and young people
	+ providing a whole school approach to understanding emotional health and wellbeing in the context of a healthy diet, supported by evidence-based policy and compassionate practice
	+ creating and enabling a balance between work and leisure
	+ being aware that pressure and constant focus on targets can adversely affect vulnerable children and young people

### Physical activity

Schools/settings are encouraged to have a physical activity policy to promote active lifestyles in children and young people. A wide range of physical activities for all abilities within timetabled PE lessons and outside school hours should also be offered. It is important to offer non-competitive sports as well as more traditional team sports. Walking or cycling to school/setting should be encouraged when appropriate.

It is important to be aware that physical activity can become obsessional in some children and young people as a means of losing weight.

### Relationships & Sex Education (RSE) and Health Education (HE)

A PHSE programme provides students with the knowledge, understanding and skills to make informed decisions about their lives. Schools/settings have considerable opportunity in PHSE to help students develop healthy perspectives on life.

Relevant topics include:

* + building self-esteem and resilience
	+ promoting positive wellbeing
	+ developing positive relationships
	+ healthy nutrition and exercise
	+ care should be taken when introducing concepts of eating disorders

### Media literacy

The media is a source of entertainment, information and influence. By implication, it associates success with body image: typically thinness and beauty for girls, and physical fitness and hidden emotions for boys. Women’s magazines are dominated by slimming articles and advertisements for slimming products. Educating children and young people in ‘media literacy’ can help them to counteract the influence of the media. Children and young people can be made aware that media images are often the result of alteration by digital photography. They can be taught to question the messages that these images portray and learn to evaluate information in a more realistic and healthy way.

There is some evidence that education about eating disorders in schools can lead to an increase in dieting. It is therefore important that knowledge about eating disorders is taught in conjunction with a positive focus on healthy nutrition, exercise, managing stress and building resilience.

### Internet safety

There are many websites that can promote disordered eating behaviours and attitudes. It is important to provide guidance to children and young people on the healthy use of the internet. Staff should be aware of the potentially unhelpful influence of pro-anorexia websites as well as the role of social media in promoting anxiety about body image. Children and young people can be directed to positive websites and helplines such as that provided by the UK national eating disorder charity b-EAT [www.b-eat.co.uk](http://www.b-eat.co.uk)

## Identifying Disordered Eating

Disordered eating describes a variety of abnormal eating behaviours that do not by themselves warrant a diagnosis of an eating disorder. You might hear this term being used more by clinicians and other support providers to demonstrate difficulties in relationships with food as a preventative approach to the development of eating disorders.

This might present as one of the following:

### Overweight and obesity

Many young people consume too many foods which are high in fat, salt and sugar. Environmental factors, stress or genetic predisposition may contribute to this. When the amount of food consumed is not appropriately balanced by energy expenditure through exercise, there will be gradual weight gain. In the short term, this can damage self-esteem with possible consequences of bullying and social isolation. In the long-term, excessive weight will threaten physical health.

A helpful website for obesity advice: <https://www.nutrition.org.uk/> (Please note these guidelines will not address obesity).

### Childhood eating difficulties

There are conditions of disordered eating associated with younger children. Apart from selective eating, these conditions are rare but are included here to raise awareness among staff of other eating difficulties that may occur. Unlike anorexia and bulimia nervosa, these conditions are not associated with concerns about weight and shape.

A child suffering from one of the following conditions might present with a range of symptoms:

* + **Food avoidance emotional disorder** - food avoidance, weight loss, low mood
	+ **Functional dysphagia** - food avoidance, fear of swallowing, choking or vomiting
	+ **Food refusal** - episodic refusal of food, tends to be intermittent and situational
	+ **Restrictive eating** - small appetite which is of concern if the child fails to grow
	+ **Selective eating** - narrow range of foods eaten, with reluctance to try new foods. Selective eating can be quite common at early stages in development and usually improves as the child matures
	+ **Pervasive refusal** - refusal to eat or drink and resistant to help. This can be a serious condition

### Early warning signs of disordered eating

Being aware of the early warning signs or changes in a child/young person can help adults to provide early intervention for potential disordered eating:

Behavioural changes:

* + eating alone or missing meals
	+ taking a long time to eat meals, cutting food into small pieces
	+ restricting the range of foods
	+ hiding food
	+ wearing baggy clothes
	+ frequent visits to the toilet, especially after eating
	+ over exercising
	+ becoming picky over food
	+ extreme perfectionism
	+ obsessional rewriting or revision of texts
	+ taking excessive time to complete work (may lead to work not being handed in)

Psychological changes:

* + increased preoccupation with body size, weight or shape
	+ “black and white” thinking
	+ disorientation
	+ low mood/detachment
	+ low self-esteem
	+ frequent negative comments about themselves
	+ increased anxiety

Physical changes:

* + loss of weight
	+ fainting/dizziness
	+ loss of energy
	+ muscle weakness
	+ poor sleeping
	+ loss of menstruation
	+ constipation/bloating
	+ repeated vomiting
	+ swollen glands under jaw (if there is repeated vomiting)
	+ frequent dental problems (if there is repeated vomiting)
	+ increase in or excessive amounts of exercising

Social/Educational changes:

* + withdrawal from family and friends
	+ loss of interest in usual activities
	+ poor concentration
	+ disturbed family relationships

NB The non-specific psychological, social/educational changes and behavioural signs may occur in other conditions such as depression, anxiety and chronic fatigue. This needs to be considered and advice obtained if necessary. However, when they are coupled with the specific physical, psychological and behavioural changes listed, disordered eating should be considered.

## Managing Disordered Eating in School/Setting

It is important to be alert to early concerns about general wellbeing and performance of children and young people - what you do at the early stages of concern can make a difference in the long term. Children/young people may approach staff initially with concerns about work or relationships, rather than directly about disordered eating. However, direct and sensitive questioning about eating difficulties can be helpful.

Some children/young people may find it difficult to approach staff for help on issues such as disordered eating, either for themselves or on behalf of a friend. They often have concerns about confidentiality or loyalty and may prefer to talk to a counsellor or School Health Nurse or Pastoral Care Teacher, rather than a teacher. Easy access to these professionals, including by email, text messaging or “Drop-ins”, might encourage children/young people to seek help.

It will reassure children/young people if they are included throughout the chain of events and this could be formally agreed: Who will be told, what they will be told and when and how to tell parents. While it is important to be sensitive to these expectations, children/young people must also be aware that the school has responsibilities to parents when there are issues of student welfare (see ‘What to say’ page 11).

All Essex schools have access to CAMHS (formerly known as EWMHS) who can support school staff in deciding how to proceed.

### What to do if you have concerns

* + Share concerns with immediate superior/line manager
	+ Be sensitive and share the information appropriately with colleagues on a ‘need to know’ basis
	+ Identify your concern to the child/young person
	+ Do not be surprised or deterred if the problem is denied – be vigilant and monitor the situation (also be on the lookout for other disorders such as depression or anxiety)
	+ Be aware of the concerns of colleagues
	+ Be aware of the need for confidentiality and the situations in which it may be overridden. Schools/settings should have a procedure for this.
	+ Find out about the nature of the problem, assist in finding appropriate help
	+ Check if school work/activities are being affected
	+ If the young person starts to open up, follow the “What to say/What not to say” guidance (see page 11)
	+ Speak to your school nurse
	+ Parents should be informed at an early stage. If parents are having difficulty engaging in discussion about the concerns, seek advice from your safeguarding lead
	+ Referral to a Mental Health Support Team (if available) or Children’s Wellbeing Practitioners (Essex Child and Family Wellbeing Service) or CAMHS if concern about delay or high concern.

Mental Health Support Teams (MHSTs) core offer is to deliver low intensity interventions for children and young people experiencing anxiety, low mood, friendship and behavioural difficulties. They work with schools to develop their whole school approach, which includes psychoeducation on wellbeing, e.g. thinking about the five ways to wellbeing and the importance of sleep, diet and exercise for emotional wellbeing and mental health.

MHSTs can also provide signposting information where appropriate. Information about which schools have access to MHST can be found here:

North East Essex - <https://mnessexmind.org/warms/>

West Essex, contact - mhstharlow@mindinwestessex.org

Mid & South Essex - <https://www.msehealthandcarepartnership.co.uk/our-work-in-partnership/national-priorities-local-plans/mid-and-south-essex-mental-health-support-teams/>

See also ‘Suggested process’ on page 17.

### Providing emotional support

* + Show empathy – understand that it may be very difficult for the young person to eat
	+ Discourage comments and teasing about weight and shape
	+ Be clear about the limits of support possible in school
	+ Encourage the young person to develop other interests
	+ Be careful how you express yourself, thinking about what to say and what not to say

### What to say

Make clear what the limits of confidentiality are:

You can speak to me confidentially but the school is responsible for keeping your parent(s) informed about serious issues.

Be sensitive to the feelings of the student when you ask whether or not there is a need:

I have noticed that you have not been quite yourself recently, is something bothering you? You seem to be very sad/unhappy this term.

If the problem is denied, make the student aware that other members of staff and peer have also noticed the difference:

We have noticed that you seem to be troubled by something. Are you sure there is nothing that we can help you with?

Ask if everything is all right at home, or if there is something going on at school which the student does not want to discuss, would they discuss this with parents first:

Is everything okay at home? If you have anything going on at school would you rather discuss it with your parents first, before you tell your tutor?

If the student admits to a problem but has not been able to approach parents, offer to speak to parents, or to be with the student when parents are told:

Would it help if I/the headteacher speak to your parents, or if we are with you when you tell them? Would it be easier if we write to them? Could we ask them to come into school, and would you like to join us?

The school needs to encourage joint working with the family where possible:

I understand that you feel uncomfortable about telling your parents about what has been happening when they appear not to have noticed. We feel we could better support you if we involved your parents and worked together.

### What not to say

It is generally best to avoid any comments about eating, weight or shape as this can cause distress:

You look as though you have put on weight.

You look as though you have lost more weight.

The young person may take encouragement to lose more weight from:

You look well / better.

You look unwell.

Comment on the amount or type of food being eaten, are unlikely to be taken as encouragement:

You have eaten all your food, well done.

## Eating Disorders

An eating disorder is a clinical diagnosis which describes a serious mental health condition characterised by severe disturbances in eating behaviour. These can only be diagnosed by specialist health professionals. It is important that caution is exercised when talking about disordered eating and eating disorders to ensure any difficulties are accurately and sensitively described.

A clinician may diagnose one of the following:

### Anorexia nervosa

* + weight loss to at least 15% below the body weight expected for their age, sex and height (this may also include failure to gain weight at a time when a growth spurt is expected)
	+ fear of weight gain and preoccupation with eating, body weight and shape
	+ abnormal perception of body weight and shape. There is a drive to lose weight because the person perceives him/herself as fat
	+ determination to lose weight despite others telling them that they are thin
	+ abnormal hormonal function, which in females will lead to loss of menstruation and in males will lead to stunting of growth

### Bulimia nervosa

* + recurrent binge eating
	+ purging, including self-induced vomiting, laxative or diuretic abuse, restrictive dieting or over-exercise
	+ self-evaluation is overly dependent on weight or shape
	+ young people with bulimia nervosa are usually of normal weight. This coupled with their secretiveness may make the condition hard to detect

### Binge eating disorder

* + repeated episodes of bingeing with absence of purging behaviours
	+ weight gain
	+ less common in young people

### Other specified feeding or eating difficulties (OSFED)

Many children/young people have disordered eating that does not meet the diagnostic criteria described above, but will have significant difficulties with eating. Children/young people who experience disordered eating are still likely to experience psychological, physical and social symptoms and it is crucial to identify and treat these conditions early, in order to prevent the development of more serious eating disorders.

Note: OSFED his was previously referred to as ‘Eating Disorders Not Otherwise Specified’.

### Prevalence of Eating Disorders in Young People

* + 1-2% of young women have a diagnosis of Anorexia Nervosa or Bulimia Nervosa
	+ over 5% of children/young people have eating disorders that do not reach diagnostic criteria of anorexia nervosa or bulimia nervosa
	+ 30-70% of adolescents have engaged in dieting to lose weight
	+ 10% of all eating disorder cases diagnosed are young men
	+ a focus on thinness and dieting has become increasingly common in younger children. Anorexia nervosa can occur as young as 7 or 8 years of age
	+ it is unusual for bulimia nervosa to develop before the age of 13 years

Worries about weight, shape and eating are common among young people during adolescence. Young people often try to lose weight by dieting, believing that weight loss will make them feel better. Dieting significantly increases the risk of developing an eating disorder, although most dieters do not develop an eating disorder. Most people who develop eating disorders will have dieted initially. In addition they usually have family and individual risk factors that make them more likely to develop an eating disorder. The following shows a model for development of eating disorders, taking account of known risk factors and triggers:

* Risk factors:
	+ Puberty
		- Changes in body shape
		- Early onset
	+ Family Factors
		- Comments about weight or shape
		- Family conflict
		- Adverse childhood experiences
	+ Peer influences
		- Teasing / bullying
		- Culture of dieting
	+ Pressure to achieve
		- In school
		- At sport
		- In relationships
	+ Socio-cultural pressures
		- Media images
		- Ideals in society
		- Influences from the internet, such as social media influencing, celebrity endorsements and lack of transparency
	+ Other stressors
* Can lead to:
	+ - Body image dissatisfaction
		- Low resilience
		- Feelings of loss of control
	+ Coupled with:
		- Individual risk factors:
			* Perfectionism
			* Depression
			* Obesity
			* Gender identity
		- Family risk factors:
			* Depression
			* Eating disorders
			* Obesity
			* Alcoholism
	+ Can lead to:
		- Dieting
		- Disordered eating
		- Eating disorders

### What keeps Eating Disorders going?

Once an eating disorder has developed there are a number of factors which keep it going. Anorexia nervosa can be maintained by the consequences of starvation – loss of appetite, feelings of fullness and bloating, low mood or lack of energy. Bulimia nervosa can be maintained by an irregular eating pattern with periods of food restriction followed by binge eating.

Other factors that maintain an eating disorder are:

* + increased attention from family and friends
	+ repeated weighing or body checking which increases concerns about weight or shape
	+ an initial increase in self-esteem and feelings of control
	+ an avoidance of difficult decisions, emotions, relationships or pressures
	+ difficult family relationships

In the longer term, children/young people with eating disorders increasingly withdraw into a world where they are preoccupied with their eating, weight and shape and gradually lose interest in friends, family and other activities, thus making it hard for them to break out of the problem.

### Importance of early intervention

Once eating disorders are established they can be very difficult to treat and the child/young person may suffer with them for many years, with the risk of long term damage to psychological and physical health. In the short term, poor eating can impair academic performance and social relationships. It is crucial to identify difficulties with eating early on, as appropriate help at this stage can prevent the establishment of a more serious eating disorder. The outcome of support for eating disorders of recent onset in children/young people is good if managed correctly.

### Difficulties with early identification of eating disorders

If an eating disorder is suspected, these difficulties need to be overcome in order to facilitate the right help for the young person:

* + the condition is secretive making it difficult to identify in the early stages
	+ they may deny that there is a problem, often going to extreme lengths to avoid detection
	+ persistent denial can deter further investigation
	+ children/young people with anorexia nervosa may not view themselves as ill so do not seek help
	+ children/young people may feel guilty or embarrassed about the problem and be afraid to talk
	+ family might be reluctant to admit that there is a difficulty
	+ school/setting staff and friends of the child/young person may not know the right way to approach the person and therefore avoid seeking help
	+ the child/young person may not know that there is help available
	+ the child/young person may not be aware how serious problems with eating can be
	+ the high prevalence of dieting in adolescence may mask individual cases where an eating disorder is becoming established. This applies equally to all genders
	+ there can be a risk of damaging relationships with the young person and their family
	+ fear of stigmatisation, raising unnecessary anxiety

A caring and sensitive approach can reassure the young person that you are there to support their needs.

## Best Practice in School/Setting

### Suggested Process

Student is having difficulty eating:

* + Member of staff suspects disordered eating/is informed of concern by peer group
		- Member of staff/tutor/counsellor talks to student and notifies head of year/member of senior staff (all procedures must be consistent with the School’s Confidentiality Policy)
		- Consult with the young person about informing their family
		- Agree with student who will discuss with family & how this will be done.
			* Family contacted - suggest that they could take their child to the GP to check their physical health
			* Discuss with School Nurse
				+ Assessment by School Nurse if appropriate.
			* Identify lead school professional e.g. pastoral lead to co-ordinate team approach.
			* Identify professionals involved with student, to be included in team for liaison, communication and support in accordance with school protocols
				+ Check whether young person has gone to see the GP and share any health advice

If in doubt speak to the CAMHS Link Worker/ or consult with the single point of access (SPA Consultation line) /or refer directly to CAMHS Eating Disorder Service

* + - * Discussion with relevant professionals involved with student
		- Appropriate member of staff to support peer group
		- Encourage parents/carers to take young person to GP for a full health check to rule out other causes and assess the impact of the disordered eating
			* Eating disorder is diagnosed/suspected

#### Making a plan

A key responsible adult from within the school/setting should work with the child/young person and their family and other relevant professionals, such as health and social care services, to implement the advice from health services. The child/young person and their family will need to be involved at all stages of planning. Attendance at service reviews can be very helpful.

This plan may include:

* + making a joint decision as to whether it is medically advisable for the child/young person to be at school
	+ providing support with school work, being realistic with expectations about the learning
	+ supporting a plan of minimal physical activity within school (e.g. reduction of PE)
	+ providing support for the child/young person at lunch/break, taking care not to be over vigilant; families may need to be involved with this
	+ ensuring that there is adequate time for the child/young person to eat their lunch. (see also “What to say” and ”What not to say” (page 11)
	+ if the child/young person needs to stay off school for a period of time, arrangements should be made for the learning to be sent home if appropriate. If not, then consider making a referral for tuition from Essex Education Access
	+ being aware of the feelings and needs of the peer group

#### Continued liaison with health professionals caring for the student

Children/young people with an established eating disorder will usually require input from health professionals. This may mean monitoring by the GP and/or regular sessions with the CAMHS eating disorder service. Professionals in these services will usually make contact with the school/setting (if permission from the young person and family is given) so that there can be sharing of information and joint working.

Relevant school/setting staff are likely to be invited to case reviews so that a collaborative approach is developed. The child/young person may also need to miss lessons to attend appointments. School/setting involvement is considered a crucial part of care planning. If you are unsure of how to approach the child/young person, it is important to liaise with the professionals caring for the young person – there will be a Mental Health Worker in CAMHS who will be your main link.

#### Role of School Nurse

Children/young people may find the School Nurse the easiest person to approach when there is a personal difficulty and she may need to take a lead role when someone is identified with eating difficulties. The School Nurse can assess the extent of the problem and arrange for the child/young person to be taken to the GP for assessment. They may also discuss with the child/young person what support is on offer and the boundaries of confidentiality. Once the problem has been identified the School Nurse can provide support. They can also discuss with, advise and provide reassurance to school/setting staff.

#### Support for parents/carers

Generally, parents/carers appreciate immediate contact from school/setting when there are concerns about their child’s health, although they can feel very anxious, vulnerable, isolated and ashamed when they have a child with an eating disorder.

Although tensions can arise between school/setting and family, regular contact is important, however difficult, to jointly support the child/young person. Parents/carers can quickly feel blamed and it is important to minimise this sense of blame, shame or criticism when approaching them. Some parents/carers may be highly anxious and need reassurance that help will be given.

Parents/carers appreciate:

* + low level, consistent and calm support from a designated member of staff
	+ a consistent approach over the management of school work and learning
	+ allowances for the child/young person to work at home if necessary
	+ individual needs to be recognised for each child/young person, for example wearing extra clothing in order to keep warm
	+ availability of individual support from staff at meal times, away from other students
	+ support for managing peer group reactions to the eating disorder
	+ the personal encouragement that staff are able to give children/young people

#### Support for school/setting staff

Providing support for children/young people who are experiencing social, emotional or mental health difficulties can be challenging. It is vital that key adults look after their own emotional wellbeing to enable to them to provide effective support to the children/young people in their care.

* + the school/setting should have a clear process for responding once a child/young person has been diagnosed or is at risk of developing an eating disorder
	+ no one member of staff should be responsible for a child/young person with an eating disorder. However, to ease communication it can be helpful to identify a key staff member
	+ it may be helpful to appoint a professional team within school/setting, each familiar with the child/young person, and having a specific responsibility (student support; parent/carer support; support for each team member, communication with health professionals, etc.).This can ensure liaison, communication and support but should only be on a need to know basis
	+ regular meetings should be arranged, for planning and discussion as to the best way forward, for those directly involved to ensure that all staff members are briefed. These can be multidisciplinary meetings
	+ advice support and consultation is available for all professionals via a direct telephone line to the CAMHS Single Point of Access (SPA)
	+ it is recommended that staff who have a responsibility for pastoral care receive some training in how to help children/young people with eating disorders. A list of helpful books/articles can be found in the reference section (See Appendix 3)
	+ school staff should be aware of the possibility for counselling through Occupational Health, for confidential discussion. Other support networks can be found in Appendix 3

Additional factors to consider for staff:

* + reactions to a child/young person with an eating disorder will vary (this can be shock, rejection, disgust or helplessness). It is important for staff involved to have an opportunity to discuss the impact this situation is having on them personally
	+ individual staff members might have personal experience with either their own eating disorder or that of a family member or friend. It is important that staff understand how this might impact on their approach to a child/young person

#### Safeguarding

Every young person has the right to confidentiality. However there are times when confidentiality may need to be overridden. Schools have a duty towards the parents/carers and the young person should be aware that their family will be informed of the school is concern. Ideally the young person will be present for this discussion and will be aware in advance of what will be said. The parent/carer may not need to be told all the details

Confidentiality has to be balanced against the responsibility of parents/carers to safeguard the needs of their child (Children Act 1989). It is important that school staff do not make promises of confidentiality that cannot be met. If the young person is reluctant to tell their family themselves they can be reassured that they will be involved in the plan for information sharing and supported through this process.

All Essex schools have a confidentiality policy.

Changes in eating can sometimes present in the context of abuse. It is important for staff to be aware of this and to discuss any concerns with their designated safeguarding lead.

#### Support for peers

Staff should be aware of the impact of mental health difficulties, such as eating disorders, amongst the child/young person’s peer group:

* + children/young people need to be recognised as part of an accepted group and the influence of these friendships can be both supportive and unhelpful
	+ friendships can be ambivalent. An eating disorder can put friendships under pressure and they can change as a result
	+ friends might show admiration for weight loss
	+ teasing about weight and shape
	+ friends will be concerned also for the welfare of a friend: they can show support and reassurance. Although they might want to provide support at meal times, it might not be appropriate as this can be a stressful role for a friend
	+ peer groups will need to be reassured and supported when an eating disorder has been diagnosed. They might feel personally responsible
	+ a culture of support should be encouraged with appropriate information given

#### Additional considerations for residential schools

In addition to the guidance for all schools/setting, there are some additional factors that may need to be considered in residential settings:

* + being away from home may be a cause of stress
	+ child/young people might be unsure who to confide in
	+ peer influences can have more intensity and relationships may need to be monitored
	+ decisions must be taken as to when to send the child/young person home (in consultation with a clinician)
	+ boarding schools should have a clear policy for the management of eating disorders

staff may need to take responsibility (in discussion with families) for supervising and monitoring the child/young person’s meal times

* + staff may need to arrange for regular monitoring of physical state by School Nurse or GP
	+ staff may need to attend mental health appointments with the child/young person and/or on behalf of the family
	+ it may be important to liaise with a clinician (e.g. to manage school holidays)

## Acknowledgements

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Special thanks to the contributions of the working group, consisting of representatives from Essex County Council, CAMHS (formerly known as EWMHS), Essex Child and Family Wellbeing Service and Mind in West Essex.

## Appendices

1. Essex SEMH Strategy Disordered Eating poster for school/setting staff
2. Checklist for schools
3. Further support and information



This poster is also available to download for free here: [Social, Emotional and Mental Health Portal for Schools, Colleges and Settings - Essex Guidance and Let's Talk Resources](https://schools.essex.gov.uk/pupils/social_emotional_mental_health_portal_for_schools/Pages/lets_talk_semh_resource_suite.aspx)

### Appendix 2: Checklist for schools

School ethos

* the school has a culture that encourages children/young people to talk and trust the staff, adults to listen, believe and respect the children/young people within their care
* opportunity is available through PSHE to discuss disordered eating and body image
* images displayed around the school are culturally diverse and promote body-positivity

School policy

* the school has a policy or protocol for supporting children/young people who have or are at risk of eating disorders
* there is a policy on confidentiality
* there is a policy on exercise
* there is a Whole School Food Policy

Training

* all new members of staff receive an induction on safeguarding procedures and setting boundaries around confidentiality
* all members of staff receive regular training on child protection procedures
* all staff receive regular training on promotion of emotional health and wellbeing
* staff members with pastoral roles have access to training in identifying and supporting students who have difficulties with eating

Communication

* the school has clear, open channels of communication that allow information to be passed up, down and across the system
* all members of staff know whom they can go to if they discover or are concerned about a young person who has difficulties with eating
* the senior management team are fully aware of the contact that all staff have with children/young people and the types of concerns they may come across
* time is made available to listen to and support the concerns of staff on a regular basis
* personal comments about weight and shape are not made by staff

Support for staff and children/young people

* staff understand the role of different agency members who visit the school i.e. School Counsellors, CAMHS, School Nurses, etc
* staff know how to access support for themselves and the children/young people i.e. School Counsellors, CAMHS, School Health Nurses, etc
* children/young poeple know who they can go to for help

### Appendix 3: Further support and information

**Essex based support**

Essex Child and Family Wellbeing Service - <https://essexfamilywellbeing.co.uk/>

Mental Health Support Teams (MHSTs):

* North East Essex - <https://mnessexmind.org/warms/>
* West Essex, contact - mhstharlow@mindinwestessex.org
* Mid & South Essex - <https://www.msehealthandcarepartnership.co.uk/our-work-in-partnership/national-priorities-local-plans/mid-and-south-essex-mental-health-support-teams/>

CAMHS (formerly known as EWMHS) - <https://www.nelft.nhs.uk/services-ewmhs/>

CAMHS Single Point of Access (SPA) – 0800 953 0222

Essex Education Access Team - <https://schools.essex.gov.uk/pupils/Education_Access/Pages/default.aspx>

<http://www.eas-ed.co.uk/> - Eas-Ed is a voluntary organisation run by parents in Essex that have been where we are now. Their site is a resource and support for parents.

<https://www.pedsupport.co.uk/> - PEDS is another charity with a website and helplines for all to help support the person with eating disorders.

<https://www.carersfirst.org.uk/> - Carers First in Essex is free to register with.

**National support and information**

[www.b-eat.co.uk](http://www.b-eat.co.uk) - Understanding Eating disorders and how you can help. 0345 634 1414 (adult line) 0345 634 7650 (youth line)

﻿<https://www.feast-ed.org/tips-for-helping-your-child-to-eat/> - F.E.A.S.T is an international organisation have a website and Facebook page. Free resources this is the link to how to support at meal times

<https://www.nhs.uk/apps-library/category/mental-health/> - NHS Mental Health Apps

[www.youngminds.org.uk](http://www.youngminds.org.uk) - Young Minds is the national charity committed to improving the mental health of all children and young people. 0808 802 5544

[www.nutrition.org.uk](http://www.nutrition.org.uk) - British Nutrition Foundation This site provides healthy eating information, resources for schools, news items, recipes and details of the work we undertake around the UK/EU

[www.healthyliving.gov.uk](http://www.healthyliving.gov.uk) - National website to promote healthy living

[www.parentlineplus.org](http://www.parentlineplus.org) - A parent help website

<https://www.nhs.uk/conditions/social-care-and-support-guide/> - NHS Social Care and Support Guide

[www.eric.org.uk](http://www.eric.org.uk) - Education and Resources for Improving Childhood Continence

[www.teenagehealthfreek.org](http://www.teenagehealthfreek.org) - Promoting teenage health

<https://www.nhs.uk/live-well/sleep-and-tiredness/how-much-sleep-do-kids-need/> - Sleep

*Please be aware that there are many unhelpful websites on eating disorders which provide harmful information to young people*

**References and further reading**

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Overcoming Binge Eating (2013) Christopher Fairburn. Guilford New York

Help your Teenager Beat an Eating Disorder (2005). James Lock and Daniel Le Grange. Guilford Press

Eating disorders: a parents guide (2004). Rachel Bryant-Waugh and Bryan Lask. Brunner-Routledge 2nd ed

Skills-based caring for a loved one with an eating disorder (2007) Janet Treasure, Grainne Smith Anne Crane

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