

Temple Carrig School

Policy on Dealing with Eating Distress/Eating Disorders in the School Environment 2019

1. Introduction

School staff can play an important role in recognizing ED and also in supporting students, peers and parents of students currently suffering from or recovering from this illness. Anyone can develop an ED regardless of their age, sex or background. This policy is intended as a guide for all staff including non-teaching staff

2. Aims

- To increase understanding and awareness of Eating Distress
- To educate staff how to recognize warning signs and risk factors
- To provide support to staff dealing with students suffering from ED and support to students suffering from or recovering from this condition

3. Risk Factors

The following risk factors, particularly in combination, may make a young person particularly vulnerable to developing an ED:

Individual Factors:

- Difficulty expressing feelings and emotions
- A tendency to over comply with other's demands
- Expectations of perfectionism.
- Suicidal or self-harming thoughts

Family Factors

- A home environment where food, eating, weight or appearance have a disproportionate significance
- An over-protective or over-controlling home environment
- Poor parental relationships and arguments
- Neglect or physical, sexual or emotional abuse
- Very high expectations imposed by family

Social Factors

- Being bullied, teased, for any reason.
- Pressure to maintain a high level of fitness / low body weight for e.g. sport or dancing

Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to an ED. These warning signs should **always** be taken seriously and staff observing any of these warning signs should seek further advice from one of the designated teachers for safeguarding children

Physical Signs

- Excessive weight loss/gain
- Dizziness, tiredness, fainting
- Feeling Cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Callused knuckles
- Tension headaches
- Sore throats / mouth ulcers
- Tooth decay

Behavioural Signs

- Restricted eating or overeating
- Skipping meals
- Scheduling activities during lunch
- Strange behaviour around food
- Wearing baggy clothes
- Wearing several layers of clothing
- Excessive chewing of gum/drinking of water
- Increased conscientiousness
- Increasing isolation / loss of friends
- Believes she/he is fat when s/he is not
- Secretive behaviour
- Visits the toilet immediately after meals
- Fidgety/difficulty sitting still
- Self-harming behaviour (cutting, scratching, pulling hair...)

Psychological Signs

- Preoccupation with food
- Sensitivity about eating/hiding food
- Denial of hunger despite lack of food
- Feeling distressed or guilty after eating
- Self dislike
- Fear of gaining weight
- Moodiness
- Excessive perfectionism
- Feeling apathetic and often suicidal
- Decrease in concentration levels

4. Staff Roles

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the designated teacher for safeguarding children aware of the situation.

Following the report, the designated teacher will decide on the appropriate course of action. This may include:

- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse
- Arranging an appointment with an Eating Distress Specialist
- Arranging a referral – with parental consent
- Giving advice to parents, teachers and other students

Students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. Students need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a student is at serious risk of causing themselves harm then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

5. Students Undergoing Treatment for / Recovering from Eating Distress

The decision about how, or if, to proceed with a student's schooling while they are suffering from an ED should be made on a case by case basis. Input for this decision should come from discussion with the student, their parents, school staff and members of the multi-disciplinary team treating the student.

The reintegration of a student into school following a period of absence should be handled sensitively and carefully and again, the student, their parents, school staff and members of the multi-disciplinary team treating the student should be consulted during both the planning and reintegration phase.

6. Further Details

Any meetings with a student, their parents or their peers regarding Eating Distress/Eating Disorders should be recorded in writing including:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed

Approved by the Board of Management following a consultation process with the Student Council, PTA Committee and Teaching Staff:

28th June 2019

