

GORDON'S SCHOOL

EATING DISORDER POLICY

The core principle that guides everything we do is **Putting Students First**.

Aim:

This policy sets out clear guidelines on the school's procedures for managing students who have an eating disorder and is for students, their parents/ carers and staff. It is consistent with Gordon's School's overall approach to promoting positive social and emotional well-being and supporting students with mental health problems (see Mental Health Policy).

Eating Disorders:

Eating Disorders (including Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder) are serious mental illnesses affecting 1.6 million people in the UK. They are most likely to develop during teenage years and although more girls are affected, around a quarter of those who experience an eating disorder at school age are boys.

Anorexia Nervosa:

Anorexia Nervosa is an illness where there is a clinically established weight loss, measured either using the Body Mass Index (BMI) or weight and height criteria. There is a relentless aim for weight loss, mainly through restricted eating; excessive exercise and other behaviours aimed at weight control may also occur.

Bulimia Nervosa:

Bulimia Nervosa is a condition where there is a relentless pursuit of thinness, which includes periods of starvation mixed by periods of binge eating. The person thinks and feels fat. A number of behaviours are carried out to lose weight and these may include vomiting, the use of laxatives or diuretics and excessive exercise.

Binge Eating Disorder (BED)

BED is a condition where the person regularly binges, usually with weight gain. This can lead to obesity, which is measured using the BMI.

Other Related Eating Disorders:

There are also other forms of disordered eating. Although these are not formally categorised as eating disorders, they are worth managing early in order to prevent them from developing into full-blown eating disorders. These include Food phobias, Body Dysmorphic Disorder, Exercise Addiction and 'Bigorexia' (relentless pursuit of body building).

Raising a concern:

If a student wishes to disclose that they have a disordered eating pattern they can approach any member of staff that they are comfortable talking to. This member of staff will record what they are told and inform the Designated Safeguarding Lead (DSL) within 24 hours of the disclosure. The student will be informed that their disclosure will be passed on to the Designated Safeguarding Lead who will then initiate the following chain of action.

Chain of action when a concern is raised:

- The student is spoken to regarding the concern by the DSL or another member of Staff nominated by the DSL as being the most appropriate person to talk to the Student. This may be their House parent, Head of House, a member of the Safeguarding Team, a School Nurse or any other nominated member of staff.
- The student is encouraged to discuss their eating patterns with their parent /carer. Where a student is deemed to be at serious risk parents / carers are informed, preferably with the student's consent. Where appropriate the nominated member of staff will disclose information without the student's consent.
- Parents /carers are recommended to seek consultation with their family GP and to inform the school of the outcome within 72 hours of that consultation. In the case of Residential Boarders the school may initiate this with the School GP.
- In situations of extreme concern the school is also able to refer directly to CAMHS (Child and Adolescent Mental Health Services).
- A nominated staff member will write an individual welfare support plan (IWS) or Social, Emotional and Mental Health (SEMH) plan and meet with and monitor the student's progress. Progress will be documented on CPOMS by that member of staff.
- The same nominated staff member will ensure follow-up meetings or telephone appointments are arranged between themselves and the parents/carers so that progress can be assessed and communicated.
- Based on medical feedback and direction, the suitability of the student's continuing attendance at school will be assessed. Similarly, suitability to Board will also be assessed.
- The school may need to pass on some information to other members of staff (i.e.; Child protection Liaison Officer, catering staff, and PE staff). The student and their parents/carers will be informed with whom and why this information will be shared.
- The Medical Centre may measure and document the student's BMI on a regular basis as part of the student's planned care.
- The School Nurse might create an Individual Health Care Plan (IHCP).
- The Incident should be documented on CPOMS by the DSL and subsequently any member of Staff involved in the concerns, care and/or monitoring of the Student.

When a disclosure is made by a friend, the member of staff hearing that disclosure should record what they are told and inform the DSL within 24 hours. The above chain of action will then be initiated.

Where a member of staff suspects an eating disorder or disordered eating pattern they must inform DSL. The above chain of action will then be initiated.

School Nurse, Doctor and Counsellor Confidentiality:

In accordance with the School Nurses', Doctor's and Counsellors' professional obligations, the School Nurses, Doctor and Counsellors will respect a student's confidence except on the very rare occasions when, having failed to persuade that student, or his or her authorised representative, to give consent to divulgence, the doctor or nurse considers that it is in the student's better interests or necessary for the protection of the wider school community, to breach confidence and pass information to a relevant person or body.

**Julie Unsworth
Lead School Nurse**

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