

EATING DISORDERS GUIDE FOR EDUCATIONAL SETTINGS

ABOUT THIS GUIDE

This resource has been developed as an unexpected yet welcome output from the production of the School Nursing Toolkit: 'Eating Disorders Can Impact Anybody'. The co-production process involved experts by experience, and it was felt that educational settings would also benefit from our work to enable them to also better support children and young people at risk of/experiencing an eating disorder. Our expert reference group comprised carers, parents, siblings, family and eating disorder experts by experience, School Nurses and eating disorder services.

The aim of this guide is to support educators to work alongside School Nursing services and to put in place simple and effective measures to improve the experience of those registered with educational settings. Those providing support to children and young people who may be experiencing an eating disorder must ensure that they have training and understanding prior to doing so.

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WHAT ARE EATING DISORDERS?

Eating disorders are biologically based, serious mental illnesses and are fully treatable with a combination of nutritional, medical, and therapeutic support - the sooner someone gets the treatment they need, the better the chance of a good recovery. They are NOT choices, passing fads or phases.

Eating disorders can be severe, can be fatal and can be recognized by a persistent pattern of behaviours that can cause health problems and/ or emotional and social distress. Eating disorders are characterised by a persistent disturbance of eating or eating related behaviour that results in the altered consumption or absorption of food and that significantly impairs physical health or psychosocial functioning. Eating Disorders include Anorexia Nervosa (AN), Bulimia Nervosa (BN), Binge Eating Disorder (BED), Avoidant/Restrictive Food Intake Disorder (ARFID), and Other Specified Feeding or Eating Disorder (OSFED).

Eating disorders are often hidden due to intense shame, guilt and stigma. Even if a person does not meet the formal criteria for an eating disorder, they may be experiencing unhealthy eating behaviours that cause substantial distress and may be damaging to both physical and psychological health. Eating disorders are often hidden due to intense shame, guilt and stigma. Even if a person does not meet the formal criteria for an eating disorder, they may be experiencing unhealthy eating behaviours that cause substantial distress and may be damaging to both physical and psychological health. If a person has been diagnosed officially with an eating disorder, or if they have the symptoms of more than one eating disorder or of disordered eating, it is important that they get the help they need to develop a healthy relationship with food.

HOW DO YOU KNOW IF IT IS AN EATING DISORDER

Does the child or young person worry about their weight and shape? Does this have a significant impact on their life? Do they demonstrate a constant pre-occupation with their body image, and/or a compulsive urge to body check frequently?

Do they try to control their weight by:

- ✓ **Restricting their diet, avoiding 'fattening foods'.**
- ✓ **Do they get anxious about their food routine especially when things change?**
- ✓ **Do they have a compulsion to exercise?**
- ✓ **Do they find it hard to have a rest day from exercise?**
- ✓ **Do they exercise to compensate for food?**
- ✓ **Are they making themselves vomit?**
- ✓ **Do they use laxatives or medication/drugs to lose weight?**
- ✓ **Do they feel out of control with their eating and can't stop and eating large amounts?**
- ✓ **Do they eat in secret, and feel ashamed about their eating?**

If any of the above are answered with a yes, we would encourage a conversation about next steps with the child/young person, and their parent/carer. With the child or young person's or parent/carer consent this may be a good time to seek support from the local School Nursing Service.

BREAKING MYTHS ABOUT EATING DISORDERS



1 Many people with eating disorders look healthy yet may be extremely ill.

2 Families are not to blame and can be the patients' and providers' best allies in treatment.

3 An eating disorder diagnosis is a health crisis that disrupts personal and family functioning.

4 Eating disorders are not choices, rather they are serious biologically influenced illnesses.

5 Eating disorders affect people of all genders, ages, races, ethnicities, body shapes and weights, sexual orientations, and socioeconomic status.

6 Eating disorders carry an increased risk for both suicide and medical complications.

7 Genes and environment play important roles in the development of eating disorders.

8 Genes alone do not predict who will develop eating disorders

9 Full recovery from an eating disorder is possible; early detection and intervention are important.

Bulik 2014.

CONFIDENTIALITY

Conversations between Nurses and young people aged 12 years and over are confidential. This means that no information will be shared with school or others without permission. The only occasion where a Nurse might consider passing on confidential information without consent would be to protect the young person or someone else from serious harm. Conversations with children aged 11 and younger should be shared with parent/carer.

Nurses will always encourage child or young person to inform and involve parents/carers and school as much as possible. Nurses can talk to trusted adults on behalf of those they support or can help to facilitate those conversations. Conversations and plans will be documented and stored on a health record which may, at times, be viewed by other healthcare professionals who all share the same confidentiality rules.



CONSENT

For children under the age of 11, consent should be sought from the parent/carer prior to any further conversations with the child taking place.

Young people over the age of 12 can request confidential support from a School Nursing service if they are assessed as having enough competence and understanding to fully appreciate what's involved in their support plan. This is known as Gillick competence. It is, however, always best practice to involve the child or young person's parent/carer where possible (NSPCC, 2022).

People aged 16 or over are entitled to consent to their own treatment. This can only be overruled in exceptional circumstances. However, it is important that young people with suspected eating disorders have appropriate support available at home as well as their educational and social environments.



TOP TIPS FOR SCHOOLS/EDUCATIONAL SETTINGS

- ✓ Ensure robust policies are in place to support child or young person with mental health and well-being policies which clearly state what eating disorder support is accessible to students. These to be implemented by the schools' Senior mental health lead.
- ✓ Embed and utilise 'Supporting pupils with medical conditions at school' (Department for Education, 2014)
- ✓ Establish good links with your local School Nursing Service and engage in the development of individual health plans for any child or young person affected.
- ✓ Encourage/support the child or young person and wider support network to access the School Nursing Service as appropriate; this may include face to face, virtual, texts and other methods to best suit.
- ✓ Source appropriate training for staff to encourage awareness of eating disorders. Contact info@saphna.co
- ✓ Ensure an adequate number of staff are trained in mental health awareness/mental first aid.
- ✓ Include eating disorders in the PSHE curriculum, delivered by trained staff.
- ✓ Provide a body image friendly environment and celebrate diversity.

- ✓ Consider including information about eating disorders in relevant school assemblies, parents' evenings, and other educational opportunities
- ✓ Support the child or young person to identify a trusted adult in school and facilitate access to them.
- ✓ Consider the impact on siblings and friendships – what emotional support is available? *For example: Pastoral support, school counselling, mental health first aiders, mental health support teams.*
- ✓ Does the learning environment have a space that the child or young person can access? Inform them of how and when they can access this. Consider the privacy of this space, can confidential conversations happen here? Ask the child or young person if this is a safe space for them.
- ✓ Remove any materials relating to calories across the environment. For example: 'take the stairs to burn X amount of calories'.
- ✓ Share menus / make them available in advance of mealtimes or publicise on a website.
- ✓ Offer check in's pre and post mealtimes.
- ✓ Offer a confidential signaling method for a child or young person, so they can communicate need to leave or enter a lesson without having to offer an explanation. For example: use of a flash card / medical pass.
- ✓ Develop a confidential method of following up a child or young person who may use their medical pass or accessing a safe space. For example: A flag on the electronic register which informs the person they have identified as their trusted adult.

SUPPORT FOR PARENTS/CARERS

Involve the whole family: don't forget fathers, partners, and siblings. There may be highly emotional responses. Reassure families that this is normal and welcome them to discuss any feelings they have currently. Be aware that family members may experience severe distress and may themselves require signposting to support services. Acknowledge that this will impact the wider family significantly.



Sharing concerns or alerting a family - reassure parents/carers and families that they are not to blame. Wherever possible, inform the child or young person that you need to inform their parent/carer, involve them when it is appropriate to do so. Explain to families that recovery is possible.



WHERE TO GET SUPPORT

For day-to-day encouragement and support:

GP / Local support groups / podcasts

First Steps: www.firststepsed.co.uk

F.E.A.S.T: www.feast-ed.org

Shout: www.giveusashout.org

Talk ED: www.talk-ed.org.uk

Hub of Hope: www.hubofhope.co.uk

Mind: www.mind.org.uk

Mind and Soul Foundation:

www.mindandsoulfoundation.org

BEAT: www.beateatingdisorders.org.uk

Samaritans: www.samaritans.org

The Mix: www.themix.org.uk

PAPYRUS UK: www.papyrus-uk.org

For more training on eating disorders please contact
info@saphna.co

IF THINGS DON'T GO SMOOTHLY



Although educational settings promote collaborative working with children, young people, and families, it is important to recognise that this process is not always smooth. There may be times when a child or young person, or their parent/carer are not recognising your concerns, they may minimise your views and even decline consent for a referral to a School Nursing Service or GP.



Maintain communication with the child or young person, and family. Recognise that this may have come as a shock, they may feel to blame, and they may not be acting rationally.



Acknowledge that the need to share necessary information may sometimes result in loss of trust. However, this must happen if there is a risk of significant harm to the child or young person. Be alert to signs of bullying, abuse, or neglect. Follow local safeguarding procedures to formally refer and escalate concerns (Department for Education, 2018)



In these circumstances it is important to be open and honest with the parent/carer about your reasons for wanting to refer. Inform the parent/carer of your next steps: Seeking support from a manager / safeguarding lead and inform them that you will share your plan with them following these discussions.

ADDITIONAL INFORMATION

Independent schools

As in all educational settings, independent based school staff have a duty of care towards children and young people under their supervision but also have a responsibility to inform the parents/carer if concerns are identified. It is important that all staff who are involved in the day-to-day care of children and young people have an awareness of eating disorders to ensure early identification of need. Support in independent schools may be available from the health team, registered GP, school counsellor, pastoral staff, and individual houses. Remember that early intervention is key, act upon concerns as soon as they are identified rather than taking a 'watch and wait' approach.

Access to Nursing support

Your local School Nursing service may be able to offer support to the child or young person and family, and to school through a combination of routes/ methods. For example: confidential text service i.e., ChatHealth, drop-in clinics / online drop-in clinics, online consultations, face to face appointments, telephone contact and/or home visits.

DISTRACTION TECHNIQUES

Whilst eating disorders aren't about food; around mealtimes things can become more heightened emotionally. If you are supporting someone with an eating disorder it is important to help empower them to manage mealtimes. One way of doing this is by using distraction:

- Word puzzles / card games / puzzles / art and craft supplies.
- Access to library / book clubs / break or lunchtime activities – tailor this to the interests of the child or young person.
- Bring the child or young person into a conversation.
- Check in with the child or young person before and after a meal.
- Remind the child or young person of why they are in recovery and what you have noticed about their progress.



DON'T FORGET

Remember to hold onto hope; recovery is always possible.

Have a plan in place for follow up – see eating disorder safety plan below or consider an emergency plan if the child or young person has expressed feelings of helplessness or suicidal thoughts.

Nobody is to blame

Demonstrate understanding – be there to listen and not judge.

Look at the **WHOLE** person and their support network. Who do they want to be involved? Listen to and value the voice of the child or young person.

Don't lecture.

MY SAFETY PLAN

We suggest this safety plan should be revisited on a monthly basis or more regularly if required. Schools can complete this with child or young person, their parent/carer and the School Nursing service may be able to support if required.

Who can I seek out as a trusted person when I need support?	
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Where is a safe space that I can access when I need to? When can I access this?	
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What should I do if I am not feeling ok in a lesson / during the day?	
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Who else could I seek out if I am not feeling okay?	
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We can use the following resources for support...	
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My sibling / close friends can seek out this staff member for support	
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My friends are aware / not aware of what is going on for me. I would / would not like support with telling them.	
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Other support I may require	
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What have I achieved / accomplished since my safety plan was last reviewed?	
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If the child or young person has expressed helplessness or suicidal thoughts visit: https://stavingsafe.net/what_is_a_safety_plan and share concerns with parent/carer and health professionals involved (4 Mental Health 2020).

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contact info@saphna.co to find out more about the training we provide

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