

Eating difficulties

Anyone can develop an eating difficulty or be diagnosed with an eating disorder regardless of their age, gender or cultural background. In addition, children and young people of any weight or size can also develop or present with disordered eating. It is very common historically in young women. However, it's important to be aware that the number of young men struggling with their body image is also increasing.

Someone with eating difficulties may be preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial.

Body image and eating difficulties:

- Poor body image is a key feature of a disordered eating condition.
- How the child or young person sees themselves may not necessarily fit with how others see them or conventional ideas about what is slim or overweight.
- Their perception of themselves has been distorted by the way they feel about who they are emotionally.
- Poor body image can consume the person in feelings of self-loathing, desolation and despair, making them feel that there is no hope, that they are a worthless, disgusting waste of space; that they do not deserve to be happy, to live, to eat.

While food and eating are obviously significant factors when someone struggles with how they look, in the experience of many people the focus on and obsession with food is a reflection of far deeper emotional difficulties, and an overall attack on their sense of themselves, directed at their bodies. Underlying such feelings is usually a deep sense of not feeling good enough. Poor body image struggles may or may not develop into eating difficulties, but they can be consuming and unbearable for a child or young person experiencing them, and therefore require as much care and support.

Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness, by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretly overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

Risk factors

The following risk factors, particularly in combination, may make a child or young person more vulnerable to developing eating difficulties:

Individual factors:

- Difficulty expressing feelings and emotions
- A tendency to comply with others' demands
- Very high expectations of achievement

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
- Overly high family expectations of achievement

Social Factors:

- Being bullied, teased or ridiculed due to weight or appearance
- Pressure to maintain a high level of fitness/low body weight for e.g. sport or dancing
- Social media and cultural pressures

Warning signs

School staff may become aware of warning signs which indicate a child or young person is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously and staff observing any of these signs should seek further advice from the designated person within the school – this may vary from school and could be the designated safeguarding lead, the SENCO or the pastoral care lead. Young people tell us that it is important to recognise the value of trying to identify and acknowledge any underlying mental health or situational needs, to be aware of the risks of labelling a child or young person as eating disordered when things may be still at a very early stage.

Physical Signs:

- weight loss
- dizziness, tiredness, fainting
- feeling cold
- hair becomes significantly dull or lifeless (a noticeable change from previous state)
- swollen cheeks
- callused knuckles
- tension headaches
- sore throats/mouth ulcers
- tooth decay

Behavioural Signs:

- restricted eating
- skipping meals
- scheduling activities during lunch
- strange behaviour around food
- wearing baggy clothes
- wearing several layers of clothing
- excessive chewing of gum
- drinking water
- increased conscientiousness
- increasing isolation / loss of friends
- over-estimation of weight and shape
- secretive behaviour
- visits the toilet immediately after meals
- excessive exercise

Psychological Signs:


- preoccupation with food
- sensitivity about eating
- denial of hunger despite lack of food
- feeling distressed or guilty after eating
- self-dislike
- fear of gaining weight
- moodiness
- excessive perfectionism

How to support children and young people with eating difficulties

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 person within the school responsible for children causing concern (often the designated safeguarding lead or the SENCO) aware of any child or young person causing concern. Following the report, the designated safeguarding lead or the SENCO, will decide on the appropriate course of action. This may include:

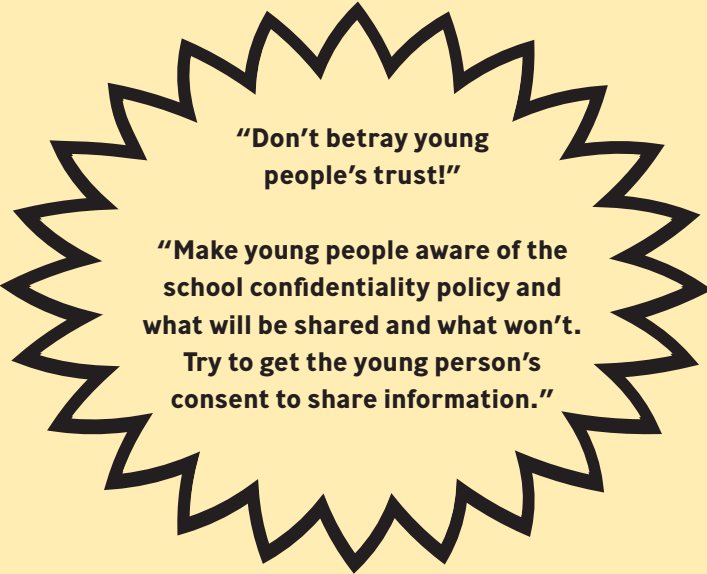
- Contacting parents/carers
- Arranging professional assistance e.g. school nursing service, doctor
- Arranging an appointment with a counsellor
- Arranging a referral to the Community Eating Disorder Service – with parental consent
- Giving advice to parents, teachers and other children and young people

Children and young people may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. If you consider a child or young person is at serious risk of causing themselves harm, then confidentiality cannot be kept. Limits around confidentiality need to be made clear (see Section 3).



“Make sure private sessions can be private. Be mindful of practical barriers that may prevent students from accessing services (e.g. times available or the location being somewhere not private enough). We recommend having an open-door policy during specific times helps.”

If the child or young person is at low risk in terms of the eating difficulty, yet still struggling with some of the psychological challenges associated, there are some ways to support children and young people using the Resilience Framework outlined in Table 5 below.



“Don’t betray young people’s trust!”

“Make young people aware of the school confidentiality policy and what will be shared and what won’t. Try to get the young person’s consent to share information.”

Challenge	How to help them through challenges with eating difficulties
<p>Children and young people struggling with negative body image</p>	<p>Raising awareness within the school and delivering sessions within the curriculum on the following will be beneficial:</p> <ul style="list-style-type: none"> • Some of the reasons why people develop unhealthy coping mechanisms • Common misconceptions about mental health and emotional wellbeing difficulties • Warning signs to look out for in a friend • How to be a supportive friend, including the importance of disclosure of concerns • Where and how to seek help if needed • What happens next following a child or young person’s disclosure at school • Using anonymous helplines to ‘practice’ preceding a face-to-face disclosure • How to safely seek support online and avoid potential pitfalls • What to do in an emergency (Core Self)
<p>A child or young person is skipping meals</p>	<ul style="list-style-type: none"> • Consider opening up the issue sensitively with their friends, have they noticed? Do they feel able to speak to them about what is happening? (Belonging) • Consider that difficulties with eating are very rarely just about food, so there could be other things that are happening at home or for the child or young person. (Core Self) • Deliver assemblies focusing on this issue, using resources from the Centre for Clinical Interventions at www.cci.health.wa.gov.au, or BEAT https://www.beateatingdisorders.org.uk, and advise that children and young people can access a designated person in the school for support. With approximately 725,000 young people in the UK struggling with eating difficulties, the chances are another young person will benefit from this assembly. (Core Self) • Create opportunities for the child or young person to talk to you. Be curious about how they are and try not to be confrontational. Create a safe place between you. (Belonging) • Run parent sessions on this issue, using resources from the Centre for Clinical Interventions. This will equip parents with the skills to support their child or young person. (Coping) • Focus on their sense of belonging, internally and externally. When food becomes the focus, there is often a struggle internally, which may be compounded externally too. Use resources from The Resilient Classroom and One Step Forward to support this work (www.boingboing.org.uk). (Belonging) • Deliver informative tutor group sessions on the importance of food as fuel, how to create a balanced diet and what happens when we skip meals. (Core Self) • Promote a youth support line e.g. BEATing Eating disorders: 0808 801 0711 open 365 days a year, 3pm-10pm. (Coping) • Consider creating anonymous mechanisms where children and young people can share difficulties and access support. (Coping)

Table 5: Ways to support children and young people with eating disorder issues, using the Resilience Framework.

Supporting children and young people undergoing treatment for/recovering from eating disorders

The decision about how, or if, to proceed with a child or young person's schooling while they are experiencing difficulties with eating should be made on a case by case basis. Input for this decision should come from discussion with the children or young people, their parents, school staff and members of the multi-disciplinary team supporting the child or young person. If the child or young person is able to access school but needs a set of reasonable adjustments to facilitate this, then the school should design with the above group an Individual Health Care Plan that is regularly reviewed. If the child is not able to attend school for more than 15 days within a school year the school can refer for an interim package of support from ISEND Teaching and Learning Provision through the ISEND Front Door system. The designated Primary Mental Health Worker for the school could also support this process.

The reintegration of a child or young person into school following a period of absence should be handled sensitively and carefully and again, the child or young person, their parents, school staff and members of the multi-disciplinary team supporting the children or young people, should be consulted during both the planning and reintegration phase.

Recommended reading about eating difficulties

Bryan Lask and Lucy Watson (2014) *Can I tell you about eating disorders? A guide for friends, family and professionals*. London: Jessica Kingsley Publishers.

Pooky Knightsmith (2015) *Self-harm and eating disorders in schools: A guide to whole school support and practical strategies*. London: Jessica Kingsley Publishers.

Pooky Knightsmith (2012) *Eating disorders pocketbook*. Hampshire: Teachers' Pocketbooks.
Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders