Cornwall and Isles of Scilly
Integrated Care System

TURNING THE TIDE

MANAGING EATING PROBLEMS

Practical guidance and toolkit for schools in Cornwall and the Isles of Scilly

CONTENTS

AIMS AND GUIDANCE OF THE TOOLKIT

Welcome to the latest information and resources to help recognise the signs, risks and support available for parents and anyone who supports children and young people (CYP) who have eating problems or eating disorders or are at risk of developing an eating disorder.

The information contained within this toolkit has been put together at the request of the Cornwall Children and Young People's Mental Health Implementation Board, with the support of Young People Cornwall. The guidance recognises the growing number of young people who experience eating problems and eating disorders in Cornwall and the Isles of Scilly. Parents have reported difficulties in accessing support and guidance. Teachers also have described the difficulties they face in working with children and young people in schools who have eating problems. The guidance also acknowledges the work of Public Health England in promoting balanced and healthy eating in schools by addressing practices and policies in schools in relation to food, lunch and break times, and facilities for eating.

The guidance also supports the local transformation plan, Turning the Tide[1] for children and young people's mental health services document, which is called Turning the Tide, and the really valuable work that is already taking place across the county through the I-Thrive Framework[2].

The information and suggestions within this guidance will support and complement the policies and practices within schools in relation to safeguarding and working with children and young people with emotional, psychological, and mental health problems.

Aims of the toolkit

- Increase understanding and awareness of eating problems and eating disorders.
- Support families, staff in schools and other settings to recognise the warning signs and risk factors associated with eating problems.
- Provide advice and guidance for families and staff in schools supporting children who have eating problems.
- Raise awareness among families and in educational settings about what support is available locally in responding to children who have eating problems and eating disorders.
- Help senior leaders within schools consider how to support staff who work with or support students who have eating problems in school, ensuring that they are able to manage the feelings that eating problems among children can evoke.
- Increase understanding of the importance of providing a healthy balance of food and environment for eating within a school, and enough time to ensure children can be supported to eat in healthy, sociable, safe, and balanced ways.

WHAT ARE EATING PROBLEMS AND DISORDERS?

Eating problems and disorders can take a number of different forms, including:

- Anorexia nervosa
- Bulimia nervosa
- Overeating and binge eating
- Restrictive and anxious eating patterns (e.g. ARFID).

An eating problem is when eating habits become unhealthy, such as eating too much, eating too little or chaotic eating patterns. As the pre-teenage and teenage body changes, it can be a very scary time, and lead to increased anxiety about body and some foods. That can be normal and usually passes with time.

Part of normal development in adolescence is an increased awareness of nutrition – trying out new things and getting more concerned with healthy eating (e.g. thinking about vegetarianism/ veganism). Adolescence is a time to experiment or impose greater or more limited choice. At the same time, there is increased awareness of self, including greater awareness of body.

Many people try dieting for the first time in their teens, but when these habits become unhealthy, putting physical and mental health at risk, then it becomes a problem. It is becoming more common for younger children to have eating problems, but whatever age you are, an eating problem is not just about food; it is also about the feelings and emotions that cause it, as well as those it can trigger.

For many children eating problems are ways of gaining some control, when facing what is experienced as unmanageable distress. Finding ways of controlling body weight gives the young person a sense of some control in their life. It also supports a longing to achieve an unrealistic body image, at a time in life (usually adolescence) when the body is changing greatly and often in scary ways. It is always important to remember that the underlying problems are emotional, social, and psychological.

They sometimes start as a result of trauma, increased distress and anxiety, or another mental health condition, as well as the wish to achieve an unrealistic body image. They may also start at a young age as highly restrictive eating habits, accompanied by marked anxiety about some foods (**ARFID** is discussed in a separate section). They can be dangerous and have serious health implications if weight drops too low or rises too high.

An eating problem can become an eating disorder if the young person's behaviour meets the criteria for a diagnosis. A doctor will look at eating patterns in order to make a diagnosis. It is important to emphasise that young people with emerging eating problems will receive early help and support from school, school nurses, community mental health teams and voluntary sector services such as Young People Cornwall for children's mental health, as part of the I-Thrive Framework of support (getting advice and getting help quadrants).

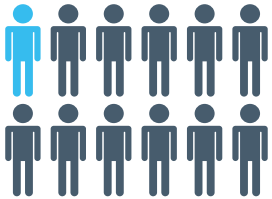
In seeking advice, school staff can talk to the early help hub, the BLOOM network of support, school nurses, or mental health support in schools.

“WHEN I WAS YOUNGER, I THOUGHT I HAD DISCOVERED SOMETHING THAT WAS JUST FOR ME. SOMETHING THAT GAVE ME HOPE AND REASSURANCE WHEN LIFE FELT TOUGH. I THOUGHT IT COULD TEACH ME EVERYTHING I NEEDED TO KNOW AND COULD MAKE ME FEEL GOOD ABOUT MYSELF. THAT SOMETHING WAS ANOREXIA. IN REALITY, IT SUCKED ME INTO A MANIPULATIVE GAME.”

WHAT IS AN EATING DISORDER?

Eating problems become an eating disorder when the child's behaviour meets the criteria for a diagnosis of eating disorder. According to the Diagnostic and Statistical Manual of Mental Disorders (an internationally accredited manual to support the diagnosis and treatment of all mental disorders), there are a number of eating disorders including anorexia nervosa, bulimia nervosa, binge eating disorder and avoidant restrictive food intake disorder (ARFID).

Approximately 1 in 12 teenagers in the UK suffer from eating problems[3]. Historically, eating disorders have affected far more girls than boys. However, it is a growing problem for young men too, and around 25 percent of those with eating problems are now male[4].



1 in 12 teenagers
suffer from eating problems.
Around **25%** of them are male.

The Sick, Control, One Stone, Fat, Food (SCOFF) questionnaire was developed in the UK[5] to help identify young people who are likely to suffer from either anorexia nervosa or bulimia nervosa and should get help. If the person scores two or more positive answers from the list, then a young person should seek help from a health professional for full assessment for eating disorder (because two positive answers indicate an eating disorder is likely). This is important because early treatment is associated with improved outcomes for eating disorders.

Since Covid there has been a great increase in eating problems among young people. For children aged 11 to 16 years, the rate of possible eating problems rose from 6.7% in 2017, to 13.0% in 2021. Rates then remained stable over subsequent waves. For girls, rates rose between 2017 (8.4%) and 2021 (17.8%) followed by stability over subsequent waves. For boys, the rate in 2023 (9.8%) was an increase on the rate in 2017 (5.1%).

In young people aged 17 to 19 years, the prevalence of possible eating problems rose from 44.6% in 2017 to 58.2% in 2021. Rates remained stable over subsequent waves (2022 and 2023). This trend was evident for young women and young men aged 17 to 19 years.

- ☐ Do you make yourself **sick** because you feel uncomfortably full?
- ☐ Do you worry that you have lost **control** over how much you eat?
- ☐ Have you recently lost more than **one stone** in a three-month period?
- ☐ Do you believe yourself to be **fat** when others say you are too thin?
- ☐ Would you say that **food** dominates your life?

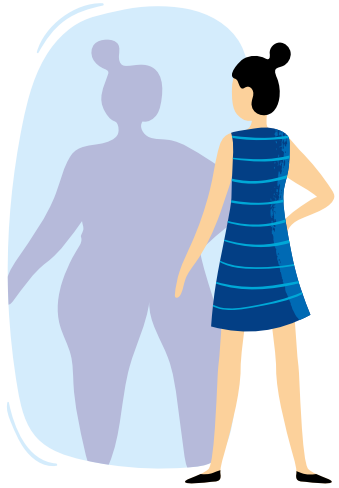
ANOREXIA NERVOSA

Anorexia nervosa is an eating disorder where young people worry about their weight (and body shape), want to lose weight and eat less and less food. It is a serious mental health condition, and is characterised by self-starvation, excessive weight loss and the longing to be in control of one's body. It is the least common eating disorder.

- Eating less and less. Inadequate food intake leads to a weight that is clearly too low, accompanied by extreme fear of gaining weight.
- Malnutrition leads to brain changes, which narrows the focus of YP's life, and embeds habits and rituals. Starvation has impact on food intake, thought patterns and feelings.
- Counting calories in food obsessively; eating very slowly.
- Disturbance in the experience of body weight or shape. For example, feeling fat even though people tell them they are too thin.
- Intense fear of weight gain, obsession with weight and persistent behaviour to prevent weight gain (including excessive exercising, misusing diuretics or laxatives). Preference for being smaller.
- Obsession with body image and comparing one's body to others.
- Feeling panicky about eating in front of others or having a big meal. Irritability and moodiness at mealtimes.
- Becoming deceitful about eating. For example, saying that they have eaten when they have not, hiding food or weight loss.
- Inability to appreciate the severity of the situation.
- Low mood and irritability may be secondary to starvation. They may have self-harming behaviours and suicidal thoughts.
- Social withdrawal and limited social spontaneity, and over-restrained emotional expression.

Physical changes

- Losing lots of weight quickly.
- Periods stopping.
- Feeling cold all the time.
- Poor sleep and concentration.
- Unexpected soft hair growth on body parts (lanugo hair).
- The compromised nutrition can affect most body systems.
- Difficulty sleeping; dizziness.
- Stomach pains; constipation.
- Hair loss; lowered blood pressure.
- Poor circulation.



Girls are much more likely than boys to get anorexia nervosa, but eating disorders are becoming more common among males, although they may present in different ways. For example, preoccupation with body building/weight lifting accompanied by unbalanced eating. ***AN is more readily recognised by services because services are often based upon weight loss.***

BULIMIA NERVOSA

Bulimia nervosa is an eating disorder where the young person gets into a cycle of overeating and then makes themselves sick or uses laxatives to try to get rid of the food. It is characterised by binge eating and compensatory behaviours, such as self-induced vomiting, in an attempt to undo the effects of binge eating. YP with Bulimia nervosa may be missed by services, because many services are based upon weight loss.

Signs and symptoms

- Frequent episodes of consuming very large amounts of food (binge eating), followed by behaviours to prevent weight gain, such as vomiting, laxative abuse, and excessive exercise on a regular basis (feeling anxious if unable to exercise).
- Feelings of being out of control during episodes of binge eating.
- Extreme concern with body weight and shape; thinking obsessively about weight.
- Binge eating and preoccupation with eating.
- Isolating themselves.
- Poor sleep patterns.
- Stomach cramps; changes in periods.
- Brittle bones in the long term.
- Feeling helpless and out of control.
- Low mood.
- Losing interest in things and people.
- Feeling weak and tired.

Most young people with bulimia nervosa are of normal weight. They may have previously suffered from anorexia. The young person may feel that parts of their lives are out of control, and that purging or restricting calories gives a sense of control. Bulimia can seriously damage the young person's body, so it is important to get help and find other ways of coping - it is more common than anorexia nervosa.

BINGE EATING DISORDER

Binge eating disorder, also known as compulsive eating, is characterised by recurrent binge eating without the regular use of compensatory measures to counter the effects of binge eating. Can be in normal weight range or overweight. Less likely to come to MH clinics because there may be no weight loss.

Signs and symptoms

- Feeling compelled to eat.
- All indications that binge eating is out of control, such as eating when not hungry, eating to the point of discomfort, eating alone because of the shame of eating too much.
- Strong feelings of shame and guilt in relation to attitudes to food and binge eating behaviours. The young person may feel that they are being driven to eat in this way, even though they know they shouldn't. Sometimes it feels as though they have an addiction to food.
- Eating quicker than usual.
- Eating when full.
- Eating when not hungry.
- Eating alone or in secret (normally due to shame, embarrassment, or fear).
- Symptoms such as low mood, mood swings, depression, fatigue, or insomnia.
- Secretive eating patterns, including hiding food in unusual places, so that one can eat easily at later time.

AVOIDANT AND RESTRICTIVE FOOD INTAKE DISORDER

Avoidant and restrictive food intake disorder is an eating or feeding disturbance including, but not limited to:

- Apparent lack of interest in food.
- Avoidance based upon the sensory characteristic of food – such as texture.
- High levels of concern and anxiety about the possible aversive consequences of eating (such as choking or being sick).

Together these are manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one or more of the following:

- Significant weight loss (or failure to gain weight or faltering growth in children, especially among young children).
- Significant nutritional deficiency.
- Dependence upon enteral feeding.
- Marked interference with psychosocial functioning.

These problems may be found among children with learning difficulties or as part of the autistic spectrum difficulties, among others.

ARFID will be discussed more fully in separate section of this Guide

Changing body shape during adolescence causes anxiety and concern for many young people.

Increasing social pressure through social media, which often promotes very unrealistic body images and other media outlets exacerbate anxieties and concerns and increase the likelihood of eating problems and disorders.

Eating disorders are becoming more common in boys and young men.

Children experiencing profound confusion about sexual identity or sexual orientation (including LGBT young people) are more vulnerable in relation to mental health problems in general, and eating problems in particular.

Young people from all backgrounds can experience eating problems and eating disorders.

Girls are more likely to experience eating problems and eating disorder.

It is not easy for a young person to give up unhealthy eating patterns, once established.

HOW EATING PROBLEMS DEVELOP AND ARE SUSTAINED

Wanting to be a healthy weight is great. It means our body can function healthily, and healthy eating can have real benefits to both physical and mental health. But sometimes, in the context of our increased awareness of nutrition, greater awareness of our body and self, social and emotional pressures of adolescence, our emotions and feelings can become confused and overwhelming and can lead to an eating problem, in our attempts to exert control and cope.

Signs and symptoms of an eating problem

- Feeling out of control, and that their body is the one thing they can control. Powerful short-term relief from body control.
- Overwhelmed with strong feelings of confusion and distress that cannot be expressed, processed, managed, or faced (controlling their body thus offers some sense of control).
- Feeling very confused about changing body shape or size; about developing sexuality, sexual identity and/or sexual orientation (including transgender feelings)*.
- Wanting to be popular, and confusing being slim like models or celebrities with being attractive, successful, and popular.
- Our ever-increasing celebrity culture and world of social media further fuel perceptions of a very unrealistic body image.
- Longing to achieve an unrealistic body image.
- Having parents or family members who worry obsessively about their own weight increases the risk of developing eating problems and eating disorders among children and young people.
- Feelings of not being good enough, whilst at the same time longing for popularity and being liked and admired.
- Carrying on with not eating after recovering from an illness.
- Hating their body (including after something has happened to them, such as bullying, or being harmed or abused).
- Starting a diet, but not being able to stop (when dieting becomes entrenched in their life). Starvation leads to biological changes, which may embed this pattern.
- Sometimes young people can't pinpoint an exact trigger or cause for their eating problems.

* New statutory guidance to schools from September 2020 indicates that issues relating to sex, sexuality and sexual health and gender identity should be taught in an age-appropriate and inclusive way. Sexual orientation and gender identity should be explored at a timely point and in a clear, sensitive, and respectful way. When teaching about these topics it should be recognised that young people may be discovering or understanding their sexual orientation or gender identity. It is helpful to hold in mind that children and young people who really struggle with issues of sexuality and gender identity are at greater risk of mental health problems, including eating disorders.

HOW EATING PROBLEMS DEVELOP AND ARE SUSTAINED CONT...

For many young people, eating problems develop as a way of coping with feelings that are very distressing and overwhelming, and where the young person can't call upon healthier alternative coping strategies. Most commonly they begin during adolescence, at a time when the body changes suddenly and often in scary ways, and over which the young person feels they have limited control. During this time there are also social pressures about being popular and being attractive, which are often interpreted as being slim and of a certain body shape.

How eating disorders develop

- Starting a diet through control of eating and being unable to give up especially when they receive weight loss compliments.
- Enjoying the sense of control that food restriction gives them.
- As they feel terrified of losing control or of gaining weight, the process of food restriction becomes deeply embedded.
- Feeling terrified of having to face very difficult emotions and social difficulties, so they think obsessively about food, weight loss, and weight restriction.
- Feeling that weight restriction helps them cope with difficult feelings associated with puberty and becoming an adult.
- Following an illness, which was accompanied by weight loss, they enjoy the sense of control from the weight loss and then carry on in unhealthy ways.
- Losing the capacity to reflect in realistic/healthy ways on food and their body – they may see their body as fat when it's not.
- Once eating problems become embedded, biological processes can make it difficult to change without expert help.
- Genetic/biological factors interact with psychosocial factors to make it more difficult to change and recover.

Understanding compulsive eating in young people

- They will use food to cope with stress, depression, low self-esteem and other hidden issues. They often learn their behaviours early in childhood, when they turn to food and find it comforting and soothing in the face of distress.
- Compulsive overeating is also common among young people who suffer emotional, physical and sexual harm/trauma.
- They will demonstrate their obsession by spending excessive amounts of time thinking about food and secretly planning or fantasizing about eating alone and eat when not hungry.
- They will have difficulty in controlling their eating and often feel overwhelmed with guilt, shame, and self- loathing about their behaviour. They may eat to manage stress or have triggers that cause them to over-eat. During over-eating episodes, some individuals report feeling numb or in a trance-like state.
- A consequence of over-eating is obesity, which can lead to numerous medical complications.

SPOTTING THE WARNING SIGNS OF EATING PROBLEMS

Emotional and behavioural

- Control of food becomes a primary concern; or the young person becomes out of control in relation to eating (compulsive eating).
- Obsession with food; excessive interest in food.
- Development of food rituals; loss of control over eating or eating alone due to shame and embarrassment.
- Social withdrawal; secretive eating patterns; hiding food.
- Frequent dieting and constant body checking.
- Extreme mood swings; low mood; low self-esteem.
- Wearing very baggy clothes.
- Moving about all the time even when sitting down.
- Eating with a teaspoon or using a small bowl for meals.
- Eating faster than usual, or eating when not hungry, or eating large amounts (without feeling hungry).

Physical

- Noticeable weight fluctuations.
- Weight loss (including rapid) or marked/sudden weight gain.
- Frequent gastro-intestinal complaints.
- Dizziness upon standing.
- Difficulty in concentrating or sleeping.
- Problems with dental, skin, hair, and nail health.
- Hair loss (clothes covered in hair).
- Unusually tired or cold (blue hands or always sitting near the heater in the classroom).

EATING DISORDER FACTS

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

2. An eating disorder is a health crisis that disrupts personal and family functioning. It is not helpful to blame families – they are usually the young person's (and professionals) best allies during treatment.

3. Eating disorders are not choices, but serious biologically influenced mental health disorders.

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

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

6. Genes and environment play key roles in the development of eating disorders. Genes alone do not predict who will develop eating disorders.

7. Early intervention is important in supporting young people as early as possible following the early warning signs of eating problems; this improves outcomes for young people.

8. Full recovery from eating disorders is possible.

PRACTICAL ADVICE AND GUIDANCE FOR PARENTS AND CARERS

(From BBC eating problems expert podcast)

Steps	Guidance
Talk about it	Don't feel pushed away, establish communication, but expect the problem to be concealed. Talk about it and leave the door open even if the young person doesn't want to talk. Unless there is some communication, the young person may be trapped in a world dominated by the eating disorder.
Face the anxiety	Take on the anxiety in the young person's mind. Let them know that they don't need to be frightened of food. They may need you to overcome the fear, rather than accommodate the fear. Name the fear and help them address the fear. Convey hope that fears about eating can be overcome.
Firm rules	Try to be firm but understanding. Don't get angry with the young person. Try to be firm in a compassionate way. Families can play a key role in providing caring, compassionate relationships and communication. You don't have to listen to the 'food rules', you can gently challenge them.
General advice	Don't wait for the young person to get better – they may not want to get better, but they may want to change. Remember that the problem does not get magically better on its own, you do need to do something about it.

RESPONDING TO EATING PROBLEMS IN SCHOOLS

It is very hard for young people to admit that they have an eating problem. In fact, most young people try to hide it, they conceal their difficulties, or mislead others about what they are eating.

This is especially true with bulimia nervosa because these young people often experience great feelings of shame. But once a young person is able to talk to someone about eating problems, there is a lot of help available. Talking with a trusted and emotionally available adult is an important first step and can help the young person believe they can cope with the problems.

> “SUPPORT IS AVAILABLE: IT IS SCARY ASKING FOR SUPPORT. I KNOW THAT. YOU DON’T WANT PEOPLE TO INTERFERE WHO MAKE YOU FAT. BUT THEY WON’T. THEY JUST WANT TO HELP.”

Things to remember

- Anyone can develop an eating problem, including young children (most commonly in young people aged 13-25 years). They affect people from all family backgrounds, religions, cultures, socio-demographic groups, and sexual orientation.
- They can affect both girls and boys, although girls experience eating problems in larger numbers. However, the numbers of boys with eating disorders is increasing.
- Young people usually keep their eating problem to themselves, and can be very secretive and deceptive about it. This means opening up to people and talking about it can be very difficult.
- Eating problems and the underlying emotional and psychological difficulties are likely to have developed over a long period of time. Talking about these difficulties and finding more healthy ways forward and developing new coping strategies will also take time. Be patient.
- Always remember eating problems and disorders are not just problems of weight and eating – they are also social, emotional, and psychological problems.
- You can’t tell a person who has an eating problem or disorder to simply start eating in more healthy ways – it’s not that easy! They develop over time and in the context of high levels of distress and anxiety, concerns about social relationships and growing up, and other underlying difficulties over a long period of time. Eating problems then become entrenched.

SUPPORTING EATING PROBLEMS IN SCHOOLS

- Allow children with special packed lunches to pick up lunch with other children so they don't stand out.
- Provide a non-stigmatising environment in relation to mental health and eating disorders.
- Ensure school-based staff have a good working knowledge of the early signs of eating problems and eating disorders.
- Notice changes in young people's behaviour, including sudden weight loss/weight gain and eating patterns, and talk with young people about their distress or worries.
- Be aware that eating disorders are mental health problems, not simply about constricted or chaotic eating and weight loss.
- Support the young person in relation to their emotional and social difficulties and help them get expert help and support.
- Make clear that there is a member of staff that young people can go to, to discuss their difficulties.
- See the young person behind the eating disorder and that some of the things you observe is not the young person, but the eating disorder driving the young person's behaviour.
- Young people need the support of family and school.
- Find helpful and supportive ways of talking to young person – show care and concern.
- Don't make it easy to skip meals in school.
- Make sure there is plenty of time to eat lunch at school, and that there are plenty of chairs provided for lunch.
- Ensure there is time to eat for those with lunchtime detention and lunchtime clubs.
- Remember most eating disorders do not get better on their own and changes in physical appearance are often just the tip of the iceberg.

> "SUPPORT THEM IN RELATION TO THEIR EMOTIONAL AND SOCIAL DIFFICULTIES AND HELP THEM TO GET EXPERT HELP AND SUPPORT."

DEALING WITH DISCLOSURES ABOUT EATING DISORDERS

- Listen to the pupil and seek to understand the situation from their point of view in a non-judgemental, respectful, and empathic way. Show that you take the young person's feelings seriously and that you seek to understand their experience.
- Learn about eating problems and disorders. Encourage all staff to attend training to support their understanding and capacity to respond to eating problems in appropriate ways.
- Remember that if someone tells you that they have an eating problem it could be a sign that they trust and share this very personal problem with you. Respond to this trust in a thoughtful and reflective way. Some young people just want to be heard and understood in compassionate ways. Help them access expert help if they haven't already done so.
- Be aware that supporting a young person with a marked eating problem may evoke feelings in you of anxiety, frustration, and helplessness. It is important not to convey these feelings to the young person. But staff need to take care of themselves and seek support when they need it (supporting young people may evoke strong feelings in relation to one's family or personal life). Staff should be aware of their own feelings and limitations and not offer more help than they can cope with giving. The school is a supportive environment for its staff and its students.

If your school has an on-site trained professional, for example a school nurse or counsellor, you may be able to put the pupil in touch with them as a first step to getting support. Advice and referral can also be gained from mental health support in your school – school nurse, the local BLOOM team, the educational psychology service or specialist CAMHS CEDS if concerns are high.
Seek guidance and advice from the early help hub (EHH).

"STAFF SHOULD BE AWARE OF THEIR OWN FEELINGS AND LIMITATIONS AND NOT OFFER MORE HELP THAN THEY CAN COPE WITH GIVING."

CONFIDENTIALITY AND INFORMATION SHARING

If there are concerns about an eating problem, it's important that children know about issues of confidentiality, and what to expect if they disclose a problem to a member of staff. Confidentiality may be of concern, and they need to know that staff will need to share information with the safeguarding lead and the team who support the emotional wellbeing and mental health of pupils. Issues of confidentiality will need to be explained to the young person.

It can be challenging to decide whether to break a young person's confidentiality and disclose the to their parents, or other important adults in their life. However, a young person who has an eating problem usually struggles to manage intense distress without adequate support. Very often, they can be helped to tell (or let you tell) their parents about what has been happening, and in this way engage the help and support of parents/carers where appropriate.

When this is not the case, there are no hard and fast rules, but ask yourself three questions.

- ☐ Will you put them at greater risk by telling their parents? If you are concerned about their safety you must discuss with your safeguarding lead.
- ☐ What is the their family situation? It's important to remember that if you do disclose, give the young person as much control as possible over the process. For example, do they want to tell their parents themselves or do they want to be present when you discuss with their parents? Ensure that you follow up with the young person after this conversation to check the impact and outcome of this conversation on the young person.
- ☐ Do you need to seek the advice from the multi-agency referral unit (MARU)?

TALKING ABOUT EATING DISORDERS

Every child or young person is an individual and his or her experience of an eating problem is unique and talking about them is not easy. The language, wording, choice of questions asked and the general approach to the conversation will need to be adjusted according to the age and understanding and capacity and special educational needs of the child or young person, and this may take place over several conversations. For example, an older student may prefer a more direct approach. The conversation prompts below can help.

Confidentiality	• "I appreciate that you may tell me this in confidence but it's important that I let you know that your safety will always be more important than confidentiality. If I am sufficiently worried that you may be feeling unsafe or at risk of eating problems and difficulties linked to these, part of my job is to let other people who can help you, know what's going on. I will always have that discussion with you before and let you know what the options are so that we can make these decisions together."
Starting the conversation/ establishing rapport	• "Let's see how we can work this out together. I may not have the skills to give you the help you need, but we can find that help for you together if you would like." • Use active listening – for example: "Can I just check with you that I have understood that correctly?"
Reasons for eating problem	• "I wonder if anything specific has happened to make you feel like this or whether there are several things that are going on at the moment? Can you tell me a little more?"
Coping strategies and support	• "Is there anything that you find helpful at the moment – perhaps listening to music, playing on your phone, texting a friend, spending time with your family, reading or going for a walk?" • "I can see that things feel very difficult for you at the moment and I'm glad that you have felt able to talk to me. Is there anyone else that you have found helpful to talk to before or is there anyone that you think maybe good to talk to? How would you feel about letting them know what's going on for you at the moment?" • "How could we make things easier for you at school?" • "What feels like it is causing you the most stress at the moment?" • "What do you think would be most helpful?"
Speaking to parents (where appropriate)	• "I understand it feels really hard to think about telling your parents, but I'm really concerned about your safety, and this is important. Would it help if we did this together? Do you have any thoughts about what could make it easier to talk to them?"
Ongoing support	• "Why don't we write down a plan that we have agreed together, then you will always have a copy that you can look at if you need to remind yourself about anything. Sometimes when you are feeling low it is difficult to remember the things that you have put in place – this can help remind you". • "Shall we fill in together the health and wellbeing map[6] , which includes our agreed Safety Plan, and things that help you to cope? This will be a good reminder of our agreed plan to help and support you".

WHAT IS AND ISN'T HELPFUL

What is helpful

- Support children and young people as early as you can (it is not useful to feel you have to get worse before you can get help).
- Make sure that there are supportive, trusted and emotionally available staff in school, and that children and staff know who they can go to.
- If you are the designated member of staff, don't be afraid to take the first step and talk with the young person and the family (let the young person know). Be brave in talking with young people when you notice warning signs and you are concerned. In the words of a young person working with Young People Cornwall: "Please notice me and talk to me if you think I am struggling".
- Treat the young person with respect and adopt a non-judgemental approach to the young person.
- It is important to remember that an eating disorder is a mental health as well as a physical problem.
- Talk about balanced eating rather than talking about foods that need to be excluded.
- Support the young person to have a support and safety plan in place at school and share with relevant staff.
- Remember that an eating disorder is often a very secret problem, and young people can be very secretive in relation to their eating difficulties.
- See the young person, and their struggles, behind the eating disorder.
- Recognise that support groups for parents are very helpful - the Cornwall Eating Disorders Service provide these.
- Recognise that if you think a child has an eating problem, they probably do.
- Provide a non-stigmatising environment in schools in relation to mental health and eating disorders.
- Make sure that school staff have a good understanding of eating problems and disorders.
- Make sure there is a safe and comfortable place to go to in school when young person is feeling distressed. Make sure there is a member of staff the young person can talk to.

"PLEASE NOTICE ME AND TALK TO ME IF YOU THINK I'M STRUGGLING."

WHAT IS AND ISN'T HELPFUL

What isn't helpful

- Don't expect a young person to get to a healthy weight without supporting them to get help first with their mental health. The physical consequences are generally a sign their eating disorder is getting out of control. Young people need help, and this may be an opportunity to access help and turn things around and address their very real emotional and psychological difficulties.
- Simply asking someone to eat or abandon his or her eating disorder is unhelpful. It is as though you are asking them to let go of their safety net and fall into dangerous terrain.
- Giving up an eating disorder takes time and support and the development of very different coping strategies (and often the expert support of a specialist service, like the local CEDS).
- Don't talk constantly about food and losing weight.
- Don't discuss in schools (e.g. sports and food staff) BMI and weight loss, without mental health training, and understanding the mental health components of these.
- Don't comment upon appearance (even saying 'you look better'); this may cause concern. It is okay to comment upon distress.
- Don't comment upon on young person's weight, it is usually unhelpful.
- Don't make the thinking of young people with eating problems seem irrational. The fears underlying eating disorders are very real to the young person, even if they appear irrational to others.
- Don't focus upon calorie counting in school's food and other lessons, unless informed by mental health knowledge.
- Don't demonise certain foods, such as those with high calorie, fatty and sugary content.
- Don't assume it is the parents' fault and judge them; they are usually a vital part of support and recovery.
- Don't treat children, who are recovering from eating problems as if they are better, and all is well. Just because someone starts eating it doesn't mean they are well immediately. Eating disorders are emotional and psychological disorders and these issues take a long time to address.
- Don't make it easy for young people to skip a meal at school. Make sure there is enough time to eat lunch in a comfortable setting.

> "DON'T TALK CONSTANTLY ABOUT FOOD AND LOSING WEIGHT."

AVOIDANT RESTRICTIVE FOOD INTAKE DISORDER (ARFID)

ARFID is a feeding and eating disorder where children and young people have severe selective eating difficulties. They may experience food in a different way, which causes them fear and anxiety. Others may fail to recognise signs that they are hungry or have limited interest in food and eating. Those that are anxious about eating try to manage this by only eating foods that feel safe. ARFID is characterised by a persistent, restrictive food intake, typically because of one, two, or three of the following characteristics:

Lack of interest in eating	Sensory sensitivity to food (e.g. texture, colour, taste, smell)	Fear of the adverse consequences of eating
• Often a longstanding pattern of low appetite, interest, pleasure or taking the time to eat. Often starts early in life and is more common among neurodiverse children or those with neuromuscular conditions (e.g., cerebral palsy). • Children with low interest in food may not experience or recognise hunger and may talk about always feeling full. Children with low interest in food may describe eating and mealtimes as feeling like a chore. They prefer to do other things rather eating.	• This refers to a group of CYP who experience high sensory sensitivity to food taste, smell, texture, and colour. These children often prefer bland food, beige food (such as pasta, bread, chips), which are often high in carbohydrates. • Children who are more sensitive to smell, taste, and colour of food are more likely to notice when foods are slightly different to what they are expecting, and this can cause anxiety. To manage their anxiety, they prefer to stick to familiar and predictable tastes and textures. • These sensory sensitivities are often longstanding and are also associated with neurodiverse children and those with a history of developmental difficulties (including, for example, sensory sensitivities following distressing reflux experiences) or attachment difficulties.	• This group fear the aversive consequences of eating. The duration of these eating problems is usually shorter than lack of interest or food sensitivity. The fear of adverse consequences of eating typically occurs after a specific aversive event relating to eating, e.g. choking, an allergic reaction to a food, being sick, or a swallowing problem. This experience leads to avoidance and extreme fear of eating. This group of CYP are highly anxious about some foods and eating. • They may worry about choking, vomiting, or pain or discomfort when they eat. This can lead to the experience of high levels of anxiety in relation to eating and mealtimes and can lead to the avoidance of many foods.

THE DEFINING FEATURES OF ARFID INCLUDE:

1. Eating or feeding disturbance associated with persistent failure to meet nutritional and or energy needs, accompanied by nutritional deficiency (e.g. lacking in essential vitamins and minerals), possible weight loss (although may also include weight gain, or remain in normal weight range), poor growth or not growing as expected, and psychosocial difficulties.
2. Eating or feeding disturbance, which is not explained by lack of food availability or cultural practices.
3. The CYP is not concerned about weight gain, body image or body shape (unlike anorexia and bulimia).
4. Does not occur in the context of another eating disorder or not better explained by other medical conditions (such as side effects). (It is important to note that there is some local evidence that restrictive eating may coexist with other eating disorders).
5. It is not simply '*fussy eating*'.

It is important to remember that there are other reasons the CYP restrict their eating that are not related to ARFID. For example:

- Temporary changes in eating, due to illness, mood changes or stressful life events.
- Eating less because of concerns about body shape or weight.
- Eating less because of long term medical condition or psychological condition that interferes with ability to eat.
- Eating less because of cultural or religious practices.
- Eating less because there is not enough food available, or because there is a very limited range of food on offer.
- Eating is experienced as comforting in the context of distress, loneliness, or feelings of emotional emptiness. They find it difficult to draw upon more emotional and relational ways of coping.

How is ARFID different from fussy/picky eating? Many toddlers and young children go through a stage when they may reject new or unfamiliar food (sometimes referred to as neophobia). Neophobia (fear of trying new things) is a normal developmental phase, which most children outgrow; they learn to try new foods by watching others with foods that are safe to eat and then they begin to enjoy trying new foods. CYP with ARFID get stuck at this stage and their difficulties compromise their ability and willingness to try new foods, which markedly interferes with everyday functioning and family life.

WHAT ARFID MAY LOOK LIKE

The CYP may show some of the following characteristics:

- Eating a very restrictive range of foods (e.g. may only eat specific brands of food).
- Some children may restrict themselves to the extent of only taking fluids (such as milk). They may insist on only taking foods or fluids from particular bottles, or specific packaging (such as baby food pouches), or using only familiar cutlery.
- Food must look 'right', which may include the right texture, temperature, smell, and taste to be accepted. Some children like food to be 'perfect' – e.g. no broken biscuits.
- Food may be chosen based on how they feel in the mouth, such as only dry crunchy food and or soft food that melts in the mouth (such as fromage frais, yoghurt, or chocolate).
- Rarely appearing to be hungry or asking for food.
- Avoiding/refusing to sit down for meals or needing distraction (e.g. TV or access to computer) to eat.
- Turning away from food.
- Anxiety or disgust when presented with what is feared as 'non safe' food.
- Gagging or vomiting at the sight, smell, taste of food.
- Eating very small amounts of food.
- Spitting out food.
- Crying/screaming/shouting at mealtimes.
- High anxiety about new or unfamiliar foods.
- Difficulty in eating in a range of settings (e.g., may only eat at home, one restaurant, will not eat at school/on holiday/ other people's homes).
- Negotiating or using distracting techniques to avoid eating.

ARFID IS MORE COMMON AMONG CYP WITH THE FOLLOWING:

- Neurodiversity (e.g. Autistic Spectrum conditions, ADHD, Learning Difficulties).
- Attachment disorders; developmental trauma; trauma following medical treatments or conditions (such as, dental extraction or NG feeding).
- Anxiety disorders (including OCD among other anxiety conditions).
- Neuromuscular disorders (e.g. cerebral palsy).

ARFID can present in different ways in different people. It might look like having a small list of 'safe foods' that are similar in their characteristics (colour, taste, smell), difficulty in accepting foods from different brands, a low interest in food, or a very strong emotional and/or physical response when presented with new foods.

Recognising CYP with ARFID: Signs to look out for:

- Extreme food selectivity from a very short list of acceptable foods.
- Eating foods with similar characteristics (e.g. texture or colour) or avoidance/aversion of all foods based on sensory characteristics.
- Food and eating limitations negatively impact upon social relationships, activities and functioning at school.
- Low or very limited interest in food or eating (or drinking).

What problems do we observe in CYP with ARFID:

- Ongoing problems with not growing as expected, possible weight loss, or obesity.
- Nutritional deficiencies (confirmed by blood test, e.g. iron deficiency anaemia, vitamin D deficiency).
- Significant growth concerns that could result in continued weight loss or weight gain.
- Dependence on nutritional supplements, such as prescribed nutritional drinks.
- Significant impact of eating difficulties on day-to-day functioning (e.g. not eating or drinking all day at school, unable to eat at the homes of friends or family members).
- The difficulties for some children may be so severe that they may need tube feeding (either NG or PEG).
- May have a big impact on day-to-day quality of life and wellbeing. The CYP may struggle to attend school or may avoid social events and activities with friends and family.

WHAT CAUSES ARFID?

There are many different causes of ARFID and may depend on which of the characteristics are most salient – lack of interest in food; sensory sensitivity to food; or fear of the aversive consequences of food or eating. Complex eating and feeding problems generally involve a combination of factors. ARFID is more common among children with autistic spectrum conditions (although not all children on the autistic spectrum will have ARFID). Fear of the aversive consequences of food or eating is often triggered by a traumatic experience associated with eating (such as choking or vomiting). Some factors are associated with increased likelihood of ARFID, including the following factors:

- Premature birth.
- Complex medical problems in early life, requiring invasive procedures, such as, suctioning, ventilation, frequent blood tests, surgery or being fed by nasogastric tube.
- Vomiting or reflux in infancy.
- Food allergies.
- Developmental difficulties (e.g. delayed speech and language development; rigid thinking styles; difficulties in playing and interacting with others; social fears).

PARENTAL/CARER ADVICE FOR SUPPORTING CYP WITH ARFID

(Taken from the ARFID Guidance provided by the Evelina Service, Guys and St Thomas Trust)

Do's	Don'ts
Try to reduce anxiety at mealtimes by allowing your child to have their preferred foods (add vitamins and mineral supplements to child's diet if needed and where possible).	Don't let CYP go a long time without eating or drinking. CYP with ARFID often don't appear to notice hunger and won't spontaneously eat. This means they are at risk of dehydration or becoming ill if we do not offer them their preferred food.
Think about dividing responsibility at mealtimes. Your responsibility is to decide the when, where and what at mealtimes (timing, location, food offered). Your child's responsibility is to decide whether they eat and how much. Make sure there is a choice of 2 safe foods to allow the CYP to have sense of control over what they eat.	Try not to worry about 'healthy' eating. CYP with ARFID are rarely at risk of obesity; they may benefit from high calorie foods or snacks, particularly at school where many of them do not eat well.
Gradually desensitise CYP to the look, feel, smell and taste of new foods. For younger children this can be done with messy play. For older children, it can help to be around other people eating the food, or to help prepare the food but without any pressure to eat it.	Avoid over-encouragement to try something new. This is a form of pressure and can lead to further anxiety and food refusal.
Try to gradually expand CYP categories of accepted foods. Begin with introducing foods that are very similar to foods they already eat, e.g. a new brand or flavour of a preferred food (sometimes referred to as food chaining).	Don't mix or hide new or unfamiliar food with familiar and accepted foods. Children with hypersensitivity will spot even tiny changes and reject the food. You also run the risk of 'contaminating' it for the future.

ADVICE AND GUIDANCE FOR FAMILIES:

- Understand that your child's eating pattern is not your fault but is because of their selective eating. Try not to blame yourself.
- Allow your child's preferred foods; this maintains weight, growth, health, and nutrition. Offer 2 fixed choices to avoid overwhelming feelings. Do not withhold preferred foods because if their anxiety is very strong, they will just not eat anything.
- Try to avoid using bribes or rewards in relation to eating. This is unlikely to help the child feel relaxed and may heighten feelings of anxiety.
- Try and keep the atmosphere at mealtimes calm and supportive. Reflect upon what your child needs to feel safe and happy in their environment.
- Explain to other family members your child's selective eating and what they can do to support you and your child. This may include advising family members what not to do.
- Explain your child's restrictive eating patterns to your child's school. Ask the school-based staff to support the strategies you are using at home and to communicate with you about what your child is eating (and how) in school.
- Where possible, promote regular mealtimes for breakfast, morning snack, lunch, afternoon snack, evening meal and evening snack. This helps your child learn when to feel hungry.
- Where possible sit at the table together for mealtimes. Try to make these moments relaxed and fun, with as little pressure as possible.
- Consider distraction at mealtimes to help the child focus less on look, smell, and taste of food (this may mean relaxing the rules about watching TV, reading a book or listening to music at mealtimes).
- Try not to pressurise children to eat, because this is likely to make the child more anxious and feel more stressed about eating.
- Tune in and acknowledge your child's feelings. Validation of your child's emotions helps your child feel understood and supported. For example, "I understand that trying this new food is difficult for you, and you are feeling scared to try it, and really don't want to. I am here with you to support you – let's have a go?" Validation is not the same thing as praise or encouragement, rather it is acknowledgement and recognition of what the child is feeling and that the feelings are understood.
- Seek professional advice and guidance to support your child's restrictive eating patterns (from GP or other local services).

INTRODUCING NEW FOODS TO YOUR CHILD:

Much advice and guidance is provided to parents and families to support the gradual introduction of new foods to children who have a restricted diet. For example, Evelina ARFID Guidance (www.evelinalondon.nhs.uk); and the extensive advice and guidance provided by the Paediatric ARFID Service from the Aneurin Bevan Centre in Wales (www.abuhb.nhs.wales).

The Aneurin Bevan Centre provides very helpful videos to support parents and families, including support on slowly introducing new and similar foods to increase variety to eating (which is sometimes referred to as 'chaining'). It increases the number and types of food your child eats by finding out what it is about their safe foods that they like (taste, smell, colour), and increasing other foods with similar characteristics.

The goal is to create chains between safe food that they already eat and new foods with similar characteristics, which would support health and nutrition. Chaining is always done with the child's knowledge and consent. This is important because it promotes trust, and helps the child know what to expect. Food chaining needs to be done slowly and safely, and when possible, with the advice and guidance of healthcare professionals.

ADVICE TO SCHOOLS FOR SUPPORTING CYP WITH ARFID

Schools are often a good place to support CYP's eating based upon several factors. They may: provide a routine; establish regular meal times; provide some opportunities to explore new foods and meals; provide education and support about ARFID.

Packed lunches	Many children will eat a set of safe foods at school as part of packed lunch. The safe foods rarely meet healthy mealtime guidelines as they are often carbohydrate based, may contain sugar, and rarely include vegetables. Exceptions may be required for children with ARFID as denying them access to their safe foods may mean that they eat (and drink) nothing all day.
School lunches	Some children may be able to eat one school meal per week, often on Fridays, when food such as chips or pizza are available. If typical school practice is for children to have a little bit of everything on their plate, this should not be enforced with children who have ARFID. Children may not even eat their preferred food if they are on the same plate as avoided foods.
Avoid offering new foods directly	Offering new foods simply provides the child with further practice of refusal or may cause very high anxiety. Instead, schools can make new foods available, but without asking the child to try them.
Work alongside family	It is important that schools work alongside the family and services supporting the CYP in relation to ARFID and follow their advice and guidance.
The setting	Ensuring that students have a comfortable environment during mealtimes can have a significant impact on their ability to cope with and complete meals/snacks. Consider noise levels, smells, and the presence of other children. Providing a friend or trusted adult to sit near child can help support the CYP with ARFID. Make sure that there is enough time to comfortably eat lunch.
Anxiety management	We know that anxiety plays a significant role in maintaining ARFID. Anxiety can impact on eating by reducing appetite, increasing a sense of threat and heightening sensitivity. Schools can provide resources to support general anxiety education and management. Schools can provide more specialist interventions provided by the wellbeing teams, counsellors, or MH teams.

PROMOTING BALANCED EATING IN SCHOOLS

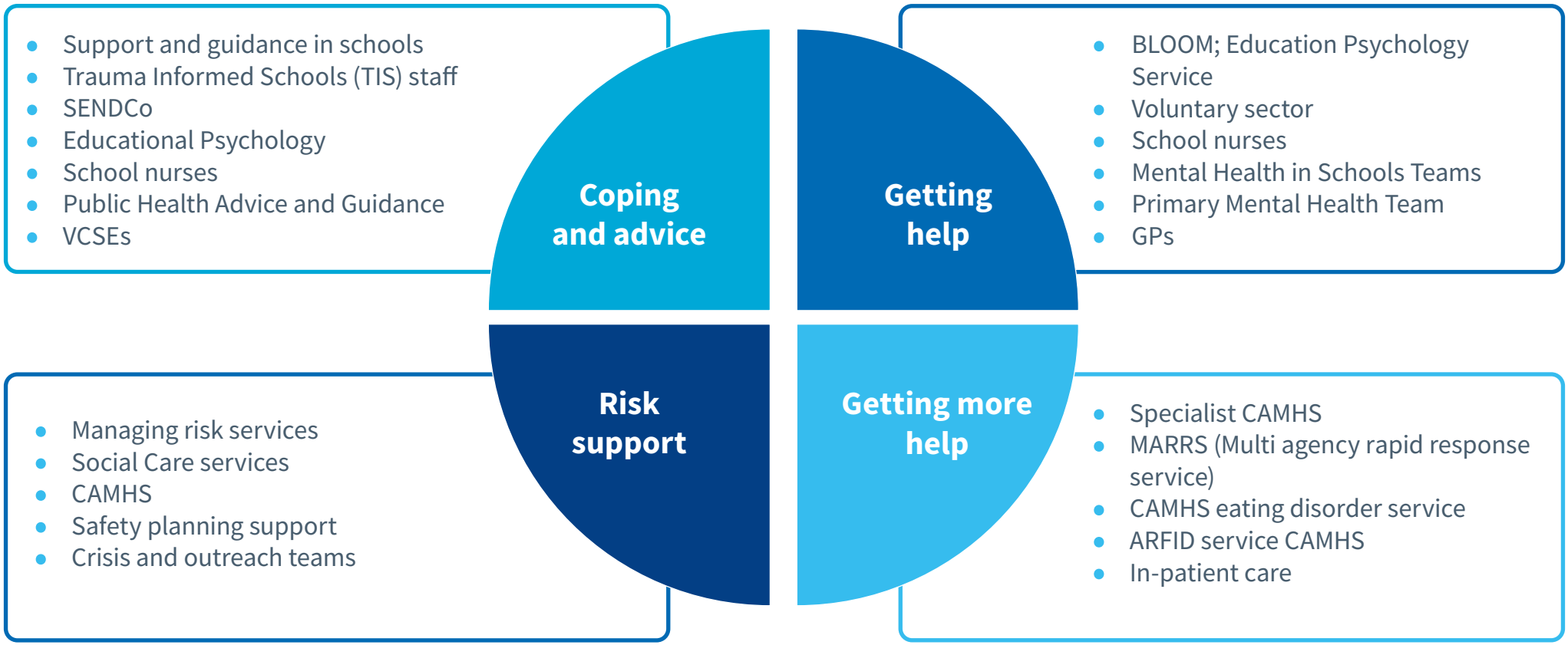
The advice below includes information from Public Health England and Young People Cornwall.

- Ensure children are able to eat their lunch at a reasonable time. Some children complained that they are not able to eat at school until 1.30pm.
- Ensure that there is plenty of seating to eat lunch, and when the weather is good enough, provide outside seating. Some children miss lunch if they can't find anywhere to sit for lunch.
- Make sure that there is plenty of choice of food throughout the whole lunch period – some young people said that if they are at the back of the lunch queues, or a little late for lunch, the food that they like is already gone.
- Make sure there is plenty of time for lunch. Sometimes the queues for lunch are so big that by the time they get to the front of the queue, the end of lunch bell sounds. Young people have also reported that if they attend a lunchtime club or detention, there may be no time to have lunch.
- Make sure that there is somewhere to eat for young people who do not like eating with or in front of others.
- Make sure there are high levels of food hygiene – some young people have reported that lack of food hygiene leads them to not eat the food available.
- Make sure children with packed lunches are able to sit with other children. In some schools, children with packed lunches are not able to sit and eat with children having school lunch. If they cannot eat with their friends, they may not eat at all.

PROFESSIONAL SUPPORT FOR EATING PROBLEMS AND DISORDERS

I-thrive framework pathways of support and treatment

The I-Thrive framework supports mental health pathways across all levels of care and treatment for CYP. Within this framework there are different levels of support for children with eating problems and eating disorders. This includes getting advice; Public Health Guidance; Educational Psychology; Early Help Hub; Bloom networks of support; Headstart/TIS; voluntary sector services; primary mental health team; MSHTs; Specialist CAMHS; social care; and inpatient eating disorder services. The Bloom network of consultation and support provides advice and guidance for schools and signposts to supportive therapeutic interventions.



PROFESSIONAL SUPPORT FOR EATING PROBLEMS AND DISORDERS

Schools may refer children and young people with eating problems to a range of agencies of care, support and treatment. The main route for all referrals is via the early help hub unless there are safeguarding concerns, and then the multi-agency referral unit (MARU) is the first point of help.

There are a number of early help mental health agencies that support children and young people with mild-to-moderate eating problems, including the primary mental health service, voluntary sector services such as Young People Cornwall, and discussions about what is available take place in the local BLOOM meetings - check the schedule of local meetings with the early health hub. When there are concerns in relation to a developing eating disorder, the school should suggest that the child/young person and family see their GP and request a referral to the CAMHS eating disorder service (CEDS). Specialist treatment for eating disorders is very important and has good outcomes for young people and their families.

Why is specialist treatment so important?
If the school has concerns that a young person has an eating disorder, the school should recommend that they visit their GP to consider referral to the CEDS. For any other serious nutrition concerns, which do not appear to be easily recognisable as an eating disorder, it is also likely to be helpful to recommend assessment by a GP. The GP may be able to support the family and child or refer to paediatricians or dieticians for specialist advice. Getting expert help for eating disorders greatly increases good outcomes for children – it is important to remember that eating disorders rarely get better without specialist help.

COMMUNITY EATING DISORDER SERVICE, (CEDS)

In recent years, the Cornwall CAMHS has greatly improved the eating disorder pathway. There has been a very good success rate with young people conquering their eating disorders when the young person and the family work together with the team of health professionals, including nurses, doctors, psychologists, dietitians and therapists. The team constantly works to deliver a fully equitable service across the county as they continue to develop the service.

Eating disorders have a huge impact on both the families and the young people who are affected by them. The aim of family therapy interventions is to help the young person, with the support of the family, to return to health, to regain a normal relationship with food and reverse the physical and psychological effects of an eating disorder. The CEDS do this by supporting the family to help a young person eat again in graduated steps safely, to reduce unhelpful eating disorder behaviours, and regain and maintain healthy eating.

Family therapy will help to support all family members towards recovery. Parents and carers are crucial in this work, so the service makes sure that they are aware of the physical dangers of the illness and supports them as habits are challenged. Where appropriate other evidenced-based therapies will be used to help the young person recover. This includes group work and individual work. The Cornwall CEDS will monitor and care for both a young person's physical and emotional health during recovery. Once the young person is eating more regular meals and weight is gradually getting back to normal, the service can help to address any problems that may have been present prior to the eating disorder developing. The service will then start to look more at ways to maintain positive changes and how to access future support as required.

ROLES AND RESPONSIBILITIES WITHIN SCHOOLS

Chief executive officer **Head teacher** **Head of school**	• Play a central role in developing positive mental health strategies in schools. They should recognise the need to develop whole school awareness of mental health and emotional health issues, including eating problems and disorders and be supported to do so. • Make sure that policies and procedures in relation to lunch and break times are informed by Public Health England advice on balanced eating; and support young people to eat lunch in healthy ways (enough time to eat; plenty of seating to eat; lunchtime detentions or lunchtime clubs still allow enough time for balanced eating). • Ensure eating problems training is a priority for staff alongside mandatory training. Support for training is crucial to enable staff to feel confident in supporting young people in effective, non-judgemental and respectful ways. • Ensure staff, parents and pupils are aware of their roles and responsibilities when implementing the safeguarding policy across the school. • Appoint one or more designated members of staff to be responsible for supporting eating problems. Depending upon your own setting, this could be a teacher, a member of support staff or the school nurse. • Ensure that all designated staff receive full and appropriate training regarding eating problems, and are fully confident with the procedures to follow. • Provide practical and emotional support for key staff dealing with eating problems. • Ensure that good procedures are in place for record keeping, audit and evaluation of all activities in relation to eating problems in the school.
Trust board **Governing Body**	• Provide pupils with open access to information about eating problems and details of who to go to for help and support. Decide, in collaboration with the school's senior leadership team, how awareness and understanding of balanced eating and eating problems should be promoted. This includes eating problems and balanced eating being covered in the school PSHE curriculum. • Consider issues of parental consent. • Review special permissions for pupils who experience eating problems, for example permission to wear baggy clothes in PE; interventions that support balanced eating during lunch period, which are non stigmatizing. • Encourage pupils to go to a key worker at times of emotional distress.

ROLES AND RESPONSIBILITIES WITHIN SCHOOLS

Designated key staff member(s)	• Make it known to pupils that you are available to listen to them. • Remain calm, respectful, sensitive and non-judgemental at times of student distress. • Do not adopt a dismissive or belittling attitude in relation to the reasons for a student's distress. • Encourage pupils to be open with you and assure them that they can get the help they need. • Endeavour to enable pupils to feel in control by asking what they'd like to happen and what help they need. • Do not make promises you can't keep, especially regarding issues of confidentiality. • Discuss and promote healthy coping mechanisms and suggest ways in which pupils can be empowered to make positive changes in their lives. • Provide and encourage access to external help and support where possible. • Monitor the reactions of other pupils, who know about the eating problem. • Avoid simply telling a pupil to eat more healthily – you may be removing the only coping mechanism they have. • Discuss an incident or disclosure of eating problem with a designated member of staff as soon as you become aware of the problem and inform the pupil that you are doing this.
Designated key staff member(s)	• Implement the safeguarding policy, communicate with each other and report back to the head teacher at each stage of the process. Maintain up-to-date records of pupils experiencing eating problems, incidents and all other concerns surrounding the issue. • Communicate with the head teacher and key staff on a regular basis and keep them informed of incidents and developments. • Monitor the help, support and progress of the students in your care and maintain communication with them. • Be fully confident in the understanding of eating problems and seek additional information and/or training if necessary. You may need to reflect upon and update your practice for those with eating problems. Contact other organisations and key services in your area and find out what help and support is available for eating problems. • Liaise with the head teacher and pupil to decide if other members of staff should be made aware of the eating problems and underlying concerns. Whenever possible adhere to the principle of 'need to know'. • Inform the pupil's parents if appropriate and liaise with them as to how best manage the situation. • Be aware of when it is essential for other professional bodies to be informed such as social services, school nurse, educational psychologists, school linked mental health workers, GP, primary mental health team and CAMHS.

ROLES AND RESPONSIBILITIES WITHIN SCHOOLS

Pupils	• Access to leaflets and guidance about eating problems and disorders, including guidance for young people, which clearly sets out their rights and what they should expect when they disclose self-harm to professional staff. • When talking to family, teachers or friends about eating problems and disorders, focus on the emotional reasons behind distress and not just on the eating disorder itself. • Never encourage anyone to diet, or restrict his or her food intake. • When under emotional distress or feeling the urge to binge, not eat, be sick at school, talk to a teacher or staff member as soon as possible. • Discuss additional support the young person needs while going through emotional distress. • Be aware that teachers and designated staff are there to help. The more pupils talk to them, the better able they will be to give the support and help needed. As with all cases where safety is at risk, and a teacher is concerned in a serious way about safety or wellbeing, he/she may have to break confidentiality for the pupil's own safety. • If a pupil is worried that a friend may have an eating disorder, they should talk to a teacher for support and guidance.
Parents	• Find out about eating problems and disorders and discuss the subject with their child (parental advice is provided in appendix two). • If their child has an eating problem or disorder, parents should work closely with the school and take an active role in deciding the best course of action. • Keep the school informed of any incidents outside of school that they feel the school should know about. • Take care of themselves and seek emotional support they need in dealing with a child's eating problem or disorder.

REFERENCES AND USEFUL INFORMATION

Anorexia Family
www.anorexiafamily.com
Practical information and advice for families whose children have an eating disorder.

B-eat
www.B-eat.co.uk
UK's leading charity supporting anyone affected by eating disorders, anorexia and bulimia. Call 0800 801 0677.

Beat
www.beateatingdisorders.org.uk
The UK's Eating Disorder charity, who aim to be a champion, a guide and a friend to anyone affected by eating disorders.

Childline
www.Childline.org.uk
The UK's free helpline for children and young people. It is a confidential service and provides telephone counselling for any child with a problem. Call 0800 1111 Monday-Friday 9.30am to 9.30pm. Textphone: 0800 400 222

Eating Disorder Service – Aneurin Bevan University Health Board
www.abuhb.nhs.wales

Paediatric ARFID Service -Aneurin Bevan University Health Board
www.abuhb.nhs.wales
Practical information and advice for families whose children have ARFID.

Feed your instinct
www.feedyourinstinct.com.au
A toolkit to help parents/carers, who are concerned that their child may be developing an unhealthy relationship with food, weight, or their body.

I-Thrive Framework www.implementingthrive.org
Thrive Elaborated (Second Edition) 2016 WOLPERT ET AL.

National Centre for Eating Disorders
www.eating-disorders.org.uk
A confidential counselling service that runs counselling and workshops for people with eating disorders. Call 0845 838 2040.

Scoff questionnaire
Assessment of a new screening tool for eating disorders.
Morgan, J. F., Reid, F., & Lacey, J. H. (1999). British Medicine Journal, 319, 1467–146.

Turning the Tide - Cornwall local transformation plan
cios.icb.nhs.uk

Young Minds
www.youngminds.org.uk

Anna Freud Centre
www.annafreud.org

ARFID: REFERENCES AND USEFUL INFORMATION

Evelina London ARFID Resources:

www.evelinalondon.nhs.uk

Practical information and advice for families whose children have ARFID

Paediatric ARFID Service – Aneurin Bevan University Health Board

www.abuhb.nhs.wales

Practical information and advice for families whose children have ARFID.

The Neurodiversity Hub in Cornwall:

www.supportincornwall.org.uk

Practical information and advice for families whose children have ARFID.

ARFID Awareness UK:

www.arfidawarenessuk.org

Practical information and advice for families whose children have ARFID.

Jo Cormack: Helping children Develop a Positive Relationship with Food

Rachel Bryant-Waugh: ARFID: Avoidant Restrictive Food Intake Disorder – A guide for parents and carers

Gillian Harris and Elizabeth Shea: Food refusal and Avoidant Eating in Children: A Practical guide for parents and professionals

Advice and Guidance from the Cornwall ARFID service

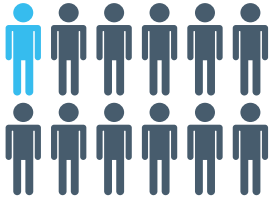
APPENDIX ONE: INFORMATION SHEET FOR YOUNG PEOPLE

What are eating problems and disorders?

Eating problems and disorders can take a number of different forms, including anorexia, bulimia and compulsive eating. An eating problem is when eating habits become unhealthy, such as eating too much or too little or chaotic eating patterns. They can start as a result of trauma or another mental health condition, as well as wishing to achieve an unrealistic body image. They can also start without any obvious problem or trigger. Teenagers often face some anxiety when their body changes as part of puberty; that is normal and usually passes with time. Many young people try dieting for the first time in their teens, but when these habits become unhealthy, putting physical and mental health at risk, then it becomes a problem. Eating problems are not just about food – they are also about the feelings and emotions that underlie anxieties about food and body changes.

How can you cope with eating problems?

The most important and difficult step is talking to friends, family and school staff to get help, support and understand you. There are also helplines and websites. It's important to recognise that worries and distress underlie eating problems and these need to be understood and addressed and it's best to get help in sorting these worries out. If it's hard to talk, try writing things down that bother you to start with. Doing things that help you relax and feel better in the face of worries is also helpful such as listening to music, going for a walk, playing with pets, talking with trusted friends, doing the things you enjoy, watching your favourite film, playing your favourite video game.



1 in 12 teenagers
suffer from eating problems.
Around **25%** of them are male.

How many young people have eating problems?

Approximately 1 in 12 teenagers in the UK suffer from eating problems. Historically, eating disorders have affected far more girls than boys, however, it is a growing problem for young men, and around 25 percent of those with eating problems are now male. Men develop full range of eating disorders, including anorexia, although men with eating disorders may have different signs and symptoms than females (these may include: preoccupation with weightlifting or body building; stress associated with missing a workout or exercise; working out when injured; weakness; decreased interest in sex).

> "THE MOST IMPORTANT AND DIFFICULT STEP IS TALKING TO FRIENDS, FAMILY AND SCHOOL STAFF TO GET HELP, SUPPORT AND UNDERSTAND YOU."

APPENDIX ONE: INFORMATION SHEET FOR YOUNG PEOPLE

Why do young people have eating problems?

For many children eating problems are ways of gaining some control, when facing distress and worries as young people grow and their bodies change. Young people also face challenges in their social lives and peer relationships – especially with the growing importance of social media, and the pressures of these. For example, social media often presents very unrealistic images of how the body can be, for example, models. There are also pressures on young people to feel popular and admired, and sometimes this is confused with having particular body shape or size. Finding ways of controlling body weight sometimes gives the young person a sense of some control in their life. Sometimes, too, in the face of distress and worries, children and young people seek comfort, and this is sometimes found in eating.

Young people find that eating – even when not hungry – provides some sense of comfort. In these ways, young people can develop unhealthy relationships to food. It is always important to remember that the underlying challenges and worries are emotional, social, and psychological, not just related to food and eating.

> "EATING PROBLEMS ARE WAYS OF GAINING SOME CONTROL, WHEN FACING DISTRESS AND WORRIES."

Getting help

It's important to find ways of getting help - the earlier you seek help the better. Early help stops problems getting worse and stuck. There are many people that can help such as parents or family member, a school counsellor or nurse, a trusted teacher or a teaching assistant. You can talk to your GP about your difficulties and he/she will know how to support you and make a referral to services that help. There are also lots of helpful websites:

- B-eat www.B-eat.co.uk the UK's leading charity supporting anyone affected by eating disorders, anorexia and bulimia. Call 0800 801 0677.
- Beat www.beateatingdisorders.org.uk The UK's Eating Disorder charity, who aim to be a champion, a guide, and a friend to anyone affected by eating disorders.
- Childline www.Childline.org.uk The UK's free helpline for children and young people. It is a confidential service and provides telephone counselling for any child with a problem. Call 0800 1111 Monday-Friday 9.30am to 9.30pm. Textphone: 0800 400 222
- National Centre for Eating Disorders www.eating-disorders.org.uk A confidential counselling service that runs counselling and workshops for people with eating disorders. Call 0845 838 2040. Helpline: 0845 838 2040.
- Young Minds www.youngminds.co.uk

APPENDIX TWO: PARENTAL ADVICE AND GUIDANCE

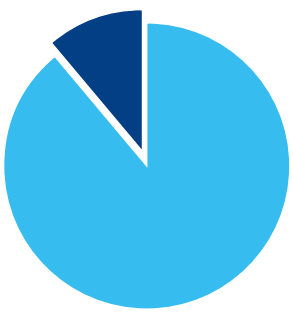
Children's attitudes to eating are affected by a range of factors including attitudes and behaviours of parent and peers towards food, nutrition, body image, trauma, stress, and bullying. Appetites may change at different ages and this is normal; some eat a lot or anything, others are more particular. Younger children often refuse to eat certain foods and teenagers may go through food fads. Most of us have tried out different eating habits or diets at some time in our lives whether it's to lose or put on weight or improve our health and this isn't necessarily a cause for concern.

Problems can start to emerge when a child or young person feels under pressure. They may lose their appetite, or they may turn to food for comfort and eat even when they are not hungry. Their worries about food may be related to their size or body shape, or can be more about their emotions and self-esteem. Young people's problems with food can begin as a coping strategy for times when they are bored, anxious, angry, lonely, ashamed or sad. Food becomes a problem when it is used to help cope with painful situations or feelings, or to relieve stress, perhaps without even realising it. Children can fear getting fat and may perceive their body shape differently than those around them. It is useful to know that an eating problem is usually symptomatic and suggests there is an underlying problem that needs to be identified, understood, and treated.

Eating patterns often become established during adolescence, and when parents have an 'instinct' that something doesn't feel right, it should be taken seriously. When eating problems develop, persist and interfere with a young person's normal way of life, a full mental health assessment may show whether the child or young person is suffering with an eating disorder.

The most serious are anorexia nervosa, bulimia nervosa and compulsive eating. Eating disorders affect more girls than boys, but boys do suffer from them too. Young people with eating disorders often consider them to be a solution rather than a problem, making identification and treatment more difficult. They tend to have extreme concerns about eating and their sense of self-worth is felt in terms of body shape and weight.

There is an increasing problem in the general population, especially amongst young people. In 2017 the eating disorder charity Beat, reported that approximately 1.25 million people in the UK have an eating disorder (of which 89% girls and 11% boys). Since Covid, NHS survey statistics[7] reveal a large increase in CYP with eating problems among boys and girls (2017-2023).



89% of girls in the UK have an eating disorder

11% of boys in the UK have an eating disorder

APPENDIX TWO: PARENTAL ADVICE AND GUIDANCE

Signs and symptoms

- Tiredness
- Poor concentration
- Stunting of growth
- Delay of sexual development
- Mood swings
- Social withdrawal
- Anxiety and depression
- Changes in weight and/or body shape especially weight loss of more than one stone in three months
- Poor/unhealthy skin

Other indicators that a young person might have an eating problem include making themselves sick, worrying about losing control over how much they eat, believing they are fat when others say they are too thin or when food dominates their life.

Types of eating disorders

1. **Anorexia nervosa:** underweight, eating too little
2. **Bulimia nervosa:** normal weight, eating too much then purging
3. **Binge eating disorder**: overweight, eating too much
4. **Emotional overeating:** overweight, eating too much

Anorexia and bulimia nervosa are serious mental health conditions that need professional help to diagnose and treat. They can lead to other physical and emotional problems.

People with anorexia nervosa have an extreme fear of gaining weight. They can fear this even during and after significant weight loss. They may starve themselves by eating only tiny quantities of food. They become so preoccupied with their weight and shape, and so distorted in their thinking about food, that it is very difficult for them to accept the need to eat a proper diet. Nevertheless, they remain fascinated with food and often enjoy cooking for others. Sometimes they may pretend to have eaten when they have not. They may exercise vigorously, use laxatives or make themselves sick in order to lose more weight. A girl's periods may stop or not even start.

People with bulimia nervosa binge eat large amounts of food and then make themselves sick to get rid of the food. They may also take large amounts of laxatives. People with bulimia may look neither overweight nor underweight, and this eating disorder is often difficult to detect. This often begins in the teenage years and continuous binging and vomiting can eventually do serious harm.

Binge eating disorder and emotional overeating describe a person's compulsion to consume much more food than their bodies need over a long period; they use food to comfort or distract themselves. They may become very overweight, which can lead to serious medical problems.

APPENDIX TWO: PARENTAL ADVICE AND GUIDANCE

Getting help for eating problems

The earlier a person gets help and support for an eating disorder, the more likely they are to recover successfully. Going to the GP is the most important first step; if they suspect an eating disorder, they will carry out tests on e.g. weight, body shape, blood and eating patterns. They may also want to talk to the parent, to build up a clear picture. Young people might choose to go to the GP alone. If your child is between the ages of 13 to 16, they have the same rights to confidentiality as an adult, and the doctor, nurse or pharmacist won't inform parents or anyone else as long as they believe that the child or young person fully understands the information and decisions involved. If they are refusing treatment and their condition is life-threatening parents will be informed. The GP will make a referral if they decide that the young person needs specialist help.

It is very helpful for parents and the young person to find extra support through helplines, groups and forums during this time. The eating disorder charity B-eat has an excellent local support finder feature on its website: helpfinder.b-eat.co.uk

Be aware that many young people may deny they have a problem. They may try to keep it a secret, and find it difficult to accept they need help.

What can help?

It can be hard for parents to know if a young person has an eating problem or disorder. Look out for some of the following signs of difficulty, which need to be taken seriously:

- Regularly skipping meals and obsessively counting calories
- Eating overly large portions at mealtimes, constant snacking, hoarding food
- Eating only low-calorie food
- Showing a keen interest in buying or cooking food for others
- Wearing very loose clothes to hide the body
- An obsession with exercise
- Dramatic weight loss or gain
- Disappearing from the table directly after meals (in order to make themselves vomit)
- Saying they are unhappy with their body
- Food missing in large amounts from the kitchen

Go to the GP. Make notes about your main concerns ahead of the appointment. The GP will make an assessment and if they think the young person needs specialist help, they should be able to refer the young person to a mental health professional specialising in this area. In Cornwall we have a CAMHS specialist eating disorder service.

There are many different types of treatment, depending on the nature of the eating disorder and the symptoms. Treatment may include dietary control as well as individual and family therapy, aimed at resolving underlying emotional problems.

END NOTES

1. Cornwall and the Isles of Scilly Transformation Plan, Turning the Tide cios.icb.nhs.uk
2. www.implementingthrive.org
3. Young Minds
4. B-eat data
5. Morgan and colleagues (1999), The SCOFF Questionnaire: British Medical Journal
6. Health and wellbeing map - available from mindyourway.co.uk/resources/
7. NHS survey statistics November 2023, Part 5: Eating Problems and disorders, NHS England, digital.nhs.uk

ADVICE FOR PARENTS CARING FOR CYP WITH EATING PROBLEMS:

VIEWS OF PARENTS:

"SEEING YOUR GP AS QUICKLY AS POSSIBLE, AND ASKING FOR SUPPORT FOR YOUR CHILD IS ESSENTIAL. EARLY INTERVENTION IS KEY TO YOUR CHILD'S RECOVERY. IF YOUR GP DOES NOT TAKE YOUR CONCERNS SERIOUSLY, KEEP PERSISTING IN ASKING FOR A REFERRAL TO AN EATING DISORDERS TEAM".

"IF I'VE LEARNED ANYTHING FROM THIS JOURNEY, IT'S TO TRUST MY INSTINCTS AS A PARENT. IF SOMETHING DOESN'T FEEL RIGHT, IT'S WORTH FIGHTING FOR ANSWERS. ARFID IS OFTEN MISUNDERSTOOD, ESPECIALLY IN CHILDREN WITH AUTISM, AND GETTING THE RIGHT DIAGNOSIS CAN MAKE ALL THE DIFFERENCE".

"EDUCATE YOURSELF AROUND EATING DISORDERS, THIS WILL ENABLE YOU TO GIVE YOUR CHILD THE BEST POSSIBLE SUPPORT. CHARITIES SUCH AS BEAT OFFER PEER SUPPORT AND ONLINE DEVELOPMENT FOR CARERS ON SIMILAR JOURNEYS TO THOSE YOU ARE FACING".

"IT IS ESSENTIAL THAT THE CARER TAKES GOOD CARE OF THEIR OWN MENTAL HEALTH, AND THAT OTHER FAMILY MEMBERS DO TOO. REACH OUT TO FRIENDS AND FAMILY MEMBERS WHO ARE WILLING TO LISTEN AND TO OFFER SUPPORT".

“THE EARLIER A PERSON GETS HELP AND SUPPORT FOR AN EATING DISORDER, THE MORE LIKELY THEY ARE TO RECOVER SUCCESSFULLY.”