SHOCKOUT

Disordered Eating Policy

2025-2026

1. Introduction

Shockout staff can play an important role in preventing Disordered Eating and in supporting students, peers and parents of students currently suffering from or recovering from disordered eating.

2. Scope

This document describes Shockouts approach to disordered eating. This policy is intended as guidance for all staff including non-teaching staff and governors.

3. Aims

- To increase understanding and awareness of disordered eating
- To alert staff to warning signs and risk factors
- To provide support to staff dealing with students suffering from disordered eating
- To provide support to students currently suffering from or recovering from eating disorders and their peers and parents/carers

4. Risk Factors can include but are not exclusive to:

Individual Factors:

- Difficulty expressing feelings and emotions or other sensory issues
- A tendency to comply with other's 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 Factor
- 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.
- Independent living / responsibility.

5. Warning Signs

Shockout staff may become aware of warning signs which indicate a student is experiencing difficulties. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from one of the designated staff for safeguarding young people / adults.

Physical Signs

- Weight fluctuation
- Dizziness, tiredness, fainting
- Feeling cold
- Hair / complexion becomes dull or lifeless
- 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 of water
- Increased conscientiousness
- Increasing isolation/loss of friends
- Believe they are fat when they are not
- Secretive behaviour
- Visits the toilet immediately after meals

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

6. Staff Roles

The most important role Shockout staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the designated staff member aware.

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

• Signpost to suitable professionals.

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

7. Students Undergoing Treatment for/Recovering from Disordered eating

The decision about how, or if, to proceed with a student's course while they are suffering from an eating disorder should be made on a case-by-case basis. Input for this decision should come from discussion with the student, Shockout staff and members of the multi-disciplinary team treating the student. The reintegration of a student into Shockout following a period of absence should be handled sensitively and carefully and again, the student, Shockout staff and members of the multi-disciplinary team treating the student should be consulted during both the planning and reintegration phase.

8. Further Considerations as a guideline, however each case will be viewed individually and some stages may be bypassed.

Any meetings with a student regarding disordered eating should be recorded in writing including:
• Dates and times
• An action plan
• Concerns raised
• Details of anyone else who has been informed

Stage 1:

Disordered eating is common in adolescence. If they are detected early and have effective management, the prognosis is very good. However, left untreated the disorder can become chronic and difficult to treat. Many adults with a long-term eating disorder developed their initial symptoms in the adolescent years.

- Identify disordered eating with young adult.
- Plan with student to move forward and check in every week.
- Encourage student to speak to emergency contact and signpost to relevant services for support.

Stage 2:

Making a plan – The student support team should develop a plan for the student in support of their GP, dietician and/or mental health service. The young person and emergency contact (if involved) will need to be involved at all stages of planning. Attendance at CAMHS/additional service reviews can be very helpful.

This plan may include:

- Making a joint decision as to whether the young person is fit to be training
- Providing support with academic work, being realistic with expectations
- Supporting a plan of minimal activity within Shockout (reduced timetable)
- Providing support for the young person at lunch/break, depending on individual needs.
- Ensuring that there is adequate time for the young person to eat their lunch.

Stage 3

- Review whether the young person is fit for purpose to return to studies.
- Decide on final decision if young person can continue studies or suspend.

This information should be stored in the student's file.