**Pedagogy in Practice - Eating Disorders webinar 15 November 2022**

Hello, everybody. Welcome to this evening's webinar. Thank you very much for joining us. I'm Alice, and I'm Head of Content at the Chartered College of Teaching. I'm very much looking forward to the presentations and discussion that we're going to have this evening.

I can see many of you using the chat to introduce yourselves. Please do continue to use that. And let us know where you're from. My colleague is also going to put up a poll, so you'll be able to see that in front of you, shortly. And please complete this poll so we know what sort of settings you're joining from.

I'll just pause a minute to give you the opportunity to complete that. We will also publish the results of the poll, so you'll be able to see the sort of spread of people who you're going to be learning with this evening.

And you can see the results of the poll now. So people from lots of different settings. You've got secondary and primary schools, lots of pastoral leads and mental health professionals as well. So a very warm welcome to everyone and thank you for joining us.

The format of today's webinar is that we're going to have three presentations, followed by a panel discussion. You'll notice that there's a Q&A feature in Zoom. So please do use that for any questions at all that occur to you throughout the webinar.

It might be a question that you're coming to the webinar with, something that occurs to you when you're listening to the presentations. Please use that Q&A feature. And I will then draw on as many questions as possible when it comes to the panel discussion.

Many of you joining us this evening will already be members of the Chartered College of Teaching. If you're not yet a member, you can find out more about joining your professional body after this webinar, and some of the benefits you'll get from joining.

We're delighted to be hosting this webinar this evening in partnership with ACAMH, the Association for Child and Adolescent Mental Health. I'm sure many of you will already be familiar with the excellent work they do with schools.

And this webinar is part of a series that builds on previous webinars run by ACAMH called Ask the Expert, where they have an expert speaker, talking about their research on a particular topic, relating to pupil mental health.

So the webinar this evening is part of a parallel series, focusing on pedagogical approaches and practical strategies that can be used to support a range of aspects of pupil mental health. And you can find the links to the relevant Ask the Expert webinars on the event page. So do have a look at those webinars as well.

You'll see them in the chat as well. We're going to post links to future webinars in this series. This session is also being recorded, and it will be available within five working days. So you will be able to watch this back.

The topic of this evening's webinar is eating disorders. What they are and how to spot the signs in students across key stages? We'll talk about some of the barriers that might arise for staff when trying to support students and practical strategies to overcome these barriers.

We'll also be signposting you to further reading links and sources of support. And we'll be asking you to share your ideas on a Padlet. So if you're not familiar with the Padlet, it is a digital pin board that you can use to post your ideas and suggestions. And you can use that throughout the webinar.

We will be discussing, obviously, a sensitive topic this evening. So please do be mindful of that if you're concerned about your mental health or that of your pupils, then do seek the appropriate support. And my colleague will post a link to a blog post that we've published with links that you can go to for support.

OK. We'll now get started with the presentations. I'm first going to hand over to Saira Saeed. Saira is an experienced leader, SENCO, and senior mental health lead, who has worked in secondary education for the last 17 years.

She has extensive experience as an English and PSHE teacher in a number of inner city schools in the West Midlands. She is also a key member of teams in two separate schools that saw the removal of a special measures Ofsted rating and receipt of a good judgement.

Saira has successfully devised and led the implementation of effective SEND medical and safeguarding strategies in a number of schools. I am very happy to hand over to her now.

Thank you very much indeed, Alice. And good afternoon, lovely participants. I can't see you, but I can see the numbers, And. You're all there, so welcome. As Alice has very kindly said and Sarah has very kindly posted in the chat, we are going to address necessary elephants in the room. So please do seek support because anything I say, Rebecca, Victoria say, could potentially trigger something. So please, please, do seek support if required.

So I'm going to attempt to share my screen now. And just give me a second. I'm going to make a start. I'm also going to put my timer on because I'm on very strict timing here. Okey-dokey.

So we are looking at my presentation, pedagogy in practise. So just bear with me a second. It's taking a bit longer than usual to share. Alice, let me know. Can you see the screen OK?

Yes, we can see it. Perfect, super. Thank you very much indeed. I'm going to move this far out of the way here, and just minimise that if I can. Righty ho then.

So first of a note, before we can look at anything, we have to obviously make sure that we've got an agreed definition of what eating disorders are. Now, if you look at the word cloud on the right hand side, there's a lot of text within my presentation, but rest assured it will be shared with you afterwards on the website, so you can produce it at your leisure.

The title eating disorders, deceptively, very simple. And people think, oh, it's just to do with food. But just to clarify, it is so much more than just about eating per se. Sometimes, it starts up as a concern in a young person or an adult even about their weight, about their health. But it can, sometimes, escalate to a fixation on a certain type of physical appearance, an aesthetic, a standard way of looking beautiful or physically attractive.

Just to clarify and to reassure you, colleagues, that it's not to be confused with vanity. Because sufferers of eating disorders, more often than not, usually have extremely almost dangerously low self-esteem.

And to put it clinically, and factually speaking, what eating disorders, they are serious biological illnesses and psychiatric disorders, which can be potentially life threatening. So much so, and this is taken from the private group's website, which is a chain of mental health clinics up and down the country.

From November 2022, the eating disorder has the highest mortality rate amongst any psychiatric disorders. And more worryingly, anorexia nervosa is the highest health highest mortality rate amongst adolescents. So it is so much more than just about eating food.

There are many, many eating disorders that if I had to talk about how many they were, we'd be here for a couple of days, at least, because they're being discovered all the time. They're being diagnosed, identified. Symptoms are being listed as I speak.

But the main types of eating disorders, we should be very, very clear when to break away from this gender stereotype, that was Alice currently said, I have been in education a very long time. And I could think of umpteenth times I was given posters by outside agencies saying, look, we've got some fantastic eating disorder awareness posters. And they had the stereotypical young, white, emaciated teen girl with anorexia.

But it's so much more than that. Yes, we do have girls who aspire to look like this model on the top right hand side of your screen, a French model. But it affects boys, just as much-- males, just as much as it affects females.

So these are the main types of eating disorders. I'm going to skim over the definitions because these, which Rebecca will talk about in more depth later on in this webinar, gives you comprehensive definitions that I just couldn't beat. So this is what I'm going to just talk about in a nutshell here.

So anorexia nervosa-- literally, it's just where the sufferer of this eating disorder restricts their food intake. [inaudible]. Bulimia nervosa-- it's binge eating, but then it's followed by almost compensatory purging, your self-induced vomiting, overdosing on laxatives, almost like a form of punishment for overeating in the first place to make sure that weight isn't gained.

Binge eating disorder-- this is where the young person, the adult, has a lack of control and overeat. And then afterwards, doesn't try to lose the weight. Doesn't purge it, just sits there and feels extremely guilty, and has a very, very dangerously low mood, which can lead to severe depression.

Now, this one, avoided restrictive food intake disorder also known as ARFID. It's been around for many, many years. But the name was changed because initially, it was called feeding disorder of infancy and early childhood. But then clinicians decided, and rightfully so, that it could be used to diagnose pupil above the age of seven as well. Therefore, it was changed to ARFID. And it is literally what it sounds like it is.

It's where sufferers avoid many, many foods really, really strictly, and stringently. And they really like restrictive about what they actually eat. And they can get very, very upset if they're not allowed to do what they want to do in terms of avoiding large categories of food.

Rumination disorder-- this is where a person, can be an adult, it tends to happen more so in primary school age. A person regurgitates food they've already chewed and swallowed. But then once they regurgitated it, they can either re-swallow it or spit it out. And one of the biggest issues with this type of eating disorder is they won't eat in public. And as a result, that impacts their weight considerably.

You've also got pica. But this one is where-- and it can happen-- people, sometimes, they happen in pregnant women. It can happen in your children. Eating disorders don't discriminate against race, gender, anything. They don't discriminate.

Pica is where the sufferer of the eating disorder pica eats things that aren't necessarily considered food. So they might eat ice, they might paper. They might like take little bits of brick off a wall. They might eat soap, soil.

And the last one it's a bit of a tricky one because technically speaking, Prader-Willi syndrome has been known as it is a rare genetic disorder. But one of its most well-known symptoms is excessive, dangerously excessive eating, to the point where when I've talked to you in the past not to support people as a SENCO more so than as a DSL, but Prader-Willi syndrome, they're stealing out of bins.

They're stealing-- going to stock room. They try to take biscuits out of a staff member's locker, for example. But because of this symptom being so severe, it is also usually classed as an eating disorder too.

Now, barriers for schools. Now I'm quite lucky that I've got a few followers on Twitter. So I reached out to them and I said, will you tell me what you think your biggest challenge is in terms of dealing with eating disorders in your respective settings.

And this was what came up. 64 people kindly voted in the space of 24 hours. But as you can see, securing external support. I think we did get that to be fair, couldn't we, came up with the biggest challenge.

However, what makes it more complicated is Dr. Fong's very right observation from the Guardian, November of this year. CAMHS is struggling to cope because of the rising demand, which Victoria will talk about later in her presentation, and the staff exodus because of working conditions.

So what does staff do in the interim? There's increased pressure on staff. Regardless of your setting, being a primary, further education, PRU, you name it, we're having to act as medical professionals in the interim to save our children because we've got to look at... [inaudible]... at the end of the day from slipping through the net. And God forbid, something severe happening to them whilst we wait for them to be seen by external specialists.

And what do these pressures entail? Now, again, I ask staff members on Twitter to very kindly take part in a mentor meeting for me, which they very, very kindly did. The next slide is very text heavy. So I'll skim through them. Again, you can read the PowerPoint presentation later at your leisure.

This is what different colleagues said from different settings. So primary teachers, and this came up a lot in primary teachers responses as a barrier to them supporting students with eating disorders. They were scared about-- they are scared about teaching young people, six, seven, eight-year-olds about eating disorders because they were saying things like what if I accidentally put ideas in their head. What if I make them start to have any too?

What if I trigger an eating disorder because I make them curious, and they look into it and they start doing it? How do I make sure I don't influence them when they saw this influence of such young ages?

Similarly, spotting signs in very young children is harder because biologically, they are growing. Some of them might have chubby cheeks or puppy fat, whatever you like to call it endearingly. How do we recognise whether it's just part of them growing up physically or whether it's actually something more severe, like the beginning part, the beginning of an eating disorder?

Looking for triggers, especially for SEND students, especially autistic students, and other students with sensory needs. This can be very, very difficult, especially when a child can't fully articulate to you what the trigger might be themselves.

And also, what came up a lot from primary colleagues when they gave feedback was children and families not being adequately equipped with the knowledge to keep their child healthy, thus seeing a lot of overweight children. OK.

Secondary school colleagues-- they said one of the key things that came up, and I have this in terms of what answers came up the most common at the top, and then the less common at the bottom of the list, supporting students with eating disorders in secondary school. But also, making sure their peers were sympathetic and not bullying them or picking them.

And again, this one, as you can see, the masking, et cetera, is going to pop up later as well. Older students become better at masking. How do we actually, then, spot the signs if they're actively hiding them from us, as adults, in the school.

Knowing how to support staff, and this is something that I've always done as a DSL, which I will share with you later in this presentation, how to support staff so that they can support students? Because it can very easily trigger something in a staff member, especially if that staff member themselves has been personally impacted by an eating disorder they may have suffered it themselves, they may still be suffering from eating disorder right now, they may have, heaven forbid, lost a loved one because of an eating disorder. How do we make sure we support staff to make sure they will be looked after as well?

Spotting signs in students aren't being monitored by teachers. A lot of schools have paid lunchtime. Supervisors come in and actually do break lunchtime duties. How do we make sure they are empowered to actually spot signs as well?

And a biggie here, and a few teachers in secondary boys school said this in particular, supporting boys because it isn't seen as a problem because of this gender stereotypes still existing unfairly by eating disorders. In fact, they're also not boys.

Now, special schools. Dealing with the constant negative barrage from social media, it is absolutely everywhere. You've got TikTok trends, you've got things on Snapchat, you've got Facebook, you've got Twitter, you've got social media, et cetera. In terms of video, music videos, et cetera, movies, adverts for makeup and whatnot. There's so much out there. How do we counter that within the limited time that we have with our young people in our settings?

Another one, finding spaces for students who may be scared or uncomfortable sitting in the canteen. Where do we put them? If the school is quite small, for example, where do we sit them, so they don't feel so self-conscious whilst eating food?

And this one came up with quite a lot of people as well, actually, even though it's last on the bullet point list-- finding opportunities to train staff with eating disorders. Which is why I was so pleased to be asked to be part of this webinar because this is a topic that needs a lot more time given to it than it sadly currently has.

And the bottom point I'm going to show it to you now are what came up regardless of setting. Spotting signs of eating disorders in students is a barrier because of the cost of living crisis. Is that child eating less because they've got an eating disorder? Or is that child eating less because mum or dad or whoever's looking at them at home can't give them any more than that because they're living hand-to-mouth?

This one is a big elephant in the room but I said, we're going to be addressing a lot of those this afternoon. SLT not supporting staff with eating disorders, which in turn impacts their ability or hinders their ability more likely to actually support students with eating disorders.

There are number of colleagues quite openly, which I was quite correct that they did, they are privileged that they share this with me said, I've got an eating disorder. And every half term, my head teacher comes and puts donuts in the staff room. And they said, I hate communal eating because I'm conscious about my anorexia. And two, I don't eat junk food. So how is that actually helping my well-being? If anything, it's counterproductive.

So having SLT who don't seem to understand what eating disorders can do to staff members. And increased, I said before too, increasing pressures on settings. Staff have got so much to deal with as it is. GCSE grades, performance grades for SATs, et cetera, Ofsted, so much happening with safeguarding, mental health in general being such big barriers to learning.

Managing all of these, living in a cost of living crisis themselves as teachers with families at home, support staff at home, and also supporting young people, the pressure is nothing short of immense.

So that's the barriers to staff. What are the barriers for students? I mean, again, colleague, this is not an exhaustive list by any means.

Social media influences-- models are under pressure all the time, male and female, to a certain way because their body isn't just their temple, it's their bread and butter. If they don't fit a certain aesthetic, they get out and there's about 500 people lining up to replace them to earn silly money modelling for Gucci, Versace, et cetera, et cetera. And this fear of not fitting a set standard, a set type of beauty, also therefore, seeps into young people's minds as well.

Link to that, peer pressure. Bulimia for quick purges, dehydration to have ripped abs. There's a type of pressure with girls and boys alike, either or. bulimia can be boys or girls. Dehydration for ripped abs could be boys or girls, males or females.

There's a peer pressure that everyone else is doing it because they're following the system on social media trend-- I've got to do it too. I read Henry Cavill of Superman fame, and it absolutely made me sick to the stomach to learn that he was interviewed about oh, you look so handsome when you were topless in the scene in The Witcher. How did you get your wonderful abs?

And he actually talk through how we did it. He dehydrated himself, actively, consciously for three days with 80 per cent water. As human beings, the dangers of doing that-- I can't even begin to list them to you, colleagues.

First day, he drank 1 and 1/2 litres of water in the day. Second day, I think, he drank half a litre. That's it. And the third day, he drank no water at all. Now a young influential [inaudible] teen, is going to see that, and think, great, if I were a toned body, I'll just not drink water.

Forgetting that Henry Cavill is a millionaire with a dietician in nutrition, a personal trainer... [inaudible]... the system to make sure he doesn't die from it. Young children don't have that.

Another barrier-- lack of parenting capacity. I remember so many examples of this, but I'll just share one very quickly with you here. At that moment, about two or three years ago, and her child, a Key Stage 3 student, she was overfeeding him, and he was becoming morbidly obese.

I don't have a relationship with her. And in a nutshell, what she said was, she had a hideous childhood growing up in care, where she was given scraps. And she said to me, and I genuinely bled for it, she said, you know what it is Ms. Saeed, she said, I don't want my son to go through what I had to go through. I want to give him every single thing, food wise, that I never had access to.

So if he wants Macky D's every night for tea, he gets Macky D's, because I love my child that much. So it was love. It came from a good place, but it was misplaced. So needed a bit of training and guidance how to love a child through feeding him, but maybe-- definitely doing it to a slightly healthier medium. So some parents know unwittingly harming their child by compensating and showing love through feeding them.

Something more sinister here-- safeguarding at home. So deliberate neglect, for example, which obviously, DSL, like I've done myself many a time would deal with as swiftly as physically possible, get cast involved, et cetera. If the police have to get involved, they get involved, and so on and so forth, and social workers, et cetera, to deal with that. But that can be a barrier too, is safeguarding at home.

And what I mentioned before, the cost of living crisis. Some children have to go very, very, very quickly, depending on what their home life is like. So they'll eat less on purpose to support their family, thinking if I eat less, that's less financial strain on my mum that's pocket. But what they're doing incidentally is slowly, is becoming an eating disorder.

SEND could impact your understanding. If you've got cognitive issues, you may not understand your suffering from eating disorder. And especially, if SEMH is your primary care needs, social, emotional, mental health, it's going to be pretty difficult to actually articulate to member of staff that I'm suffering right now.

School environment-- when I gave you some strategies, the key thing here is it has to come from top-down. I've worked in too many schools, as Alice finally mentioned, I have worked with schools that were special measures.

The problems I always faced when I had to turn systems around was there wasn't a culture in place, that I had a pocket of staff were frustrated, that I'm trying to make things better, but they didn't have the support they needed from up top, so to speak. It has to come top-down. Because if children don't feel they're going to be listened to or taken seriously, they won't confide and ask for help.

And cultural barriers-- there are stigmas attached to mental health, which is at the crux of eating disorders in any community I can think of. Not just Southeast Asian or Afro-Caribbean or white or Romanian, East European, it's in umpteenth cultures and communities. There is a stigma attached to mental health.

And even recently, I've had parents say to me, he's fine. It's just an attention-seeking mechanism. There's no issue here, whatsoever.

So what can it look like? Now, I'm going to gloss over this bit because the fact that Vicky's going to talk about some more depth in her expertise as a school nurse, experience school nurse, the list is endless. Because we're discovering about eating disorders all the time.

And they present differently in different people. The very same disorder can present differently for various reasons-- age, gender, and so on, and so forth. But there is worth noting that because they are linked to mental health, they can impact many aspects of a young person's life.

So for example, you've got youngsters with anorexia. They're not eating. They haven't got energy. What do they do? They'll try to find energy fixes from Monster, from Red Bull, from Starburst, really sugary sweets, to get the energy they need.

This, in turn, then makes them either hyperactive or lethargic, which can be misconstrued as negative, naughty behaviour if it isn't investigated.

They may also get a young and seemingly healthy young student loves taking part in all the sports, looks in shape. But they're actually suffering from is muscle dysmorphia. And what you don't know is that they're actually dangerously over exercising every single night at home, and if their following an extremely restrictive diet.

That just tells you, in a nutshell, I hope, how vast the problem actually is. But again, if you go on the Beat website as well, it gives you copious and comprehensive definition with a definitive list of what sorts of things to control for different eating disorders.

So strategies. Like I said, and I will keep saying, colleagues, whole-school culture. Whatever is done, I'm hoping that school leaders-- I've seen a few SLT, which is really, really lovely in the comments, looking down, it has to be embedded and threaded through the whole school culture. If it isn't, it will be rendered moot. It's as simple as that. And I've seen it happen many times, at least, in my 17 plus years.

So safeguarding, first and foremost, a clear and consistent system of safeguard needs to be at the heart of your setting. And not just for your students, safeguarding your staff. Because if a child discloses to you they've got an eating disorder, it can impact you.

You can feel privileged that the child trust you, but it can also be very upsetting if they choose to disclose the root cause of why they suffer from eating disorder. And then check into the mix if you yourself have an eating disorder, or as I said, heaven forbid, lost a relative to it, for example. When you've got a loved one going through right now, that's going to set you off.

And I always say to staff every time I've been a DSL, there is no shame if you've got a child disclosing something to you, you know you can't take it emotionally. There is no shame in the child. And this is going to get me strongly so and so to come because there are better place to help you out. OK.

And then go and get someone else to sit-in your place. You have to look after your own well-being as well at the end of the day. Everyone needs to be empowered to spot signs. Every school, I've ever worked in, out of the last 17 years, I've probably been in ELT and SLT combined for about the last 10.

I've always made a point of training every single physical body in the building-- caretakers, cleaners, canteen staff, everyone. Sometimes, when I've had to deal with safeguarding cases, the cleaners have been the ones that have actually given me the missing piece of my jigsaw.

They've been absolutely brilliant. Because what they might spot is miss, I was cleaning the toilet during period two and this girl came in and forced herself to vomit, for example. Or miss, when I was cleaning the canteen at lunchtime, I saw this girl, every single day, for the past few days, miss, she keeps eating from her friend's plate. Or she sits there, buys food, and gives it to a friend to eat. Little things like that.

If staff are empowered, and they're all reporting to you because they've all got that same confidence, that same knowledge to do it, you will resolve issues soon, especially when it's so hard to spot signs by yourself.

Liaising and collaborating with families-- now I've worked with a number of families in my time. And sometimes, it is absolutely heartbreaking to hear how taxing and testing it is for them to support their child. They're in tears. They don't know what to do. They feel helpless.

Liaising and collaborating with your families to collectively empower them, they can spot signs at home and seek support from you or from external agencies such as Beat. And liaising with external agencies, we are required, Beat offer some amazing CPD, which Rebecca will go through. CASS-- getting some family support workers in using your DSL capacity, for example.

Just watching time. I'll just going to be quick on this. So SEND and medical. Staff need to understand how SEND and medical can impact eating disorders further. I'll give a personal example here. I take prednisolone because of my severe asthma. It causes weight gain.

Devil's advocate, if I've really got an eating disorder, I'm a 12-year-old boy, and I start gaining weight, that's going to exacerbate my eating disorder because I'm going to want to lose even more weight, which is then going to impact my health because I might stop taking my medicine. See the problem there?

And with behaviour, eating disorders are complicated and can impact behaviour. Staff need to understand this and be prepared for it. And I'm not saying to be lenient with sanctions. That's not what I'm saying, but to be fair with sanctions.

So for example, if a child's hyperactivity did result in a detention, and you've got to give the detention for consistency, give the detention, but then also planning some interventions to address the root cause of the misbehaviour, i.e. the eating disorder.

Curriculum-- no tokenistic-isolated random assembly here or there is going to do anything positive for your school. I'm telling you now. It's possibly even going to be counterproductive. Now I'm going to skim to this bit because I'm conscious of time. You can read a little later.

But what I've done is I've given some examples of how you can embed eating disorders subtly, and not so subtly, throughout your curriculum. So in PE, talking about healthy ways to exercise, food technology, dangers of different diet fads, in PSHE, talk about online risks, promoting unobtainable beauty goals.

Science talk about fat being unhealthy and healthy. There's different types of fats, right? Music, Christina Aguilera wrote a song called "Beautiful" many moons ago, which I remember the first time because I'm old. She's remade the video this year. And honestly, colleagues, watch it. Have tissues ready, but watch it because it's a brilliant resource that she's made.

In art, you can look at the image of beauty for all genders all the time, and how unrealistic it is. In IT media studies, you can look at photoshopping, media's beauty standard biases.

Your policies, walk the walk and talk the talk, colleagues. You need to make sure your policy is outlined these points. And then you have ongoing CPD through regular reviewing and monitoring to make sure that contextual issues are addressed regularly.

Now, in further reading, first book, Running Free by Rebecca Quinlan is brilliant because she gives you a first hand account of her battle of anorexia from start to finish. That's really good for you to read. Maybe pick out some excerpts or stuff so you could create your own respective settings.

Cara Lisette's book is brilliant. And I'm not sponsored to say this. I'm just saying this because I've read them. It's a workbook, but you can't see in the camera, sorry. You're not going to work, but what you can actually use for some in-house interventions, what's waiting for CAMHS to come through.

And the last one, we won't talk about that too much because Vicky will talk about that in terms of a toolkit for eating disorders. And just some more things. Beat, I keep saying it, but the categories are the best for this.

Twitter communities-- I moderate a few of these. So please reach out and join these because you can always bounce ideas off each other, and help each other that way as well. DfE statutory guidance goes without saying. And a little plug here, but I'm also writing an article for HWRK Magazine, coming up in the next edition, which also covers in more depth what I've talked about today.

So please give that a look and a read. And really, really privileged to have been here today talking to you about eating disorders with the Chartered College of Teaching. We celebrate, we support, we connect. And the membership gives you a lot. So definitely join if you haven't already. Thank you, colleagues.

Thank you so much, Saira. That was great. So comprehensive. Thank you.

I had to race at the end, but it will be shared. I promise.

Yes. Exactly. Plus, we can come back to some of those points in the panel discussion as well. So yes, thank you very much. And just to remind everyone to use the Q&A feature. So if you have any questions, then just put them in the Q&A feature, and we'll be able to come back to them later.

And my colleague, Saira, has also shared the Padlet earlier on. So again, if you have any sort of further reading, or maybe you've tried some of the strategies that Saira just suggested, and so you can add those suggestions to the Padlet as well.

We are now going to move on to our second speaker. And we're going to hear from Victoria Wilson. Victoria has a background in various paediatric nursing settings, and has been a school nurse for an independent school in Newcastle for 11 years. She's also the consultant nurse for the Girls' Day School Trust.

And Victoria's role is to support pupils in school to access health care for them to reach their academic potential. Victoria.

Thank you, Alice. And good afternoon, everyone. I'm just going to share my screen, which is always a nerve wracking moment, isn't it, when you try to do things. OK. So Alice, could you just confirm you can see.

We can see that, yeah.

Lovely. Thank you very much. So it's gone back to the start. All right. Thank you very much for having me. As Alice said, my name is Vicky. I'm a school nurse in Newcastle, and also the consultant nurse for the Girls' Day School Trust. My background is paediatrics, not mental health. I am a health professional and I work in a school setting, but I'm not an eating disorder specialist or a mental health nurse.

So just going to start with some statistics. And the NHS is seeing a huge demand for services. As we all know, there's a huge demand for everything across the board at the moment. And in disorders, treatment for children is up 2/3 since before the pandemic, and 10,000 children between April and December last year access in treatment.

The school average pre-pandemic for eating disorders was 5 per cent. And in my school we had a percentage of 12 per cent pre-pandemic. Anecdotal evidence from the eating disorders team that I work closely with has shown that there's a huge increase in cases across all schools, including local state schools across girls and boys. There's been a massive increase in people access and eating disorders treatment.

My presentation come in from a very practical side of view, and also complements what Saira was just talking about. So I'm also going to talk a little bit about the presentations we see in school.

So restricted diets-- often, pupils who are involved in like sports, dance, fashion, they will start with their diet. And they will start with increase in exercise when they are heading towards an eating disorder. And they could put themselves on a vegetarian, vegan diet, limiting food choices, or intolerance to certain foods.

And we also could see unusual restrictions around times they're eating, their food that they might only eat in certain types of food, and being really strict on their macros if they get into a sport and background, those kind of things, or eating at a certain time of day, and really self restrict and secret eating, that kind of thing.

We also say manipulation, and Saira touched on this a little bit, around manipulation of medical conditions such as diabetes. Running their blood sugars high will cause them to lose weight. And we see that a fair bit within school as well.

Negative self images are a real concern. And we do a lot of work around trying to boost positive self-esteem and positive body images. But around, their body changes. When they hit puberty, their body shape changes. And change and activity levels, especially pandemic wise, in terms of not being able to carry out as much sport. There was a lot of change in their body shape if they reduced the amount of sport. And that can be really difficult for them.

Eating disorders can be a coping strategy to cope with their lives. And it's a form of control at some times as well. It is a biological and a medical and psychological condition, but it can also be an area where they're coping to control things. And they can control that, the food that they're eating.

And last, the post-pandemic, that is why we're seeing an increase in that too. Presentations around that we'll see a change maybe in their mood from being a happy, jolly, involved young person to somebody who is not involved and who looks really unhappy because they're hungry, or if they're really restricting themselves.

And a change in their friendships-- often, friends will find out that they're not eating first of all and highlight that as a problem to us. Their weight or body size is an obvious sign that we might see changes, something that will happen to them within school, increase in sports, or if their fitness levels are deteriorating, and they're not keeping up with their team, that might be something that we see.

And also, that they might have lunchtime behaviours. They're not coming in to lunch anymore. They're doing something strange at lunchtimes. We also see that they can be really focused, and their grades can be really high and maintained when they're in school.

When you're looking at referring, and I know this is a real problem with thresholds being so high to access services. But the most important thing you can do in a school of getting them referred to the GP, as well as speaking to their parents. If you can contact the GP, that's a really big step. Obviously, do this in consultation with the young person and the parents first off if you are with them.

The GP won't share information with you, but you can share your concerns with them. Monitoring that student-- go back to the GP, they will record their weight. They can look at bloods and other measurements.

The SAPHNA toolkit, which I'm going to talk about in a little while, talks about just doing a one off, where it's not very helpful for anyone. And it might cause strain as well with your relationship with your young person. So it's really important that GP sees them to monitor lots of different areas that could be affecting them.

Things around that you can do within a school around supervised eating. And this will be really individualised for that person, and really working with the young person to see what they want to do in terms of supervising it. And they will be hyper aware that you're watching them. They will know all of these things, and they will have lots of tricks up their sleeves to try and restrict how much they eat when they're watching you.

In terms of their academic performance, just supporting them with that. They may be out of school for a period of time. And you can support their learning by providing stuff and things like that. So it's really important to try and support their academic learning too.

Sports-- this can be a bit of a carrot or stick situation for them. If they are really into sports, it can be a motivation for them to eat or if taken that off them, can be really difficult. And it also a motivation, and it depends on that young person in how they will respond to that.

Safety planning is really important. And there's an example of the safety plan within this SAPHNA toolkit. And that is put measures in place for who they can talk to their safe places in school. I"m going to talk about that a little bit more in a moment.

Care planning as well. If you've got a health professional link to your school and get in touch with them as well. It's really important, especially if that young person has something and their disorder is affecting their physical health, for example, their heart health, and they would need that somebody to make sure their care plan is in place to make sure they are safe within school.

And the SAPHNA toolkit assessment is the School and Public Health Nursing Association. And they've produced a toolkit recently to help support the health professionals in school or teachers in school to support young people with eating disorders. And there's a link at the end of my presentation too. That gives lots of practical advice in that.

Again, we're talking about barriers to referral, and Saira touched on some of these. Eating disorders thrive in secrecy, that's how they can escalate really quickly. It is a very hidden illness. And like I said, young people can be very hyper aware that this is happening and then will go to great lengths to hide it. And there's a lot of shame and guilt and pressures attached to that, as well as the mental illness side of it.

Communication is vital. And with the young person and the parents, it can be really difficult for people to accept that their child may have an eating disorder. And they get quite defensive. They can be like, they do eat. They just want to be healthy. There's nothing wrong, and things like that. It's really important to have that open explicit communication with them.

This is not just about food or fitness. It's about their safety and their well-being, and their health. Using that safety language can be really important in terms of communicating with young people.

And this one, I mean, getting a GP appointment is really difficult on a good day. And also, things around their way to the GPs will wear them. And say, that they're a normal weight, and that will validate them and their behaviours. And that can be a real barrier because you're seeing really concerning behaviours. And it's not just about the weight, but the GP won't refer them if their weight is normal even though you can see lots of eating disorder behaviours.

And that links to weighing them in school as well. If they've got a normal weight, and it can be really difficult to access that.

The toolkit, the SAPHNA toolkit, talks about the young person having confidentiality. And all young people have the right to confidentiality when accessing health services. And that includes if you have a nurse in your school or a school nurse service that supports young people.

This could I think this could be a barrier. And then, I don't know if you know about Gillick competence, I'm sure some of you do. But that's around the young person being competent to be able to make their own decisions around their health, and have the level of understanding to make informed consent.

Confidentiality-- I've put this as a barrier because I think the young people, if they have an eating disorder, and they have the right to confidentiality, that information might not be shared in school. And I think that could cause some problems.

But we have to think about it as a safeguarding risk. Their safety is at risk if they have an eating disorder. And we need to safeguard them from confidentiality, medical confidentiality, in that situation. And it's about talking to that young person to share information with their parents and other staff around, being able to support them. And there are ways to talk about that with them, so that you can share information with the wider school community.

I've included private health services on there. I get very little information. They may or may not share information with you if the parents have put their child into a private health service for support. And that's a really important thing, to have a good relationship with those parents that you're working with, so that they can share that information with you.

I want to run through a case study with you. I kind of merged a couple of case studies that we've seen here just, as anonymity and just things that we see. And I just wondered if it was just a point to reflect really and see if you can recognise anything that you might have seen in your school, or working with young people. Sorry. It's a little bit small.

So again, nine pupil, post pandemic, came back. And there was concerns raised that they had lost some weight. And spoke to that young person and spoke to them about their weight loss. They were just saying, no, it's fine. I've gone on a vegetarian diet, and my fitness levels dropped during the pandemic. And therefore, I'm trying to increase my fitness levels, and also have healthy eating because I want to get back to where I was.

At this point, parents were contacted. The parents confirmed what their child was doing. She's on a vegetarian diet. She's absolutely fine. We're just improving fitness levels. And that's what she's doing.

This was also supported by the PE staff. The young person worked with PE staff all of the time. And the PE staff were trying to support the young person and the child, but made comments that other people are skinnier than your daughter, so don't worry. It's absolutely fine.

This caused a delay in accessing the GP appointments. And then the weight was normal when they went to the GP in the first instance. There was, then, further delays around holidays. The young person still wasn't eating in school. You can see delays across school holidays, which are a big one.

And also, if there's any religious festivals like Ramadan, things like that, these concerns increased that people was not going to lunch, not eating, increased weight change, mood changes, friendships were concerned.

Communication breakdowns can happen with parents. And that can be really difficult to manage. It's about being really open and honest with those parents. And parents will choose stuff that they would like to talk to, and that's really difficult to manage in the school setting.

Eventually, went back to the GP, referable to an eating disorder service to get support, and made improvements. And there can be a non-consent for information sharing from the eating disorders to you. And that can be really difficult to manage. Young people can then have long term damage to bowel damage, for example, and then the long term damage to their reproductive system if they're not getting help really quickly.

So some practical steps. I'm conscious of time. What you can do-- staff training. And Saira mentioned this. Get your lunchtime supervisors trained up in eating disorders, access, things that Rebecca's going to talk about from Beat.

Good modelling by staff at lunchtime. Be conscious of language used around pupils and being naughty getting the dessert. I'm having like I'm being this is bad, this food's bad, this food's good. None of that should happen. Food is fuel, and you need to be thinking about how that happens. Modelling by staff, staff eating in the lunch hall, that kind of thing can be really positive.

Removing calorie information, robust policies that are open and parents can access them. Be aware of PSHE. Be aware of lessons as well. It's really important to put healthy eating in them, but be careful. Physics teachers are [inaudible] of new pupils, for example, things like that I've discovered happened in school. And that can be really triggering and uncomfortable for young people.

Healthy eating should be able to tackle both sides of the coin, and get that right, if you can get it right. Communication-- have those open, honest communication. Channels open with your parents, so that from the start, if they've got any concerns, you can raise those.

Make sure you get to know your local eating disorders team, and don't be afraid of contacting GPs if you've got health professionals in your school. They can get involved at that point, or you can do that as well.

Those safety plans, identifying people that young people feel comfortable with, and support those friends without breaking their confidentiality if you can. There's the references I've talked about, the NHS Statistics, NICE Guidance on eating disorders, and the SAPHNA toolkit, Gillick competence is in there. Thank you very much. We're through the Padlet.

Thank you so much, Victoria. That was brilliant, really informative, and very helpful. You also mentioned weighing pupils. And we do have a question about that. But we'll come to that question in the panel discussion a bit later. And so thank you for that.

We'll move on now to our final presentation. And we're going to hear from Rebecca Lipscombe from Beat, which is, of course, the national charity for eating disorders. And Rebecca works on their online platform for teaching professionals. She is involved in developing e-learning modules. And so she's going to give us a short presentation on those resources. Rebecca.

Thank you, Alice. Hi, everyone. Great too-- I can't see you, but great to meet you, guys. I'm just going to share my screen, as well really quickly. And fingers crossed, this all work.

So I'm hoping you can all see that. So I'm here from Beat, like Alice said, to speak about SPOT, which stands for Schools Professional Online Training. And the link is just there to sign up if you would like to at the end, but I will share these slides as well, so then, we won't have to quickly hurry and write all that down.

But yeah, so SPOT is our new e-learning platform. And it's designed specifically for school professionals to learn more about eating disorders, how to spot the signs, and kind of use them practical resources in their school environments.

So SPOT has now been fully funded in the UK for primary and secondary schools. And it's available for anyone who works in any school capacity. So state-funded, independent, any school like that is available to sign up. And anyone is able to sign up to the platform.

So we've said teachers, DSLs, lunchtime staff, but as Saira and Victoria spoke about, other people in the school setting are really key in spotting eating disorders. So kind of cleaners, as we spoke about, but also school nurses, school counsellors, any one-to-one staff as long as you spend some time in a school during your week or your month, then we're very happy for you to create an account. And it's a complete self register form. So you just go to the website, sign up. And as many people from the school can have an account as they like.

So SPOT came off the back of pre-pandemic. We had a course called Spotting the Signs, which we would deliver in person. And we would go around and train up a number of school professionals, which who would then disseminate the information they learnt out into their schools.

These were really great. Everyone loved these courses. But of course, as you can imagine, we weren't able to see everyone across the UK because that's a lot of people. And it was kind of only situated to certain areas that were funded.

So we knew that when the pandemic hit and kind of we weren't able to do this, we wanted to make it something that could be accessible for everyone, hence where SPOT came in. And so that's why we've made it an online platform.

But off the feedback from our Spotting the Signs course, we knew that as well as learning, the people that came to the courses, they liked the support in the engagement aspects of kind of speaking with other school professionals in the area, speaking with clinicians, kind of getting that knowledge from them as well.

So we've tried to incorporate as best we can, all three areas into the platform, which I will speak to in a bit more detail, about now. So first area of the platform is, of course, land, which is as you would imagine from an e-learning platform, we have a number of learning modules.

So we've got kind of general, I think, there's about 28 modules on the platform at the moment, but these are continuing to grow. And we are developing more. And the platform is coming up to a year round. So it's just kind of we're just sort of starting to find out what else can we add to the platform.

So we've got kind of what are eating disorders, general facts misconceptions of spotting the signs in primary schools and secondary schools, as well as the learning modules that we have. We also have resources that you can download.

So we've got kind of PSHE lesson plans. We've got PowerPoints, handouts, toolkits, policies, all of that stuff you can download. They've all been written by our clinicians that work alongside Beat. And so they are all clinically sound and you can use them straight from our platform into your classrooms if you would like to.

Following on from this, we also have our support areas. So by support areas, we mean kind of our forums and our chat rooms. You probably know what forums and chat rooms are. So forums are very much you can come in ask a question, you'll get a response in a couple of days, chuckling very much instant direct messaging.

But we do have certain aspects to the platform, where you can speak with, when we say, our experts, we mean our clinicians. So every Tuesday at 12:00 PM, a clinician that works with Beat will come into the chat rooms, and you can have a conversation with that person if you want some media and advice or information from them about something you're going through in your classrooms or in your school.

And we've also got forums, which are manned by people with clinicians, again, will work in them. But we've also got our ambassadors. So these are people that have recovered from eating disorders. So if you want to ask kind of someone that's been there, how they felt within that school, and what they could advise, that's a great place to ask.

We've also got carers, who have had a loved one with an eating disorder. Their loved ones now are recovered. And they kind of come in and they kind of speak about. So if you wanted to know what's the best way to speak to-- for the school professional to speak to a parent, then this could be a really good place to ask these sort of questions.

And also our, clinicians and also the other members of the school community, so any staff members can have a look in there that are on the platform. And they can answer and help with any questions that you might have.

Then in the engage areas, we've also got sort of our workspaces. So on sign up, you'll be asked to complete a pre evaluation survey, which will give us some certain information. For example, your role within the school. So the age range you work with, that sort of information. We then use all that information, and you get automatically assigned into things called workspaces.

So these workspaces are, I see them as almost like Facebook style, where there's kind of a library, where you can share the other resources that you thought were helpful. And you can start discussions. You can attach kind of pictures or we've had people sharing great social media posts that they found. All things like that.

And you can you'll be put into the workspaces, where if you're a designated safeguarding lead, we have kind of safeguarding workspaces. We've got kind of ahead of year workspaces. And it's all organised, so you can speak with the people who are in a very similar situation as you are.

I understand that was really quick, and you're not going to picked up on all of that. So I have got just a short video to show you. It's only three minutes. And it should hopefully just give you a really quick overview of everything.

But what I would recommend is after this, just signing up, if you want to and just having a look around, because you've got nothing to lose really. It's completely free. And I would really recommend it to all teachers. So I'm hoping the sound is going to work as well. So let's go.

[video playback]

- Welcome to this demonstration video of SPOT, which is Beat's new online training platform for school professionals. We have developed this training for schools, as well as eating disorders can affect anyone of any age. School age children are a particularly vulnerable group, making school staff ideally placed to spot the early signs of an eating disorder.

You're in this video tool, I'll give you a little bit of an overview of the different features of Spot, including the interactive e-learning modules, opportunities to speak to Beat clinicians, and other sharing spaces, and downloadable resources as well, such as PSHE lesson plans and PowerPoint.

So if we firstly take a look at training, on Spot, you can find interactive e-learning training for school staff by clicking on either the My Learning tab or on the course catalogue, which gives you access to all the available e-learning modules to complete in your own time.

The different training modules available cover many topics, where staff will be taught how to spot the early signs of an eating disorder, how to talk to people who may be exhibiting signs of an eating disorder, and also how to support pupils and their parents and family.

The e-learning also encompasses a range of bite-sized interactive videos as well, which have been developed and delivered by our expert eating disorder clinicians.

Additionally, as part of the e-learning modules, you'll find further downloadable resources, such as PSHE lessons, which have been designed by our eating disorder clinicians. If you click into the files, you'll find resources such as lesson plans and PowerPoints, which cover the topics, such as eating disorders, body image, and self-esteem.

Another way to find and share resources is through our workspaces. So when you sign up to the online training, you'll be able to connect and share resources and ask for advice with other school professionals.

You can post on discussion boards, and also share resources within the library, which you can find from the workspaces. And these resources can also be found from the home page under the More Resources tab.

Finally, SPOT also encompasses other spaces where you can connect with others through either forums and chat rooms. So this includes opportunities for school professionals to post questions and community forums to share advice with their peers. but also, you can talk to either a lived experienced ambassador or one of our clinicians as well.

In addition to this, you also have chat rooms, where you can join our weekly question and answer sessions, which are run by a clinician through our live chat rooms. And you can also join any other chat rooms that may be of interest to yourself as well.

Thank you for watching this short [inaudible] of SPOT. And if you have any questions about the training platform, please do--

[end playback]

So that's pretty much just a quick demo of--

[video playback]

[end playback]

Sorry about that. That's pretty much everything about SPOT, so the school professionals training. I just wanted to mention while I have you all here, and we do have another platform called POD, which is very much the same as SPOT.

I'm not going to go into too much detail about it, but it's just a good signposting place for school professionals. So if you do have any carers that you know that are looking after someone with an eating disorder, we have a very similar platform, which has over 7,000 carers currently on where they can get advice, learn some more about eating disorders. So brilliant place to signpost. That's all from me. Thank you.

That's great. Thank you very much, Rebecca. That all looks very user-friendly and helpful. So thank you for highlighting those resources. Rebecca, Victoria, and Saira are going to stay on now for the panel discussion.

And we're also going to be joined by Jenny Baarksfield, who is Deputy CEO and Director of Education at the PSHE Association. And Jan Forshaw, who is head of Education at Coram Life Education. So welcome Jenny and Jan. And if everyone could turn on their cameras now.

And so they were really interesting presentations. And it's really given us a lot to think about. I wanted, first of all-- and we have some questions in the Q&A as well, but I wanted, first of all, to pick up on some points around the curriculum.

Saira, you mentioned addressing eating disorders in the curriculum. And Jenny, , what's, the, role of PSHE in addressing eating disorders?

I think PSHE, and a number of the speakers have touched on this, PSHE education is crucial. It's the main vehicle within the curriculum for teaching, specifically, about eating disorders, but more importantly to support young people to recognise the need for help, either in themselves or in their friends, and to understand how to access help, what apps available, and so on.

And I think it's a really important aspect , of the whole school approach, obviously. You can't really have one without the other. You need to be addressing it through the curriculum. Obviously, you need to be doing it safely. And that's crucial because it can be done harmfully.

And that's a really important point. So it's really important that people understand the safe practise principles for teaching about eating disorders. So that they don't actually inspire or motivate young people in the very sort of behaviours we're trying to prevent.

And I think Saira also touched on that earlier as well, the importance of people's worries about will teaching about this actually make people have an eating disorder. And obviously, the purpose of it is to make sure pupils have the knowledge to be able to identify when help is needed, and the skills and attributes to access that help rather than providing instruction in how to--

And we always say, it's so important to avoid in lessons, in resources, in speakers and in lesson activities, sharing ways of losing weight, purging, hiding, eating disorders. And it's amazing how often that does happen in resources. And people who are coming into school aren't properly trained.

That can inadvertently happen that people think sharing their story will help. And in fact, it may actually facilitate behaviours. And also, not sharing extreme images. And I'll speak sort of touched on that too, and not discussing weights. Not provide that benchmark for people to aim for or an aspirational example when you think you're actually putting people off.

Lots of important things to take into account when teaching it. I don't think it's something that we should say, everyone should just go out and teach about eating disorders, unless they're aware of how to do it properly and safely.

And we would always advocate appropriate training for teachers, and obviously, safe resources. And we have resources as well on our website for that, and have a quality mark for resources. So I'd always advise people to look out for that. But it is crucial, that curriculum elements there in amongst the wider whole school approach.

Thank you, Jenny. And Jan, do you have thoughts on that how this can be addressed in the primary curriculum, especially?

Thank you. Thank you. First of all, just to say thank you to the speakers who have really insightful and reinforcing, I think, of what we heard at the Ask the Expert session. And I agree with everything that you've said, everything that Jenny said.

We come back, don't we, to this phrase whole school approach and holistic approach. And it can sort of trip off the tongue and sound quite simple. It's complicated, but it's absolutely crucial.

And actually, if you look at the DfE statutory requirements, which is what schools are now having to deliver, a primary level, one of the things that's included, and I was looking at this in quite some depth after seeing the Ask the Expert session. There is included understanding of calories and other nutritional content.

And I think that's something that we need to think very carefully about, especially having heard the speakers today and previously about how that could for some children be something that would be children who are perhaps anxious, something that could cause them to sort of tick them over into behaviours that could lead towards eating behaviours.

So I think the question of that whole school approach, and also balance, we need to make sure when we're teaching children, whether it's any aspect of emotional and physical health and well-being, the whole thing about balance.

Too much exercise is not good. If you ate too many carrots, it would not be good. Apples are not just good for you. So getting away from this idea of good and bad food and the whole language around food. And I think Saira, you mention that in particular. And Victoria, you also mentioned about how teachers can give messages inadvertently by talking about oh, that's a really naughty food or talking about treat foods.

And we recognise that food is used not just for nutrition, but for celebration and social events. And we need to be able to balance around all that. But I think the other thing, and particularly for primary schools, is really to concentrate on those emotional skills that Jenny referred to, getting children to be able to recognise and identify their thoughts and feelings, and to promote their self confidence and self esteem, and deal with strong emotions and difficulties.

So that if they're in a position where they feel like something's going wrong, and they may be wanting to control it through eating, which is very common with young children also, then they have got the skills and the strategies to know who to speak to. They can articulate their thoughts.

So those things are really crucial. So really, it's not about seeing teaching healthy eating in isolation. It's that whole curriculum, which of course, PSHE is. And remember that the DfE statutory requirements, I regard them as a subset of a good, effective PSHE programme. They are not the whole thing.

And unfortunately, because schools are often concerned with doing what they have to do, which is understandable, given the amount that they have to do. And I remember that from my own years as teaching, more and more is piled on. And very little, if anything, is taken away.

But it's that balanced curriculum is very much part of the PSHE approach and style, and very much a whole school approach.

And remember as well that one of the things that she told us at the Ask the Expert session, and that's really sort of stuck with me, is that perceptions and dissatisfactions with body image are established by the age of nine.

And that's a shocking statistic, I think. And so what teachers can do there, and particularly in primary schools, is to look at their areas around body image. And that is part of the curriculum as well. Looking at the media influence, that is part of the statutory curriculum.

It's more than just what's in healthy eating, but it's in mental health part of that curriculum as well. And encouraging children to be confident in self-esteem and celebrating diversity and different people, different body shapes, and so on. Those things are crucial. Sorry. I probably talk too long.

No. And that's great. Thank you, Jan. Really helpful. And Saira, did you have anything to add to that?

I think it's almost like Jenny and Jan planned this with me without realising. Because what Jenny and Jenny talk, I was not even thinking, I've got an example of how we did this and how we've done this. Being a DSL and a PSHE at the same time was really helpful. Because Jenny, as you rightly said, and Jan said too, it's about balance and it's about inspiring staff confidence to cover, sometimes, really sensitive topics.

What was happening was when necessary, we met regularly as a PSHE team. We were lucky enough to have a dedicated team, body of staff, a team of staff who delivered PSHE lessons. What was happening was we'd meet like at the start of every half term. We couldn't do fortnightly all the time because it wasn't feasible.

But we met regularly and say, look, we're going to be covering this, this, and this. How do we feel about it? As a DSL, as experience, I was giving training to start in-house. There were certain topics. Some staff openly said, you know what, Saira, I can't. I don't feel comfortable doing this because of X, Y, Z.

So what we did was did was we did a rota on a carousel. So then there were a smaller number of us within the PSHE team. We delivered certain lessons because other colleagues, which they've got the absolute right to say-- sorry, laptop slipping, said I can't teach this. I don't feel comfortable doing it. I think I might inadvertently, as Jenny rightly said, I might inadvertently say the wrong thing, and put an idea in a young, vulnerable child's head.

So we did that as well, where we planned collaboratively. Sometimes, I won't lie, I planned the content for the entire group. Because it was just simple, easy. And what we did was we divided it up. So the key stage three lead for behaviour, focus on the seven and eight in particular. And we did use the PSHE Association. Of course, we use their resources.

We said, because they're brilliant under this. So why not? Why bring up the wheel? So I definitely advocate. That's not a sponsor thing to say, by the way. I genuinely mean that. So they did that. I focused more on the key stage four, key stage five because obviously, we touch on more open and what's the word I'm after? Controversial topics, the older they get.

And we address more difficult elephants in the room and what have you. But we worked collaboratively from the very beginning onwards. We always had to. I have opened all these conversations that look, I don't feel comfortable teaching this. Can you please-- I'll cover you whatever, you go and teach it to my class. And we were doing that as well. So just to reassure staff.

And as Jan rightly said, it's all about balance. It's about doing it with the best intent in the world. But inadvertently saying the wrong thing, you could cause some longstanding damage to a child's mental health. And then spend a long time trying to do it. So absolutely, yes, PSHE Association, I'm a fan.

Great. Thank you, Saira. We've got a couple of questions in the chat relate to recovery. How to support sort of ongoing recovery, but also how to deal with the situation, where you might be concerned about a pupil's ongoing health?

Before we get to that question, my colleague is just going to post a link in the chat to an evaluation of this webinar. We know how busy everyone is. And as soon as it finishes, there'll be other things to do. So it's best to just spend a minute now completing the evaluation within this time.

And because this is part of an ongoing series of webinars, it really does make a difference. Your comments in this evaluation will inform how we plan webinars in the subsequent rest of the series. So please do take a couple of minutes just to complete that evaluation.

And we'll then move on to questions around recovery. So how can schools develop policies to support ongoing recovery? We've talked about addressing eating disorders. But where there's a case where that has been identified. I mean, someone is getting that help. How should schools support that? And if I could come to you first, Victoria.

Thank you. Yeah. I mean, it's all about the care plan, isn't it? And getting the health professionals involved in planning for the care for that individual person returning to school, it might be that they should be a safe way to when they return to school and eating disorders.

If you might not share that weight, but might tell you that their weight is not at risk of damage and their physical health might be things like they might need somewhere quiet to eat. It might just mean that they have a reduced timetable, then just put measures in place that they are safe in school starting later, so that they can have a snack at home before they come into school, and support their recovery that way.

I can't remember where I got this information from, but I think their grades get worse when they're on recovery. And so one might be able to help me with that because they've let go of certain things. So their grades might, so they might just need some academic support to catch up as well if they've had a period of time outside of school.

But I would make sure that the care plan is in place, that they know where their safe places are and safe People are, who they can talk to in school.

Thank you. And Saira, do you have anything to add to that in terms of policies around recovery?

Victoria took the words right out of my mouth, which obviously, no expert stay with the IHCP, the Individual Health Care Plan. Absolutely, there needs to be a plan in place before the person returns.

If I can just kind of interlink it with that-- I don't know if you're still in the-- [inaudible]... but Claire Fitzgerald's question kind of links nicely to this because she asks about a young person who returned to school, but they get exhausted studying for their A levels. Parents want her to be given flexibility to go home early or come in late. And Claire rightly raise the concern that she needs to be in for lesson time.

I'm talking about the SENCO rather than DSL and medical lead here. But access arrangements for exams are absolutely paramount. You've got the DfE statutory guidance supporting pupils in medical conditions in educational settings. Utilise that to your advantage, put in access for the young person.

There's a lot that you're allowed to happen for students who have been diagnosed eating disorders. It's about getting them rest breaks. It's about getting them extra time, et cetera. Putting that in place to help you in person.

And with regards to having, as Victoria rightly said, having reduced timetables like a phased return, if you will. Having maybe something like Teams, for example, whereby students can actually access some learning from home.

Physically being in the building isn't necessary. They can sit at home. Even in the bed, in their bed with a laptop will actually access the curriculum. So you've got to be-- I know it's tricky because obviously, you're stressed about grades, et cetera. You want the in-person too as best possible. But at the same time, you don't want to do all the hard work of the experts externally, who work so hard to help the person recover. So getting an individual health care plan in place.

Safety plan-- again, Rebecca didn't plan to say this, but we have got a really good one on their website, using the safety plan having all of that put in place, making sure information is sensitively shared from a safeguarding perspective with everyone who needs to know.

That's absolutely paramount. Because if one person makes a mistake, you could lose that child safe. I'll come back to school now. You don't care about me, et cetera, et cetera. So individual health care plan in place of medical perspective, having a safety plan if required by return to school.

Making the curriculum as accessible as possible, and being supportive as possible. Because I think she mentioned also in her question about attending appointments. You can't hold that against your child. It's DfE statutory guidance. You have to allow those things to happen. And just using the access arrangements is a big, big measure, definitely. I hope that makes sense.

Thank you. Yes, it means perfect. And just in the final couple of minutes, I think it would be good to just talk briefly about advice for addressing this with perhaps staff who don't have experience in PSHE or in a pastoral role.

So getting them on board with the importance of knowing about and addressing eating disorders, and also with parents or families who might be a bit defensive, as you mentioned, Victoria. So Victoria, do you have some thoughts on that?

Just being open and honest from the very start, from when there was pupil start in your schools. So this is what we do. This is our policies. This is how we will communicate. We are here to look after your children. I think, starting at that point and not-- that's where you have to start.

So that they know that you're not afraid to tackle these things. It's quite a brave thing to do. And really difficult to manage. And about addressing that with parents as well, just making sure that they understand how difficult it is. But that if everyone's working together to support the child, that's what everyone needs to do.

I think that's your starting point on how to support parents and providing vital information to staff and teachers around eating disorders. So it's kind of so they know where to turn to for help if they don't know how to deal with something, having the confidence to say, I don't know how to deal with that. And then going forward from there to find the people that do. That's where I would start from. Saira, I don't know if you've got anything to add to that.

Absolutely, wholeheartedly, Victoria, honesty and being absolutely just 100 per cent hands off. This is exactly as it is. I think also, to add to what Victoria perfectly said there, just to do your research on different cultural groups within your setting. If you're not familiar with all of them, so that you can actually reassure the parents or the families, you do understand where they're coming from.

But I think one of the most powerful sentences I've ever used, and I've had to have some being an RSHE lead. I have some very, very tricky conversations with parents. One of the most powerful things I've ever said to a mum or dad was in school, your child is my child. I would never want anything for your child that you don't want.

And this is not a judgement on you. What I'm saying, it's about us working together for your child's best interests. And most of the time, that in itself does actually alleviate some of the parental stress. But it's always as the choices. Always making sure it's open and honest.

I'm admitting it now, I've had to learn things along the way as a professional in education for 17 years. Being honest with them as well to reassure them that it's not a case of I'm judging you. It's emphasising that it's a collaborative discussion that we're having for the best interests of their son, daughter, et cetera.

Thank you so much. Unfortunately, we're going to have to end the discussion now. That's gone very quickly, but we're out of time. So I'd just like to thank again all of our speakers for your very informative and comprehensive presentations.

And thank you to Jan and Jenny for joining us for that discussion. And you'll be able to watch this webinar back within five days. So thank you very much to all the attendees for joining us.