Doctorate in Educational Psychology

An Exploration of Practice in Schools When Working with Young People with Eating Disorders, and Their Families; The Potential Role for Educational Psychologists

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Summary

This document is divided into three sections. Part A is a detailed literature review which explores the relevant research into identifying ways Educational Psychologists (EPs) could support schools working with young people (YP) with eating disorders (EDs) and their families. A number of elements are included, such as: the aetiology of EDs, present intervention for EDs, the current support for EDs in schools, parents view, and subsequently the current and future role of the EP in supporting the needs of YP with EDs in schools. Research aims and questions are highlighted at the end of this section.

Part B embodies the empirical study, which aimed to identify ways that EPs could support schools working with YP with EDs, and their families. The research has two components. The first is based on the responses of parents of YP with EDs and those of UK secondary school staff, through questionnaires exploring their views on the current support for pupils with EDs, and the support they felt is necessary. The second component focuses on the outcomes of interviews with EPs to identify ways in which the profession could provide support. Part B addresses key aspects such as methodology, results, and the discussion of the findings in relation to the research questions.

Part C is the critical appraisal, which will provide an analysis of the process of the current study, including decisions made by the researcher. This section will consider a number of factors, such as the research position taken, methods, participants and recruitment, data analysis, limitations and weaknesses, and dissemination of the results.

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ABBREVIATIONS

ALNCo	Additional Learning Needs Coordinator
AN	Anorexia Nervosa
BEAT	Beating Eating Disorders charity
BDD	Body Dysmorphia Disorder
BED	Binge Eating Disorder
BN	Bulimia Nervosa
BPS	British Psychological Society
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Groups
CPD	Continual Professional Development
CYP	Children and Young People
DfE	Department for Education
DoH	Department of Health
ED	Eating Disorder
EDNOS	Eating Disorder Not Otherwise Specified
EHCP	Education Health and Care Plan
ELSA	Emotional Literacy Support Assistant
EP	Educational Psychologist
EPS	Educational Psychology Service
FG	Focus Group
HCs	Healthy Controls
HCPC	Health and Care Professions Council

LA	Local Authority
MD	Multidisciplinary
MH	Mental Health
NHS	National Health Services
OCD	Obsessive Compulsive Disorder
OFSED	Other Specified Feeding or Eating Disorder
PEP	Principal Educational Psychologist
SENCO	Special Educational Needs Coordinator
TA	Thematic Analysis
YP	Young People/Person

An Exploration of Practice in Schools When Working with Young People with Eating Disorders, and Their Families; The Potential Role for Educational Psychologists

Part A: Literature Review

Word Count: 10,950

1.0 Structure of Literature review and key sources

1.1 Introduction

This literature review will begin by discussing recent legislation related to mental health (MH) and describing eating disorders (EDs). This will be followed by information about the current interventions for ED, and research focussed on key systems in young people's (YP) lives. Next, the role of educational psychologists (EPs) and their relevance to the research is explored. Finally, the academic rationale will be discussed, and the research questions presented.

1.2 Search Process

The empirical literature included in this review was obtained through key sources which included: PsychInfo, ERIC, British Education Index, and Web of Science. The three concepts were: Eating Disorders, schools, and EPs. Key terms included: 'Eating Disorders', 'Anorexia Nervosa', 'Bulimia Nervosa', 'Binge Eating', 'secondary school', 'high school' 'intervention', 'programme', 'treatment', 'educational psychologist' and 'school psychology' (Appendix 1).

The research which arose from the databases was analysed for relevance to the present study, and examined manually. Recent research was included where possible (post-2010) to provide an up-to-date overview of the current situation support for individuals with EDs in schools within the United Kingdom (UK). This comprised of papers on EDs based in clinical settings (from a health/medical perspective), research on the role of EPs, studies on EDs in schools, and government legislation. Other appropriate references ('grey literature') were identified using the snowball technique (Creswell, 2009) and hand searching through: relevant journals (e.g. Educational Psychology in Practice); Welsh and English government legislation; unpublished doctoral dissertations; and textbooks regarding EDs. As EDs are often comorbid with other MH difficulties (Knightsmith, 2015), studies on comorbidity were included. Furthermore, due to limited research in this area conducted in the UK, studies from countries (e.g. United States of America [USA]) were incorporated.

1.3 Structure of Literature Review

A pilot systematic literature review based on the data from PsycInfo was initially undertaken. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) flow diagram was followed (Moher, Liberati, Tetzlaff & Altman, 2009; Appendix 2). Limited research relating to the current study was identified; however, nine relevant

papers were included in the review. Therefore, a narrative literature review was conducted, which addressed gaps in the empirical evidence through the synthesis of medical and educational research.

2.0 Mental Health

MH is construed in many ways, possibly explained by differences in the language used (Price, 2017). Strathdee (2015, pg.1) wrote:

> "The definition of mental health in the national 'No Health without Mental Health' policy is that it is a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment. Levels of mental health are influenced by the conditions people are born into, grow up in, live and work in".

Due to "lack of uniform definitions and survey methodologies", it is "difficult to establish the prevalence of mental health issues" (Greig, Mackay & Ginter, 2019, pg.258). Nevertheless, evidence indicates increasing rates of children and young people (CYP) experiencing MH difficulties in the UK (Gunnell, Kidger & Elvidge, 2018). A recent survey conducted by the National Health Service (NHS, 2018a) found that 12.8% of five to nineteen-year-olds had at least one MH disorder when assessed in 2017. Furthermore, the prevalence of MH disorders in five-to-fifteen-year olds had increased from 9.7% in 1999 to 11.2% in 2017. This highlights the number of CYP in schools who have difficulties around their MH and well-being, and raises the question around how they are being supported.

Awareness of the potential impact of MH challenges for CYP has led to legislation focussed on improving MH and well-being in UK schools, such as 'Transforming Children and Young People's Mental Health Provision: a Green Paper' (Department for Education & Department of Health [DfE & DoH], 2017) in England. Additionally, the 'Together for Mental Health Delivery Plan: 2016-2019' stated that £1.4million would be spent on the furtherance of MH provision in schools in Wales (Welsh Government, 2018). This suggests that legislation has been established to address the lack of support around MH in UK schools, and MH needs of pupils are being recognised. Nevertheless, MH is a broad term, encompassing numerous mental illnesses; hence it is pertinent to consider support for specific MH difficulties such as EDs.

In the UK, it is estimated that 1.6 million people have an ED, with this number continuing to increase (Priory Group, 2018a), which is approximately 2.4% of the population. The Mental Health Foundation (MHF, 2016) suggests that rates for YP under the age of twenty-five have doubled. The figures highlight that EDs are an area of MH which affect many individuals.

3.0 Eating Disorders

Mehler and Andersen (2017, pg.6) defined EDs as "Disorders of eating behaviour that develop to deal with problems in a variety of areas of life" including emotional and personal conflicts. The Diagnostic Statistical Manual 5th Edition (DSM-5; American Psychiatric Association [APA], 2013, pg.329) classifies feeding and EDs as:

> "a persistent disturbance of eating or eating-related behaviour that results in the altered consumption or absorption of food and that significantly impairs physical health or psychosocial functioning."

The DSM-5 ED section was revised to include Binge Eating Disorder (BED), Anorexia Nervosa (AN) and Bulimia Nervosa (BN) in 2013 (Smink, van Hoeken, Oldehinkel,& Hoek, 2014; see Table 1). A DSM-5 category of Other Specified Feeding or Eating Disorder (OSFED) is used to describe people whose symptoms do not fit the criteria of AN, BN or BED, yet are still clinically severe. However, it has been argued that a high prevalence of OFSED suggests that the ED categories require further refinement (Thomas et al., 2014). Other disorders such as Pica, Rumination Disorder, and Avoidant/Restrictive Food Intake Disorder are included in the DSM-5. These may be associated with medical, sensory or other neurodevelopmental diagnoses (such as autism spectrum disorder), and sufferers are not focussed on weight loss and body image (DSM-5, 2013, pg.332).

Table 1: *Signs, symptoms, and key information for AN, BN, and BED.*

ED	Signs, symptoms and key information
AN	• AN symptoms include a person: restricting their diet and/or exercising excessively with the intention to achieve a low body weight; knowing the calorie content of foods and setting daily limits of calories; and evaluate themselves based on their weight or shape, and possess and "intense fear" of gaining weight (APA, 2013, pg.338). • Individuals with AN are usually underweight, with a low body mass index (APA, 2013). • There are two subtypes: restricting type, where the individual diets, fasts, and/or exercises excessively); and binge-purge type, where a person will binge and purge (APA, 2013). • AN has one of the highest mortality rates of psychiatric disorders, with up to 10% of those with AN dying as a result of suicide or health complications e.g.

	failing organs or heart attacks (Knightsmith, 2015). • The removal of specific criteria (e.g. loss of menstruation) has resulted in an increase of individuals meeting AN by 12% and therefore a decrease in OFSED cases in the UK (Mancuso et al., 2015).
BN	• BN is typically characterised by the binge-purge cycle. This is a pattern of behaviour where a person will consume large quantities of food within a short period of time and experience a sense of lack of control, and will then use compensatory behaviours such as vomiting or abusing laxatives. Feelings of shame and guilt often follow the purge, which can result in the person going on a strict diet (APA, 2013). • Individuals' self-evaluation is influenced by their weight and body shape (APA, 2013). • As "only about 50% of calories are generally expelled during purging", BN sufferers tend to be of "average weight", which can make it difficult to identify them (Knightsmith, 2015, pg.19). • It has been found that approximately half of BN sufferers have had AN "either a full or partial syndrome" (Mehler & Andersen, 2017, pg.10).
BED	• BED (also known as compulsive eating), is where a person engages in recurrent episodes of eating vast quantities of food in a short period of time and experience a sense of a lack of control during the episodes (APA, 2013). • BED is associated with: eating more quickly than normal; eating large amounts of food until the person feels uncomfortably full, which can result in the person feeling embarrassed, and therefore eating alone; feelings of disgust and guilt after food consumption is experienced (APA, 2013). • As there is "no compensation" for the binge, individuals tend to be overweight (Mehler & Andersen, 2017, pg.10). • Although some have argued that the DSM-5 'overpathologises' eating behaviours in obese individuals, this is disputed by research highlighting the criteria's reliability identifying people with "dysfunctional eating habits" (Thomas et al., 2014, pg.2014; Vinai et al., 2016, pg.107).

3.1 Length EDs are Experienced by Individuals

As EDs are such complex difficulties, it is unsurprising that the length of time individuals experience them vary (see Figure 1). Nevertheless, Beat Eating Disorders (BEAT, 2015) suggests that six years is the most common duration individuals experience an ED. According to BEAT, relapse rates for EDs are high (63%), with many individuals requiring subsequent treatment; relapse rates are "particularly high where symptoms become apparent under the age of 16" (BEAT, 2015, pg.33). These figures support the argument that it may be pertinent to consider EDs in school-aged pupils.

[This image has been removed by the author for copyright reasons. It can be found using the following reference:

BEAT. (2015). *The cost of eating disorders: Social, health and economic impacts*. Retrieved from: https://www.beateatingdisorders.org.uk/uploads/documents/2017/10/the-costs-of-eating-disorders-final-original.pdf on 16/07/19.]

Figure 1: Length EDs are experienced by individuals.

3.2 Aetiology of ED

3.2.1 Biological Theories

The biological approach explains EDs through physiological differences, including neurological, chemical, and genetic (Lask & Bryant-Waugh, 2013).

3.2.1.1 Neurological

The neurological approach suggests individuals with EDs have alternate brain structures and functioning, and an imbalance of neurotransmitters.

Neuroimaging studies have found differences in how people with EDs process reward and inhibition compared to healthy controls (HCs; Loeber et al., 2018; Monteleone et al., 2017). Domakonda, He and March (2017) conducted an fMRI study to explore attention network dysfunction in adolescents with BN. Resting-state fMRI (functional magnetic resonance

imaging) images of 42 adolescents with BN were compared with 37 age-matched controls. Functional connectivity was correlated with BN symptoms and participants' results on the Continuous Performance Task-II. Participants with BN had increased connectivity between the right ventral-supramarginal-gyrus (in the attention network) and the default-mode-network (involved in intrinsic control) compared to HCs. Researchers concluded that there were disruptions in attentional network connectivity in YP with BN. The results suggest that the fixation around food and weight experienced by people with BN can be explained by increased connections between certain brain areas, resulting in difficultly shifting their attention to other matters.

A weakness of the brain structure theory is the cause and effect debate. It is unclear whether EDs are influenced by brain functioning/structure, or whether ED behaviours result in neurological alteration, thus affecting connections. Research exploring neuroplasticity of people with EDs in recovery are inconclusive. Some studies suggest no neurological differences in ill and recovered individuals with EDs (McAdams et al., 2016); whereas, others have found evidence of neuroplasticity occurring in recovered ED patients (Bang, Rø, & Endestad, 2018). Furthermore, some researchers use weight-recovered participants (e.g. McAdams et al.) to explore the neurological similarities and differences. It could be argued that results may lack validity, as it may be too simplistic for a person to be identified as being recovered purely based on weight considering the complexity of EDs.

The second element of the biological theory which will be discussed is that of neurotransmitters; these are chemical substances which are released at the end of nerves and are transported across synapses (Colman, 2009). Serotonin has been suggested to be an influential neurotransmitter in EDs, specifically 5-HT (Hildebrandt & Heywood, 2017). 5-HT pathways influence appetite and mood, and reward-related behaviours such as food and drugs (Higgins & Fletcher 2003, cited by Price, Anastasio, Stutz, Hommel & Cunningham, 2018). One 5-HT subtype found to influence EDs is the 5-HT_{2C} receptor (5-HT_{2C}R) in BED. Price et al. explored the effects of 5-HT_{2C}R on binge-eating behaviours in rats. Rats were given a high-level of 5-HT_{2C}R agonist or a low dosage of the drug, and their eating behaviours were compared. It was found that the activation of the 5-HT_{2C}R suppressed binging behaviours on high-fat food (HFF), and higher doses of the drug reduced the motivational and reinforcing properties of HFF. The researchers concluded that activation of the 5-HT_{2C}R could be used to reduce binge-eating behaviours in BED

patients. This study highlights the role serotonin plays in eating/reward-related behaviours and therefore, illustrates how neurotransmitters can influence EDs.

A limitation of Price et al.'s (2018) study is the use of animal participants. Aside from the ethical issues of animal testing, it could be argued that the complexities of EDs cannot be replicated by purely exploring eating behaviours in rats; and therefore, questions the validity of the neurological research using these methods attempting to explain and treat EDs. Secondly, the study is unclear about its methodology. This non-transparency suggests there are reliability issues with the data and raises questions around why this is. Thirdly, as serotonin is involved in disorders often comorbid with EDs (anxiety, depression), it is difficult to identify whether the 5-HT affects EDs individually (Frank, 2015). Finally, the pharmaceutical company who commissioned the research provided the drug which affected the receptors, and thus binge-eating behaviours. It could be argued that there was a motive to highlight that the drug could be used to treat BED, and thus a conflict of interest existed.

3.2.1.2 Chemical

The chemical theory implies that EDs are caused by interference of hormone levels (e.g. reproductive hormones). The timing of the hormonal imbalances during puberty coincides with differences in how adolescents perceive their bodies, hence is a period of risks for ED onset (Castellini, Lelli, Ricca & Maggi, 2016). This is supported by the National Eating Disorder Association (NEDA, 2019), who stated that the female's biological changes and growth spurts during adolescence put them most at risk of developing EDs.

Klump, Peel, Culbert and Edler (2008) explored the relationship between ovarian hormones and binge-eating in a two-part study. In part one, participants completed the Dutch Eating Behaviour Questionnaire (DEBQ) and recorded their menstrual cycles in a diary. Researchers used repeated-measures analysis of variance to explore binging frequency across menstrual cycles. Results found that DEBQ scores were higher in the mid-luteal/premenstrual phases and lowered during follicular/ovulatory phases. This, therefore, suggests changes in hormone levels influence binge-eating behaviours. In part two, nine sets of twins took daily salivary hormone samples and completed questionnaires (e.g. Emotional Eating subscale of the DEBQ). It was found that increased progesterone and decreased oestradiol was significantly associated with increases in binge-eating. These correlations were unaltered when randomly selecting one twin from each twin pair. This

study supports the chemical theory, indicating that reproductive hormones may influence eating behaviours and disordered eating.

Nevertheless, it could be argued that physiological elements are one component, and the response to environmental stressors and cognitive factors need to also be considered. An example is that adolescence is also a time of exam pressures, which the hormonal explanation would highlight the role of cortisol. YP may feel the need to gain control as they may experience low perceived control (Doron, Stephen, Boiché, & Le-Schaff, 2009). Furthermore, evidence suggesting hormonal changes increase the risk of EDs is inconclusive (Castellini et al., 2016). Harden, Kretsch, Moore and Medle (2014) stated that few studies have used human adolescent participants when measuring or testing the effect of hormonal changes. Therefore, the validity of the data supporting the chemical theory of EDs is limited.

3.2.1.3 Genetic

The genetic theory suggests that EDs are predetermined by the inheritance of genes (Lask & Bryant-Waugh, 2013). Evidence for the genetic theory of EDs in adolescent girls comes from family-concordance studies, adoption studies, twin studies, and molecular psychiatry.

A genome-wide association study on AN found a significant amount of twin-based heritability arose from common genes (Duncan et al., 2017). This included strong positive correlations between AN and schizophrenia and neuroticism, and negative correlations associated with genes between AN and body mass index, insulin, glucose, and lipid phenotypes. Supporting Duncan et al.'s research, Watson et al. (2019) conducted a cross-cultural study on individuals with AN (*n*16,992) and analysed the genetic composition compared to controls (*n*55,525). They identified six loci (fixed position on a chromosome). Results suggested that people with AN had mutations on some chromosomes, which are also evident in other psychiatric disorders (e.g. anxiety), and some influence their metabolism. The researchers concluded that AN should be seen as a 'Metabo-psychiatric disorder' (pg.1216). Watson et al. states there is a "mild but statistically non-significant" effect between AN and metabolic phenotypes (pg.14). Therefore, this raises questions about the validity of the claims that AN is a 'Metabo-psychiatric' disorder. Furthermore, it must be noted that the research was funded by a pharmaceutical company. By reframing how AN is perceived and thus treated, this may influence drug sales and profit.

Following Watson et al.'s claims, Hildebrandt and Heywood (2017, pg.892) stated that to date "there is no deterministic cause of eating disorders that is inherited" and suggested that EDs are a result of an individual's environment affecting their gene expression. Research highlights that environmental stressors can trigger the expression of ED genes (Steiger & Thaler, 2016). Identifying what is occurring in an individual's system is therefore crucial to understanding what maintains EDs, and possible changes to make to facilitate recovery.

3.2.2 Psychodynamic Theory

Psychodynamic theories focus on early relationships between an infant/ a child and his/her key caregivers resulting in unconscious and conscious driving forces, which underpin all feelings, thoughts and behaviours (Westen, 1998).

3.2.2.1 Oral-Fixation

Freud's theory of psycho-stages would suggest that individuals with EDs are fixated at the oral stage of development (Caparrotta & Ghaffari, 2006). This stage occurs between birth and twenty-one months when the baby is breastfeeding, during which the mouth is an infant's primary source of interaction. It is suggested that if the baby is under-gratified (not being breastfed enough) or over-gratified (being breastfed too much) they become fixated at this stage. Nicholls and Viner (2009) used data from a 1970 cohort study and self-reported anorexia at age 30, to explore childhood risk factors for AN. Once contacted, those who participated completed an online questionnaire and were interviewed. Differences between participants with AN and the rest of the cohort were analysed. Of the 11,211 participants, 0.9% reported having AN, which reflects the prevalence rate. "Infant feeding problems" in the first six months of life was found to be an independent predictor of risk of AN. However, it must be acknowledged that the researchers did not define what constituted as feeding problems, whether this was breastfeeding or other issues such as vomiting after a feed. Nevertheless, the findings support the idea that oral-fixation could influence the development of EDs.

Another form of oral-fixation is smoking (Asher et al., 2003). Solmi et al. (2016) conducted a meta-analysis to explore the prevalence of smoking in people with EDs. Results found it was significantly more likely for people with BED and BN to be life-time smokers than HCs. Although the relationship with AN was not significant, they did find that 30% of participants with AN smoked. Arguably, the findings support the idea of oral-fixation. However, higher

smoking rates could also be explained by attempts to reduce feelings of hunger, as smoking suppresses appetite (Audrain-McGovern & Benowitz, 2011), or managing anxiety and depression which is often comorbid with EDs (APA, 2013; McKenzie, Olsson, Jorm, Romaniuk & Patton, 2010).

It must be noted, however, that this theory is controversial (Bridges, 1999) and there is a lack of research exploring infant feeding behaviours and increased risk of developing an oral-fixation, such as an ED. Furthermore, the evidence is conflicting. Dellava et al. (2012) asked mothers of AN sufferers to complete a questionnaire exploring infant feeding. They found no significant associations with AN subtypes and infant feeding behaviours. More evidence exploring this psychodynamic theory of EDs is required to further understand possible relationships.

3.2.2.2 Attachment

Attachment theory suggests that repeated interactions between caregivers and infants create an internal working model of attachments (Tasca, 2019). Tasca suggests that attachment insecurity is associated with increased ED symptoms, however, suggested the research lacks reliable results regarding whether certain attachment styles are associated with specific EDs.

Grenon et al. (2016) explored parental attachment of women with AN, BN, BED, or Eating Disorder Not Otherwise Specified. They used: the Care subscale in the Parental Bonding Instrument to investigate participants' views of positive (e.g. affection, empathy, closeness) or negative (e.g. neglect, emotional coldness) parental behaviour towards them as children; the Multidimensional Body Self-Regulations Questionnaire Appearance Scale to explore body dissatisfaction; the Experiences in Close Relationships Scale to assess attachment anxiety; and the Sociocultural Attitudes Toward Appearance Questionnaire to examine media internalisation (Grenon et al.). It was found that lower perceived amount of positive parental care (low care), for both mothers and fathers, was associated with greater body dissatisfaction. Furthermore, low father care was also related to higher attachment anxiety and increased media-internalisation of thin-ideals. The researchers concluded that experiencing fewer positive behaviours from parents in childhood had a negative impact on women's body satisfaction, attachment anxiety, and increased and internalising of thin-ideals.

One weakness of Grenon et al.'s (2016) study is the reliance on retrospective data, thus reducing the validity of findings. To understand how attachment influences the development of EDs, longitudinal research could be conducted to explore possible relationships between attachment styles and EDs. Furthermore, no control group to compare scores on the individual questionnaires again reduces the validity of the results.

3.2.3 Cognitive Approaches

Cognitive models of EDs tend to focus on the perceptions individuals possess of themselves and the outside world (Lask and Bryant-Waugh, 2013), including irrational thought processes towards food, eating, and body evaluation.

3.2.3.1 Obsessions and Compulsions

Many similar observational characteristics exist between EDs and Obsessive-Compulsive Disorder (OCD), which influence decision-making and maladaptive perfectionism (Boisseau, Thompson-Brenner, Pratt, Farchione & Barlow, 2013). Obsessions refer to intrusive thoughts people with EDs may experience (e.g. about what food to eat). Compulsions are the behaviours displayed which are linked to the compulsions (e.g. binging and purging). Boisseau et al. explored perfectionism (using the Frost Multidimensional Perfectionism Scale) and decision making (using a computerised version of the Iowa Gambling Task) in participants with BN, OCD, and HCs. The OCD and BN participants had higher levels of perfectionism compared to the HCs, and significant effects on "doubts on actions" and "concerns over mistakes" measures. Contrary to previous research, there were no significant differences between groups on the decision-making task. However, it was found that performance on some elements was strongly associated with perfectionism in OCD and ED participants, which they argued supported the idea that differences in decision-making may be related to perfectionism. These results highlight similarities between individuals with BN and OCD, and how this may impact on cognitive elements such as perfectionism and decision-making.

Limitations of Boisseau et al.'s (2013) research include all participants being women, which constituted the small sample size of sixty-one participants and could reduce the generalisability of the results. Secondly, the concept of a sense of control has been suggested as a key component in EDs (Froreich, Vartanian, Grisham & Touyz, 2016). Froreich et al. explored the relationship between control and obsessive-compulsive symptomatology. Fear around a loss of control was found in participants who engaged in

both disordered-eating and obsessive-compulsive symptoms. This suggests that regarding obsessive and compulsive thoughts in EDs, there are many factors which contribute to the development and maintenance of EDs, such as loss of perceived control in addition to perfectionism, further emphasising the complexity of EDs.

3.2.3.2 Body Evaluation

The DSM-5 states a symptom of AN is "a disturbance in the way in which one's body weight or shape is experienced" (APA, 2013, pg.339). This is supported by Cornelissen, McCarty, Cornelissen, and Tovee (2017), who explored body-size evaluation of individuals with AN in treatment and compared this to HCs. The materials used included: 3D scans of the participants, a 3D modelling package to build avatars from the scans, avatars which could be manipulated to show continuous changes to their BMI, and personalised avatars to estimate participants' body-size. The results found that controls could accurately estimate their body-size, whereas those with AN overestimated theirs. Interestingly, AN participants' overestimation increased with their own BMI. This suggests that as AN patients put on weight, they still require support to try and prevent relapse and negative body image.

Recent research has also suggested that individuals with AN perceive other people's bodies as more overweight, not just their own. Moody et al. (2017) compared participants with AN, Body Dysmorphic Disorder (BDD), and HCs, using photographs of others' faces and bodies, and were asked to rate their attractiveness, and if they were over/underweight. Participants with BDD and AN rated the images as more overweight and a lower attractiveness rating compared to controls. This suggests that body disturbances do not only affect individuals' views of their own body weight. Moody et al. concluded that there is a "more complex cross-disorder body image phenotype" than was previously thought (pg.127). This indicates more research exploring body evaluation experienced by individuals with ED could be required. Furthermore, research has suggested that personality traits (such as neuroticism) may be related to specific ED cognitions and behaviours through internalisation of thin-ideals (Martin & Racine, 2017). It could, therefore, be difficult for researchers to separate interlinking factors which contribute to the development of EDs. This reinforces the complexity of EDs, and the need to increase knowledge and understanding of them.

3.2.4 Environmental Approaches

Features and stimuli in the outside world have been linked to EDs, with the thinking that they act as triggers and influence the development of EDs. Stice's (1994) model of the sociocultural influences on the aetiology of BN represents one theory of how an individual develops BN (Figure 2). Environmental factors which could contribute to the development of BN are identified, including family, peers, and the media. Despite the model being outdated, the elements presented by Stice are supported by recent research (Scott, Haycraft & Plateau, 2019). This section will also discuss personality. Although personality traits are a result of environmental and genetic factors, research suggests that environmental influences play a greater role (Briley & Tucker-Drob, 2014).

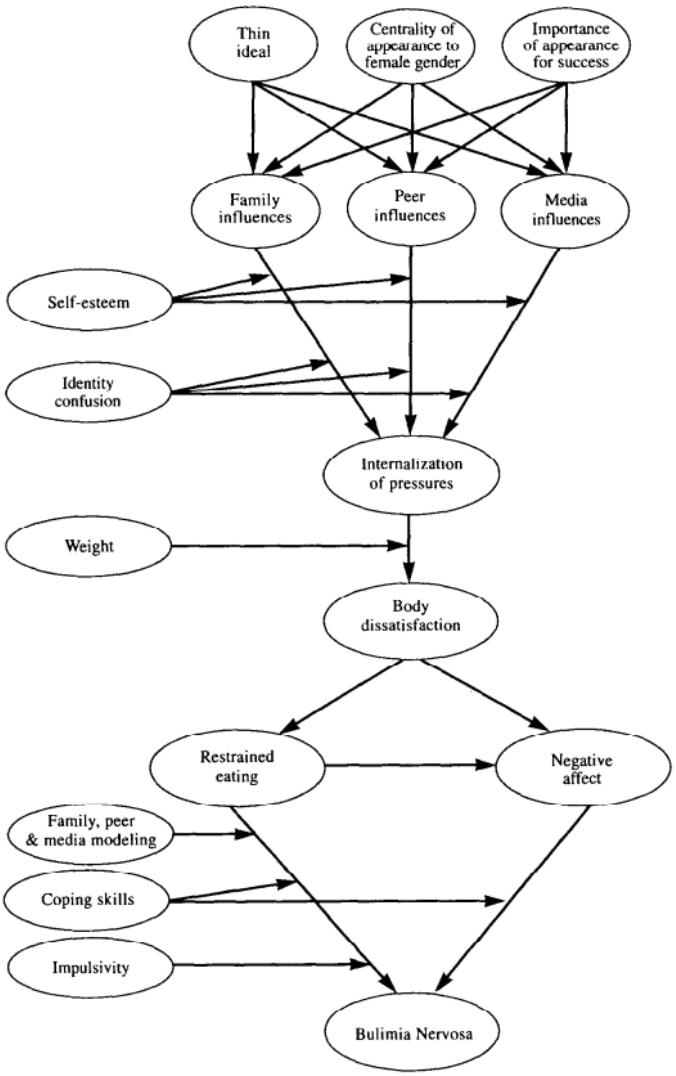

Figure 2: Stice's (1994) model of the sociocultural influences on the aetiology of BN.

3.2.4.1 Family

Sadeh-Sharvit et al. (2015) explored the perceptions of mothers with EDs around feeding their children, through semi-structured interviews. Three themes emerged: “concerns for the child’s eating, shape, and weight, with controlling feeding practices”; “avoidance of eating in the family context”; “aggravated effects of the maternal eating disorder on children, which included the awareness of the mother’s ED. The researchers highlighted how children of parents with EDs are at high-risk for developing EDs themselves. This study supports the environmental approach, and illustrates the influence of maternal eating behaviours and perceptions on children. There is also evidence demonstrating that mothers’ negative comments on body image effects eating disturbances in preadolescent girls (Handford, Rapee & Fardouly, 2018).

Considering evidence discussed so far, it is too simplistic to assume that parents cause EDs. Furthermore, NEDA (2016) suggest this could result in a blame culture where it is perceived to be the fault of the parents if a YP develops an ED. Views like this could make parents feel that professionals have a negative attitude towards them (Mitrofan et al., 2019). Additionally, it is difficult to separate genetic and environmental influences regarding parents (Hildebrandt & Heywood, 2017). In summary of the research in this area, increasing the understanding and knowledge around EDs could help reduce stigma around parents of YP with EDs, and hopefully increase empathy towards them.

3.2.4.2 Peers

Scott, Haycraft and Plataeu (2019) conducted a systematic literature review exploring the influence of teammates on the eating attitudes and behaviours of athletes, who they documented have increased risk of developing disordered eating. Twenty-four studies were discussed (most were conducted in the USA), which included qualitative and quantitative data. The researchers classified the data into two categories. The first was support from teammates, which included: promoting positive attitudes towards eating and food, encouraging friendships, and “vigilance against disordered eating”. The second category focussed on the effect pressures from teammates had on disordered eating. The studies highlighted negative appearance-based comments and discussions influenced ED symptoms, normalised engagement in unhealthy weight controlling techniques to achieve specific body shape and weight, and led to peer comparison during competition periods

(e.g. weight categorisation). Scott et al. concluded that eating attitudes and behaviours of teammates can act as protection against and increased risk for disordered eating.

One weakness of Scott et al.'s (2019) research is that of the studies included only two were from high-school, thus reducing generalisability of results to school-aged pupils. Adolescence is a period where individuals are susceptible to peer influence (Pfeifer et al., 2011), yet how much peers influence the development of EDs is difficult to identify. It, therefore, appears that further research exploring the effect of peer influence on EDs could provide an increased understanding in this area. Secondly, peer influence may not explain the maintenance of EDs, as some individuals become isolated, and withdraw themselves from their friends (Knightsmith, 2015). An 'anorexic voice' has been reported by some people with AN, which becomes a driving force in becoming engulfed in AN and could be a factor in the individual's ambivalence to change (Tierney & Fox, 2010). This, therefore, suggests the YP's thoughts may play a larger role in EDs than peer influence.

3.2.4.3 Media

Thin-ideal media messages have been suggested to increase YP's body dissatisfaction (Bell & Dittmar, 2011). For example, Griffiths, Murray, Krung and McLean (2018) explored the association between the use of social media (including platforms like Facebook and Instagram), body image, ED symptoms, and steroid use in sexual minority men using an online questionnaire. This population are more likely to develop EDs than heterosexual men (Calzo, Blashill, Brown & Argenal, 2017). Positive associations were found between the use of social media and: increased body dissatisfaction, ED symptoms (particularly for 'image-centric' platforms such as Instagram), and thoughts about using steroids. They concluded that the negative associations of social media use and body dissatisfaction seen in females is generalised to sexual minority men. The study highlights the negative impact thin-ideal portrayal by social media may have on an individual's body image and the development of EDs. This is in line with other research highlighting the more time adolescents spend on the internet, the lower their body image satisfaction and the more likely they are to have maladaptive eating attitudes and behaviours (Kaewpradub, Kiatrungrit, Hongsanguansri & Pavasuthipaisit, 2017).

Limitations of Griffiths et al.'s research includes the use of descriptive terms on Likert scales to explore the frequency of social media use and not a standardised questionnaire; therefore, reducing the validity of the results. Secondly, it could be argued that theories

regarding media influence may not fully acknowledge whether medical influences focussing on obesity (e.g. having the correct BMI, healthy food messages) may have on the development of EDs (Sánchez-Carracedo, Neumark-Sztainer & López-Guimera, 2012). Finally, it must be noted that some individuals with EDs use 'Pro-Ana/Pro-Mia' websites (which encourage the maintenance of EDs) to inspire weight loss by viewing 'thinspiration' images, and get dieting and exercise tips (Davey, 2010). This raises concerns around who is monitoring content provided on websites and suggests that work on stopping these dangerous websites should be undertaken.

3.2.4.4 Personality

Perfectionism and neuroticism have been argued to be the two main personality traits associated with EDs. (Lask & Bryant-Waugh, 2013). In a meta-analysis of 23 studies using the PRISMA model, Dahlenburg, Gleaves and Hutchinson (2019) compared perfectionism scores in people with AN, HCs, BN, and a psychiatric comparison (PC) group. Maladaptive perfectionism scores were significantly higher in the AN group compared with both HCs and PC groups, and the AN group was significantly more perfectionistic than HCs. There was no significant difference between the AN and BN groups, suggesting that perfectionism is a trait in both. Nevertheless, there was a lack of transparency regarding which disorders were included in the PC group; thus, perhaps limiting conclusions of the findings. However, it does raise questions regarding the similarities and differences in perfectionism between EDs and psychiatric disorders, therefore indicating further research is required. Furthermore, Lask and Bryant-Waugh argue that the concept of personality traits is difficult to assess in those with EDs, due to the effects of symptoms/behaviours (e.g. starvation). This is supported by Bardone-Cone, Sturm, Lawson, Robinson and Smith (2010), who found that perfectionism scores in recovered ED individuals were similar to HCs and both were significantly lower than ED patients still in recovery. Nevertheless, the research highlights that perfectionism could be associated with AN and BN.

Lee-win, Townsend, Reinblatt and Mendelson (2016) conducted a cross-sectional study to explore neuroticism and impulsivity in adolescents who proceeded to have lifetime BED, based on data from the National Comorbidity Study: Adolescent Supplement from 2009. Approximately 500 participants' neuroticism and impulsivity scores were (individually) significantly associated with lifetime binge-eating. High neuroticism and high impulsivity had stronger associations for females than males, which the researchers suggested had implications for treatments and understanding aetiology. As the sample was nationally

representative, generalisability of findings is increased. Nevertheless, no causal inferences can be made as it was a cross-sectional study; hence extraneous variables were not controlled. Longitudinal research could enable an increased understanding of genetic and environmental effects on personality traits suggested to influence EDs. The findings, however, do support the argument that neuroticism and impulsivity could play a role in EDs.

3.2.5 Integrative Models

Based on the literature previously discussed, EDs can be said to be complex conditions. A variety of models have been proposed based on biological, environmental, psychodynamic, and cognitive theories; however, research suggests that they are multifactorial (Aquilina, Agius & Sharma, 2014; Lask & Bryant-Waugh, 2013). Culbert, Racine and Klump (2015) attempted to explore the aetiology of EDs by reviewing research using an integrative biopsychosocial model. They found that sociocultural influences, specifically the idealisation of thinness variables, were the greatest risk factor, such as media exposure, pressure for thinness, thin-ideal idealisation, and thinness expectancies. Personality traits came second to this, which included negative emotionality, perfectionism, and negative urgency. Other risk factors were considered correlates as the effect sizes were small, for example, puberty influenced ED gene expressions. Although this study highlighted information regarding the aetiology of EDs, it must be noted that there may have been bias in that the researchers appear to have selected studies somewhat subjectively rather than use a clear and explicit framework such as PRISMA. Therefore, the validity of research is questionable. Furthermore, by exploring EDs as a whole and not as the specific types, the researchers may not have highlighted complex differences between them, thus affecting validity.

3.3 Current Clinical Interventions for EDs

People with EDs "rarely recover without significant support" (Knightsmith, 2015, pg.36), and the earlier treatment is provided the higher the individual's chance of recovery (Priory Group, 2018b). This highlights the importance of early identification and intervention. There are several clinical therapeutic interventions provided to YP with EDs (Lask & Bryant-Waugh, 2013). Nevertheless, there are currently a number of barriers influencing the healthcare system's ability to support YP with EDs as early as possible, such as long waiting times (BEAT, 2015).

3.3.1 Clinical Therapeutic Interventions

Currently, EDs are typically treated in individual therapy by professionals including clinical psychologists and psychiatrists, using a number of approaches (see Table 2) such as Cognitive Behavioural Therapy, Family-based treatment (also known as the Maudsley approach), Acceptance and Commitment Therapy, and Schema Therapy (Linardon, Fairburn, Fitzsimmons-Craft, Wilfley & Brenan, 2017; NHS, 2018b; Priory Group, 2018b). This support may be offered following a referral by the YP's General Practitioner to specialist services such as Child and Adolescent Mental Health Services (CAMHS) (BEAT, 2019).

Table 2*: Current clinical interventions for EDs.*

Therapeutic intervention	Description	Outcomes
Cognitive Behavioural Therapy (CBT)	CBT is a broad term used to describe talking therapies (e.g. ACT and schema therapy) aimed at challenging thoughts and harmful behaviours and by encouraging emotional regulation (Hofman, Asnaani, Vonk, Sawyer & Fang, 2012).	A meta-analysis of CBT on EDs found it is significantly more efficacious than other therapies or no treatment in individuals with BN and BED; however, not for AN (Linardon, Wade, de la Piedad Garcia & Brennan, 2017). Even with an enhanced approach, only moderate success for those with AN has been achieved (Juarascio et al., 2013).
Acceptance and Commitment Therapy (ACT)	ACT focuses on changing behaviours and aims to increase psychological flexibility and value-based action through acceptance and mindfulness (Hayes, Luoma, Bond, Masuda & Lillis, 2006).	In a study of AN and BN patients comparing a group receiving ACT in addition to treatment as usual (TAU) to a group just receiving TAU, the group receiving ACT showed more decrease in eating pathology and lower rates of hospitalisation six months after discharge (Juarascio et al., 2013).
Family-based treatment (FBT)/ Maudsley approach	The Maudsley approach is a skill-based model aimed at family members of YP with AN or BN. It includes identifying what type of carer a person is (through animal metaphors) to help them reflect on how they react/interact with the YP with an ED. The approach increases their knowledge and understanding of EDs (Treasure, Smith & Crane, 2007).	A randomised control trial comparing the Maudsley approach and specialist supportive clinical management in outpatient AN patients, found that there was not a significant difference in reductions of ED symptoms or distress levels. However, patients who had received the Maudsley method rated their treatment as "significantly more acceptable and credible" (Schmidt et al., 2015,

		pg.2). A meta-analysis comparing FBT and individual treatment in adolescents suggests that outcomes are not significantly different. However, at a 6-12 month follow up FBT outcomes were significantly better (Couturier, Kimber & Szatmari, 2013).
Schema Therapy (ST)	ST is an integrative psychotherapy, aimed at exploring maladaptive schemas through emotive techniques, and discussing childhood to identify root causes of psychological difficulties (Young, Klosko, & Weishaar, 2006).	No differences between CBT and ST outcomes for patients with BED have been found, and researchers suggest that ST could be used as an alternative to CBT (McIntosh et al., 2016). There is currently very limited research exploring outcomes ST has on EDs (Simpson & Smith, 2019).

3.3.2 Waiting Times

In the UK, on average it takes "15 months or more between recognising [ED] symptoms and treatment starting with 18% waiting 2 years or more" (BEAT, 2015 pg.29). Currently, legislation is trying to rectify long waiting times for ED patients requiring treatment, aiming to provide support within a month, or one week in severe cases (DfE & DoH 2017). Expansion of ED services in England has enabled more patients to receive treatment in shorter waiting periods (DfE & DoH). Nevertheless, in 2018/19 this was inconsistent across England, with 92% of routine referrals starting treatment within four weeks in London areas, whereas this was only achieved for 76% in the South-East; yet in 2019/20 local clinical commissioning groups (CCGs) meeting timeframes ranged from 29-43% (BEAT, 2019). This suggests that long waiting times may still be a barrier to receiving early support for some YP with EDs.

3.3.3 Cost of Treatment

BEAT estimates that costs within the healthcare sector for EDs are between £3.9 and £4.6 billion for the NHS, and £0.9 to £1.1 billion for private treatment costs (BEAT, 2015). Regarding the amount of money being put into ED services annually, in 2018/19 28% of CCGs spend less than they planned (BEAT, 2019). This raises questions about the reasons for this, whether financial factors influence the healthcare system's ability to provide treatment for some YP with EDs (see Figure 3).

[This image has been removed by the author for copyright reasons. It can be found using the following reference:

BEAT. (2015). *The cost of eating disorders: Social, health and economic impacts*. Retrieved from: https://www.beateatingdisorders.org.uk/uploads/documents/2017/10/the-costs-of-eating-disorders-final-original.pdf on 16/07/19.]

Figure 3: BEAT (2015) average cost of healthcare per person with an ED in the UK.

3.3.4 Effectiveness of Current Treatment

Murray, Quintana, Loeb, Griffiths and Le Grange (2018) conducted the largest meta-analysis on the impact of current medical treatments for AN. They looked at thirty-five randomised controlled trials between 1980 and 2017. Researchers found that outcomes for AN patients had not improved since the 1980s, and that "plateau in treatment efficacy for AN has long been reached". Furthermore, as 20- 46% of AN patients drop-out, "improving treatment tolerability and patient retention remains an important goal in future treatment development efforts" (pg.8). Although this study did not include those with BN or BED, other research shows that 46% of AN, 45% of BN, and 64.4% of BED sufferers make a "full recovery", and that 20% of AN and 23% of BN remain chronically ill (Hilbert et al., 2012; The Statistics Portal, 2018). These figures suggest that an enhanced approach to supporting the recovery of people with EDs is required.

4.0 EDs and Systems

As research suggests that sociocultural influences play a huge role in the aetiology of EDs (Culbert et al., 2015), and the onset is typically during adolescence (Knightsmith, 2015) it is crucial to think about what systemic support is available to YP. Bronfenbrenner (1979) identified that the two systems closest to YP (microsystem) are their school and home. The 'Transforming Children and Young People's Mental Health Provision: a Green Paper' (DfE & DoH 2017) stated that school staff can play a key role in the early identification of EDs. Therefore, it is important to explore what support is currently occurring in schools, and between schools and families (mesosystems) around supporting YP with EDs. Furthermore, it raises the question of what support could be provided within these systems to improve outcomes for YP with EDs.

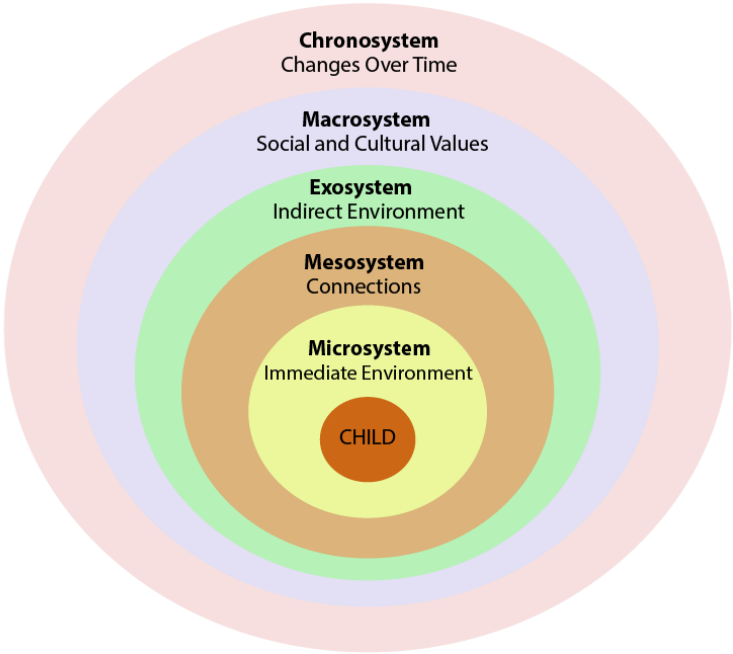

Figure 4: Bronfenbrenner's Ecological Systems Theory (1979).

4.1 The Family System

Caring for a person with MH difficulties influences his/her psychological wellbeing (McCormack & McCann, 2015). For parents to support their child most effectively, it may be necessary to consider the support they feel would be beneficial to them or their child. Family-Based-Therapy (FBT) is currently one of the most effective forms of treatment for YP with ED (Robinson, Dolhanty & Greenberg, 2015). This suggests that working with the

family system is an effective way to support YP with EDs, and raises questions around their needs and views of current support.

4.1.1 Parents' Views

In the UK, guidelines such as the 'Health Care Professional Council Code of Practice' (HCPC, 2016) and the 'Children's and Families Act' (UK Government, 2014) highlight the need for professionals to listen to the voice of the parents. As parental engagement is a key factor in the achievement of YP (Goodall et al., 2010), preventing EDs, and supporting YP with EDs during recovery (Treasure, Smith & Crane, 2007), it is important to consider the views of these key adults regarding the support they as parents need, and what provision they feel is further required for their children.

4.1.1.1 Healthcare System

McCormack and McCann (2015) interviewed parents of YP with AN. Parents reported a sense of self-blame and guilt for not identifying signs earlier and seeking appropriate help. They attributed their lack of awareness to a lack of knowledge of the early signs and symptoms. Parents reported increased tension and arguments in the family homes. Due to the stigma surrounding EDs, some parents did not discuss the illness with others, as they did not feel it was properly understood or accepted. Additionally, a financial aspect was raised, as parents reported having to pay for private treatment for their child themselves. An ethical issue around equality is raised, as parents with fewer finances may not be able to afford treatment for their child. Finally, some negative experiences around dismissals from doctors/general practitioners resulted in feelings of anger and frustration, such as a lack of awareness of services and treatment options. The study highlighted the negative psychological impact caring for YP with an ED may have on parents.

McCormack and McCann's (2015) participants reported that supportive networks and groups in their local areas would be beneficial for them, as they felt isolated. Secondly, parents wanted more sessions led by professionals, which included individual sessions with therapists or a multi-disciplinary (MD) team around their child. Finally, it was felt there was inconsistent support available for those living in the countryside or cities, and that this should be addressed. In summary, parents wanted support around EDs, and suggested ways which they felt could be beneficial. The researchers identified the need to support these parents and involve them in their child's treatment. The findings raise the question of what support is available to YP with EDs and their parents in UK systems.

Nevertheless, the study highlights important systemic aspects to the support for YP with EDs, such as family units and healthcare services. It must be noted that the research was undertaken in the Republic of Ireland, which has a different healthcare system to that of the UK. Despite this, it identifies areas which could be considered when working with YP with EDs. Secondly, as semi-structured interviews were conducted, questions around demand characteristics are raised, and the validity of the data. Finally, as only twelve parents were interviewed, further exploration with more participants may enable more generalisable findings.

Mitrofan et al. (2019) explored the views of both YP with EDs (mostly AN) and their parents on the helpful aspects which should be incorporated into current practice, through online focus groups. Three main themes emerged, the first being "Early, holistic, individualised and consistent care". Participants reported the need for early intervention, and felt that although professionals addressed their physical health well, they neglected the psychological components and person-centred approach. This included discussions around: only admitting the person when they were at a low weight, which they felt encouraged weight loss; a focus on reaching the minimum weight as opposed to the psychological support; a "one size fits all" approach; and a lack of consistency/disruption of professionals seen (e.g. the transition between CAMHS and adult services). In the second theme, participants felt that some professionals at the primary care level and specialist services lacked knowledge of EDs. Furthermore, they felt that professionals displayed a negative attitude towards them, through being judgemental, making "devaluing comments", and making parents feel blamed (pg.5). The final theme, "Peer and family support", highlighted that both parents and YP with EDs found talking to others with a similar experience helped increase their understanding of EDs, and provided them with hope. Overall, the findings highlighted the need for more individualised support for YP with EDs, increased knowledge amongst professionals, and parent support groups and respite care.

McCormack and McCann (2015, pg.143) stated that "there is a distinct lack of studies that explore the views and opinions of parents" of ED sufferers. This is supported by Mitrofan et al. (2019) who identify that the research exploring the perspective of parents is limited. Furthermore, it appears that the existing literature exploring parent views focuses on the clinical provision. This highlights further exploration of parent views is required, including the perception of support in other key systems such as schools.

4.1.1.2 Parent Views on School Support

Schiele (2016) conducted a thesis exploring support for YP with EDs in schools in the USA. Eight YP recovering from an ED and six mothers were interviewed. Additionally, the knowledge of/training on EDs of 561 school-MH (SMH) professionals (including school psychologists, social workers, counsellors, clinicians and nurses) was examined. Parents and YP reported feelings of isolation and a lack of social support. The mothers also reported a lack of support offered by MH and school professionals (it was unclear whether this referred to the SMH professionals). Not enough staff training and awareness was highlighted by parents; however, an emergent theme was that teachers/school counsellors had initially identified the YP's ED, which appears to conflict with this data. Furthermore, mothers and YP reported that individualised support had been received by the YP in school during recovery. The school had supported the YP socially and held forums for other pupils to better understand and approach friends with EDs. All parents felt that SMH staff could provide support for families of YP with EDs, such as links to resources. In summary, YP with EDs and their parents were generally pleased with the support offered by schools; however, did feel that more staff training would be useful. It must be noted that the generalisability of the data is limited, as few mothers were interviewed. Additionally, the study was conducted in the USA, which does not share the same education system as the UK. Nevertheless, the study identifies the need to explore the support in YP's microsystems and mesosystems, as there is limited empirical evidence in the UK.

4.1.1.3 Summary

In conclusion, within the literature discussed parents raised numerous issues around the current support provided. This included: limited support available for parents, both around knowledge and emotional; a lack of individualised interventions; inconsistent support for YP with EDs across locations; and negative experiences with professionals. Furthermore, there appears to be a gap in the literature regarding parental views on support for YP with EDs in the UK.

4.1.2 Siblings

Siblings of YP with ED have been described as "the forgotten kin" and have been "overlooked by both researchers and clinicians" (Jungbauer, Heibach & Urban, 2016, pg.78). This is not in line with the 'Every Child Matters' initiative, which emphasises the right of all CYP to be safe and happy, enjoy and achieve, make positive contributions, and

achieve economic wellbeing (DfE, 2003). This suggests that an increased understanding of the possible needs of siblings of YP with EDs is required, including how they could be met.

Jungbauer et al. (2016) explored the experiences of siblings of females with AN, between the ages of twelve and fifty-two. Siblings were interviewed, and several areas were discussed. Firstly, the researchers explored the relationship between the sibling and affected sister. All siblings felt that AN had affected their relationship with their sibling. Interestingly, over half reported becoming closer to the affected sister and becoming a 'confidant', whilst others discussed how their relationship had become "ambivalent, distanced, or conflicted" due to emotional unavailability (pg.81). Many of the siblings also expressed taking responsibility for the affected sister. Secondly, all siblings expressed how the ED resulted in experiences, thoughts and feelings which were burdensome. Mixed emotions were discussed, such as fear, guilt, anger, sadness, and powerlessness. Furthermore, siblings felt that the sister with an ED received all the attention of parents whilst they were neglected, and talked about the injustice of this. Thirdly, the researchers found that the ED had a negative effect on the siblings' body image and attitude towards food, with some younger siblings perceiving the affected sister as a role-model. Finally, when discussing their needs, siblings were dissatisfied regarding their experiences with "professionals and institutions (e.g. clinics, doctors, therapists)" who they felt did not include them sufficiently in the treatment, and "lacked empathy" (pg.83). Siblings highlighted wanting to be given more information about EDs and have conversations and/or counselling specifically for siblings. In summary, the study demonstrates the challenges siblings of individuals with EDs experience, and their need for support.

Although Jungbauer et al. (2016) identified a number of factors which they argued should be considered by professionals, the participants all had sisters with AN. Therefore, the generalisability may be limited to this population. Further research into exploring the needs of siblings with BN and BED could be undertaken, in addition to research examining the impact of brothers with ED. Furthermore, despite the researchers suggesting that sibling support could "be implemented through office hours" (pg.84), they did not discuss how this could take place. This appears to be a gap in the literature, which could be addressed further.

4.1.3 Summary

The existing literature suggests that both parents and siblings of YP with EDs would like support for themselves and highlights some negative experiences from healthcare services. In addition to this, there is a distinct lack of research exploring views of family members regarding support provided by schools in the UK. It could be argued that it is necessary to gain an increased understanding of the current support available in UK schools, and whether it is felt that this effectively meets the needs of YP with EDs and their families.

4.2 The School System

CYP in the UK can spend between 25-27.5 hours in school per week (Long, 2019). Therefore, along with the family system, CYP's schools are key elements in their microsystem. Understanding the support currently available in schools which focus on EDs could enable the identification of what is working well, and areas which require further development. Several factors to be considered, including staff knowledge and awareness to facilitate early identification, policies, intervention and prevention programmes, reintegration, and links with wider systems (Knightsmith, 2015).

4.2.1 Staff Knowledge and Awareness

Teachers may be well placed to identify ED symptoms early and could play an important role in the protective factors of EDs (Knightsmith, Treasure & Schmidt, 2013; Levine & Smolak, 2016). YP with some EDs are often described as perfectionists, highly intelligent, and diligent, and continue to achieve academically in school (Lask & Bryant-Waugh, 2013). It may, therefore, be difficult for school staff to identify YP struggling with an ED, as they are reaching academic requirements. However, research indicates that staff receive very little training on EDs, which can result in feelings of discomfort when expected to teach pupils about EDs (Knightsmith, Treasure & Schmidt, 2014).

Knightsmith et al. (2013) conducted semi-structured focus groups with members of school staff from 29 UK schools. Five key themes emerged: many participants lacked a basic understanding of EDs, EDs were a 'taboo' subject in staffrooms, staff did not feel comfortable talking to pupils about EDs, support around promoting positive teacher-parent relationships is required, and staff wanted practical ideas/strategies for supporting students in recovery. The findings suggest that staff want to provide support for YP with EDs. However, due to a lack of training, and possible stigma around MH, staff may not be able to provide effective support.

It must be noted that since this study was conducted, work around anti-stigmatising MH in schools has been undertaken (DfE & DoH, 2017). Therefore, Knightsmith et al.'s (2013) results may not reflect the current views and practice of staff. Secondly, participants had previously been involved in research exploring their experiences of EDs. Knightsmith et al. acknowledged this bias, stating that they may have had increased interest and experience in the topic than other school staff, thus questioning the generalisability of the findings. Furthermore, one researcher took an active role in steering the focus group conversations, which raises queries around demand characteristics displayed by the participants; therefore, reducing the validity of the results. Finally, the researchers analysed the data using content analysis principles, however, were ambiguous when describing their sample, simply stating participants worked in schools across the UK. Krippendorf (2004) discussed the importance of identifying what population the data is drawn from, to understand the reliability of the results. Therefore, findings by Knightsmith et al. may have limited reliability.

4.2.2 School-Based Interventions and Prevention

Further to discussions of clinical treatments, there are also a number of school-based intervention programmes targeting the prevention of EDs (see Table 3).

Table 3*: ED intervention/prevention programmes.*

Name of programme	Researcher	Country	Focus	Outcome
Primary prevention of anorexia in preadolescent girls (PriMa)	Adametz et al. (2017).	Germany	Reduce risk factors for AN, such as disordered eating and body-esteem through cognitive-dissonance.	No significant long-term effects for disordered eating were found 7-8 years after the intervention. However, compared to the control group, participants had significantly higher body esteem.
Torera	Berger et al. (2014).	Germany	Reduce risk factors for BN and BED, such as social isolation, unhealthy eating behaviours, and a lack of physical activity, through cognitive dissonance.	Over approximately one year, girls showed significant improvements with small-medium effect sizes. Boys improved on eating attitudes (small effect).
REbel	Eikman et al. (2018).	USA	Promoting body positivity, healthy eating behaviours and empowerment through peer-led dissonance.	Over approximately one year, compared to controls, participants showed statistically lower scores on shape/eating/weight concerns.
Media Smart-Targeted	Wilksch, O'Shea & Wade (2018).	Australia and New Zealand	Reduce ED risk factors, such as societal body ideals and media internalisation.	At a 12 month follow up, 66% of participants were less likely to develop an ED (this was not significant). Participants who met ED diagnostic criteria at baseline were 75% less likely than controls to still meet these criteria.

The Body Project	Stice, Marti, Spoor, Presnell & Shaw (2008).	USA	The resistance of sociocultural pressures to conform to thin-ideals, using cognitive dissonance.	Compared to controls, participants had significant reductions in thin-idealisation, psychosocial impairment, and ED risk factors through a 2-3 year follow up. There was a 60% reduction in ED risk for ED pathology.
Healthy Weight	Stice, Marti, Spoor, Presnell & Shaw (2008).	USA	Healthy weight management.	Participants showed a 61% reduction for ED risk factors and a 55% reduction of becoming obese, compared to controls.
Happy Being Me	Bird, Halliwell, Diedrichs, & Harcourt (2013).	UK	Target specific risk factors associated with negative body image including internalization of cultural appearance ideals, appearance-related conversations, appearance-related comparisons, and appearance-related teasing	10-11-year-old girls showed significant improvements in body satisfaction, and decreases in the internalisation of cultural appearance ideals, which were both maintained at a three month follow up. For boys, significant decreases in the internalisation of cultural appearance ideals and appearance comparison occurred, however, this was not maintained at follow up.
Dove Confident Me: Single session.	Diedrichs et al. (2015).	UK	Address cultural appearance ideals, media literacy, appearance-related social comparisons, and body activism.	Improvements in adolescent girls' body-esteem, dietary restraint were found, and boys and girls ED symptoms and life engagement, with small-medium effect sizes. These were not maintained at follow up at 4-9.5 weeks.

According to Stice, Becker and Yokum (2013), The Body Project and Healthy Weight intervention are the only two prevention programmes shown to significantly reduce the risk of ED. The Body Project is the only ED programme which "has been warranted" by the APA as an "efficacious intervention" (MHF, 2016, pg.65). Nevertheless, a recent systematic review and meta-analysis of ED preventative interventions found that the research is unclear whether these programmes reduce ED incidence, and suggested further research is required to understand the implications (Le, Barendregt, Hay & Mihalopoulos, 2017). Not only is little known about the effectiveness of these programmes and long-term impact, but there is also little research on the implementation of evidence-based programmes in the UK, and raises the question of which ED prevention programmes are currently being run in UK schools. It must be noted that despite Mindfulness being a less targeted intervention, it has been found to have positive effects, such as ED symptoms at a 6 month follow up (Atkinson & Wade 2015).

When exploring the school microsystem, relationships between students should be considered (Bronfenbrenner, 1979). Damour, Cordiano and Anderson-Fye (2015) evaluated a single intervention session (which was presented as part of the curriculum) focussed on increasing the understanding of EDs amongst school-age girls, and to teach them to inform adults when a peer was displaying early signs. Girls aged 13-14 years completed a short questionnaire using a Likert scale before and after the intervention, which explored how likely they were to talk to a peer about eating behaviours and sharing concerns with adults. The one-session programme taught pupils about EDs such as symptoms, mortality rates, causes, the need for early intervention, and knowing not to agree to keep secrets of someone suspected of having an ED. Participants reported they were more likely to share concerns about a friend with an adult after the program. These findings suggest that increasing the understanding of ED in pupils may be a positive strategy towards early identification of EDs. However, it must be noted that the length of time effects last is unclear, and the impact of a single session on pupils.

Work surrounding EDs in Australian schools has resulted in the creation of documents by the National Eating Disorders Collaboration (NEDC, 2016), including 'Eating Disorders in Schools: Prevention, Early Identification and Response'. Three levels of prevention around EDs were discussed. Primary prevention refers to specific programs/ interventions aimed at reducing risk factors, enhancing protective factors and preventing the increasing rate of EDs. Within this, there are universal interventions (targeting whole communities), selective

interventions (targets those at increased risk), and indicated interventions (increase early detection and treatment for students with symptoms). There is an overlap between indicated intervention and secondary prevention, as they both focus on early identification, detection and treatment; however, the difference is "degree of demonstrable risk" (pg.16). Tertiary prevention uses approaches such as rehabilitation and preventing relapse at an individual level to reduce the negative impact of EDs. These levels of preventative strategies appear to reflect a graduated approach, which the MH Green paper encourages in schools in England (DfE & DoH 2017). A possible explanation for Australia's advancement in ED support in schools is higher ED rates, as it is estimated that 9% of the population is affected by EDs (NEDC) compared to 2.4% of the UK population. Further research into current preventative work in UK schools could provide a better understanding of current practices.

4.2.3 Reintegration

Reintegration focuses on the return to school after an extended period of absence (Nuttall & Woods, 2013). Individuals with AN are "most likely to need hospital admission", and it is less common for those with BN (Lask & Bryant-Waugh, 2013, pg.192). Additionally, relapse amongst YP with EDs is common and can be triggered when a YP with an ED returns to school (Knightsmith, 2015).

Dror et al. (2015) explored reintegration of YP with EDs after being in inpatient units, back into the community, which included returning to school. They interviewed parents and patients who had been in inpatient care 2-30 months after being discharged. The researchers concluded that a staged approach with a MD team was mostly effective, as eleven of the thirteen participants went back to school. It must be noted that the participants had all been in one unit, which reduces the generalisability of the findings. Furthermore, the views of school staff were not collected, thus identifying a possible gap in the literature.

4.2.4 Policies

Effective policies can result in positive changes within school systems (Newmann, Smith, Allensworth & Bryk, 2001). Research suggests that 15% of YP who report being bullied develop an ED, as it can have a significant effect on body shame and disordered eating (Duarte, Pinto-Gouevia and Stubbs, 2017; MHF, 2016). Therefore, it is unsurprising that many UK schools have anti-bullying policies (Brown, 2018). Puhl and Neumark-Szatainer,

Austin, Suh and Wakefield (2016) sent educators in the USA an online questionnaire to explore their views on policies around weight-related bullying and EDs in schools. Ninety-nine percent of respondents highlighted the importance of interventions for these difficulties. Eighty-nine percent suggested that staff training would be beneficial to improving the support for YP experiencing weight-related bullying and EDs, and 94% suggested that policies for school-based health curriculum which includes information of ED prevention should be present in schools. It was concluded that "improved prevention and intervention efforts at the policy level" were required (pg.507).

Although Puhl et al.'s (2016) research was conducted in the USA, it indicates that school staff realise the importance of supporting YP with EDs, and most see staff training, policies, and intervention programmes in school as possible strategies. The study supported views by Duarte et al. (2017) by considering bullying as a risk factor for EDs. Participants viewed strongly supported policies as "the most impactful and feasible to implement", highlighting the importance of schools having policies around EDs (pg.507). As only 2% of secondary schools in the UK had online policies around MH suggesting that schools have little or no evidence that they are promoting positive MH (Brown, 2018), this raises questions regarding the existence of current policies in UK schools specifically around EDs.

4.2.5 Links with Wider Systems

The National Collaborating Centre for Mental Health (NCCMH, 2015) suggested that liaison between local authorities (LAs) and schools is inadequate, which they highlighted could cause difficulties for individuals requiring long-term or multiple admissions when parents could not meet their healthcare needs. It was suggested by the NCCMH that this could result in inconsistent management approaches.

Schiele's (2016) research exploring the views of SMH professionals found that the most common support in schools was provided by external agencies. Nevertheless, the researcher did not identify what was being provided by staff such as teachers. This non-transparency raises questions around the MH provisions within school settings, and whether joined-up work between health and education professionals is occurring. The types of support the SMH reported they provided included: consultation; educating students; referral to medical professionals for assessment; individual therapy for some (e.g. cognitive-behavioural). Nevertheless, the researcher did not explain what constituted as consultation, yet this practice may differ depending on which professional offered this (e.g.

psychologist or nurse). This again could influence the validity of findings. Secondly, generalisability of the data is limited as not all UK schools have specific MH roles for staff. To conclude, however, Schiele's research highlights some strategies being used by SMH professionals in schools focussed on the needs of YP with EDs.

The government's MH Green paper (DfE & DoH, 2017) identified the need to increase communication and joined-up working between schools and health services to provide earlier support to YP in schools. An example discussed in the paper includes members of MH teams running interventions in schools, such as group-based interventions for YP at risk of developing an ED. Further research exploring the current relationship between healthcare professionals working with YP with EDs and school staff in the UK is required to further understand this mesosystem.

4.2.6 Summary

This brief review of current practice in UK schools and global practice regarding EDs suggests a paucity of understanding and research. The existing evidence would indicate that school staff lack knowledge and understanding of EDs, thus affecting their ability to identify signs and symptoms early. Furthermore, intervention/prevention programmes and clear policies around EDs could be used as part of a graduated response. However, it is ambiguous whether these are currently present in UK schools. Finally, despite initiatives to increase joined-up working between healthcare and educational professionals, it is unclear from the research discussed whether MD working is occurring which support specific needs, such as the reintegration of YP with EDs into schools. Overall, it could be argued that there are several gaps in the literature, and therefore there is a need for further exploration into these areas of practice in UK schools.

5.0 Role of the EP

EPs work focuses on identifying and supporting the needs of CYP (including resilience, development, wellbeing, and learning and achievement), and further increasing the skills of others to promote inclusive practice to help CYP reach their potential (Association of Educational Psychologists [AEP], 2016, pg.3). The AEP stated that:

> "EPs work in a range of situations and settings where there are concerns about CYP. They use a range of approaches with individuals, groups, schools and wider systems such as LAs and the community. Working in partnership with parents, carers, families and others is important to ensure that a holistic approach is taken. EPs are child-centred, taking care to listen to and promote the voice of the CYP. EPs promote inclusive approaches in learning, teaching, parenting and nurturing CYP in order to support their development."

5.1 The Developing Role of the EP

The role of the EP can be very varied and must adapt to national legislation and guidance as well as the needs of schools and YP (AEP, 2016). With increased awareness of the need to support schools and YP around MH, EPs are becoming more involved in providing this (Pugh, 2010).

Price (2017) explored the role of EPs in children and young people's MH. She interviewed practising EPs and Special Educational Needs Coordinators (SENCos) and identified four main themes: "Individual casework", "Systemic intervention", "Multi-agency work", and "Implicit nature". Specifically, the work EPs were undertaking involved: consultation, assessment, prevention, increasing awareness, systemic interventions e.g. training, multi-agency work, and therapeutic intervention (one-to-one). Price also explored the perceived barriers to EPs engagement in MH interventions. The biggest barrier was that schools' perception of the EP role did not include MH intervention, followed by the view that other agencies were more suited to providing support around MH, and finally, limited time. The results highlight that EPs do have a role to play in supporting around MH, although there appear to be barriers which influence EPs ability to work in this area as effectively as possible. This raises the question of how EPs can work in school settings around specific MH difficulties, such as EDs.

The first limitation of Price's (2017) research is the paper is unpublished, and therefore has not been subject to peer review. Secondly, there is a small sample size, with only seventeen EPs completing the online questionnaire, and only six were interviewed (all working in Wales). This could reduce the generalisability of the results, and possibly the themes identified. Finally, the SENCos interviewed were all from primary schools; however, MH difficulties are more prevalent in secondary school-aged YP (World Health Organisation, 2019). This raises questions around the support EPs provide for secondary schools. The DfE (2017) suggested that EP input was the most common support offered to pupils with MH needs. Therefore, exploring what this support may look like in practice is required.

Greig et al. (2019) explored how Educational Psychology Services (EPS') in Scotland met the MH needs of CYP. Fifty-nine percent of the LAs completed online questionnaires, which addressed areas including policies, skillset, barriers influencing service delivery, and role of training and continual professional development (CPD). Principal EPs (PEPs) completed the survey on behalf of their team. Findings highlighted that EPs believed that it was very important that they should support CYP with MH difficulties, and that guidance for schools should be provided by EPs. Participants were confident in their ability to provide MH support, for example, training school staff, parent interventions, and working directly with pupils. Nevertheless, the researchers acknowledged that there is currently a considerable gap between how EPs viewed their role regarding CYP's MH, and how that role is perceived in society (e.g. government departments). This barrier is in line with those identified by Price (2017), highlighting the need to reframe how the EP role is viewed by schools and wider systems.

One weakness of Greig et al.'s research is that data was self-reported by PEPs in the services, as opposed to being objectively measured. This could reduce the validity of the results, as they highlight what the PEP believes is happening around MH by her/his team and may not reflect the work EPs in their service are undertaking. Furthermore, the PEPs made judgements on their teams' confidence and skill which may be inaccurate and, again, may not reflect varied practice amongst EPs. Future research could replicate the study at an individual level to provide a better understanding of how EPs perceive their role with MH. Additionally, understanding how skilful and knowledgeable EPs feel regarding specific MH disorders could highlight areas of strengths and/or for improvement.

5.2 EPs and EDs

Guidance on how school psychologists can support American schools and YP with EDs is presented in the 'Educator's Toolkit' (NEDA, 2019). This includes creating a healthy school environment, e.g. not tolerating appearance-based bullying; appropriately approaching YP at risk of EDs; helping schools reduce workload and providing alternative assignments; facilitating successful reintegration; and supporting the YP and their family. As the role of school psychologists in America appears to be similar to the role of EPs in the UK (Watkins, Crosby & Pearson, 2001), concepts from NEDA's paper could be relevant to the role of EPs in the UK.

When considering EP role, the British Psychological Society (BPS, 2015, pg.3) stated that "the EP provides a unique perspective, based on holistic assessment and child-centred approach and rooted in psychological theory". As Mitrofan et al. (2019) suggested that support for CYP with EDs should move towards more individualised care without a focus on food and weight, it could be argued that approaches used by EPs, including a person-centred approach, are suitable to meet these ideas. In addition to this, support for parents was identified as helpful. EPs could be well placed to provide this input, through holding parent workshops in schools, working with communities in alternative ways, and other forms of systemic ways of working (Ashton & Roberts, 2006).

There is very limited research looking at the EP role specifically with EDs. To understand how this role could look, it is important to explore current support around EDs in schools, and what support schools and families feel is needed. From there, the views of EPs around the skills and knowledge they possess may identify how they as professionals could meet the needs of schools in the UK. The current study will explore how EPs feel they can provide support for schools working with YP with EDs, and their families.

6.0 Academic and Professional Rationale

In response to recent changes in legislation, EPs are increasingly working around supporting MH in schools (Price, 2017). It is necessary, however, to consider how specific MH difficulties will be supported, such as EDs. As recovery rates of some EDs have not improved since the 1980s (Murray et al., 2018), this suggests an enhanced approach to supporting the recovery of YP with ED is needed. As ED onset is typically in school-age adolescents, changes in YP's microsystems such as secondary schools may provide necessary support around EDs. EPs are well placed in these educational establishments; therefore, the question of how EPs can utilise their skills to make positive changes to YP with EDs is raised. Additionally, the previous research exploring parental views (e.g. Mitrofan et al., 2019) mostly focussed treatment provided in clinical systems and not YP's schools, and the empirical literature exploring UK school staff views on how EDs are supported in schools is limited. As YP spend a significant amount of time in school, questions around the current support and skillset in schools around EDs are raised, and what school staff and parents feel could be improved.

Consequently, this study will explore the current practices in schools working with YP with EDs and their families and the potential role for EPs in supporting these microsystems. As there is limited research in this area, the study will be composed of two elements. Part one will explore the current support in UK schools for YP with EDs and their families, and what areas school staff and parents feel require enhancement. This will include information around staff knowledge and awareness, the effectiveness of current practice, support for staff and family members of YP with EDs, and joined-up working. The information elicited in part one will be used to create interview questions for part two, where practising EPs' views on how they could provide the support identified in part one will be explored. In consideration of the empirical evidence uncovered within this literature review, it appears pertinent to further explore the four main questions in Figure 5:

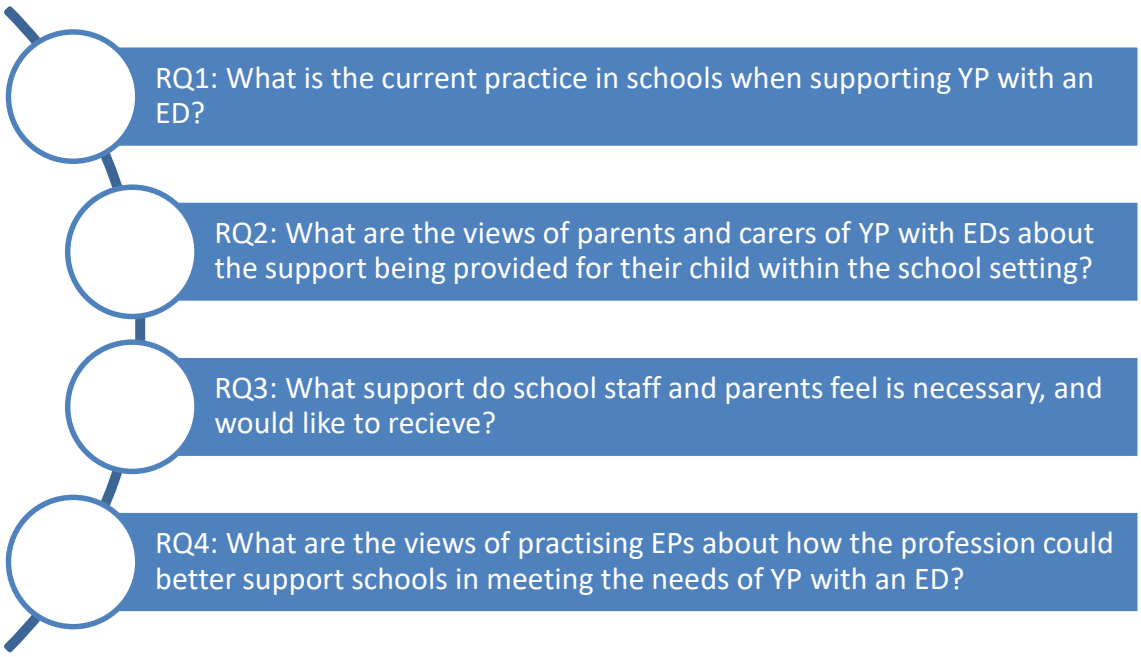

Figure 5: Four main research questions of the current study.

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An Exploration of Practice in Schools When Working with Young People with Eating Disorders, and Their Families; The Potential Role for Educational Psychologists

Part B: Major Empirical Study

Word Count: 6,995

1.0 Abstract

In the United Kingdom (UK), young people (YP) can spend between 25-27.5 hours a week in school. Eating disorders (EDs) typically start in adolescence; therefore, school and home are key systems for these YP. This study investigated how Educational Psychologists (EPs) could support schools working with young people with EDs, and their families. The study was composed of two elements: an online questionnaire completed by parents of YP with EDs and UK secondary school staff in part one; and interviews with EPs in part two. Part one explored the current support in schools for YP with EDs, and areas parents and staff felt was needed furtherance. Data was analysed using descriptive statistics and Thematic Analysis (TA), which was used to inform the focus for questions for part two. In part two, eight EPs took part in semi-structured interviews, which were analysed using TA. EPs' views on issues highlighted in part one were discussed, and ways the profession could provide input to schools were identified. In summary, staff and parents felt that the current support schools offered YP with ED could be greatly enhanced. Four main themes emerged from the EP data: 'There is not enough', 'The Family', 'The ED friendly school', and 'The EP offer'. There were several ways EPs could use their skills and knowledge to improve the support around EDs in schools, which included: 'Training', being 'Facilitators', and engaging with 'Systems'. This study highlights the role EPs could play in supporting schools working with YP with ED, and their families.

2.0 Introduction

2.1 Mental Health

Mental Health (MH) refers to an individual's positive state of mind, resiliency, and ability to connect with people, communities, and the wider systems (Strathdee, 2015). The number of children and young people (CYP) experiencing MH difficulties in the UK has risen in recent years (Gunnell, Kidger & Elvidge, 2018). A survey conducted by the National Health Service (NHS) found that the prevalence of MH disorders in CYP has increased (2018a). Following this, legislation focussed on improving MH support in UK schools was passed, e.g. 'Transforming Children and Young People's Mental Health Provision: a Green Paper' (Department for Education & Department of Health [DfE & DoH], 2017). Despite positive movements forward, it is unclear how this will be undertaken regarding specific MH difficulties, e.g. eating disorders.

2.2 Eating Disorders

EDs "develop to deal with problems in a variety of areas of life" including emotional and personal conflicts (Mehler and Andersen, 2017, pg.6). They are complex conditions, which are believed to be multifactorial (Aquilina, Agius & Sharma, 2014; Lask & Bryant-Waugh, 2013).

In 2013, the Diagnostic Statistical Manual 5th Edition (DSM-5; American Psychiatric Association [APA]) revised the ED section to include Binge Eating Disorder (BED), Anorexia Nervosa (AN), and Bulimia Nervosa (BN). Other Specified Feeding or Eating Disorder (OSFED) is a category describing individuals whose symptoms do not fit the aforementioned criteria yet are still clinically severe (APA). Knightsmith (2015, pg.17) stated that AN, BN and BED are the "three major types of eating disorders", as "what all three have in common is that the sufferer is using their food intake, their weight, or their shape as a way of coping". Other EDs exist in the DSM-5 (e.g. Pica), however, may be associated with medical, sensory, and neurodevelopmental diagnoses, and individuals are not focussed on weight loss and body image (APA). For these reasons, and because onset of EDs are typically in adolescence (Knightsmith, 2015), this study will focus on EDs in YP without additional needs.

UK figures estimate that 1.6 million people have an ED, approximately 2.4% of the population (Priory Group, 2018). The rate of EDs under the age of 25 is double (Mental

Health Foundation [MHF], 2016), highlighting that they are a significant area of MH affecting YP.

2.3 Current Clinical Interventions for EDs

Without treatment it is rare individuals with EDs recover, whereas early intervention increases chances of this (Knightsmith, 2015). Therefore, it is necessary to consider the current provision available for YP with EDs. Presently, EDs are typically treated in therapy using approaches including Cognitive Behavioural Therapy and Family-based treatment (NHS, 2018b). Treatment can be provided by Child and Adolescent Mental Health Services (CAMHS; Knightsmith). Nevertheless, outcomes have not improved for AN patients since the 1980s (Murray, Quintana, Loeb, Griffiths and Le Grange 2018). Furthermore, there is a moderately high drop-out rate amongst this population, leaving many chronically ill (Hilbert et al., 2012). Finally, there are additional systemic factors influencing access to treatment e.g. long waiting periods (Beat eating disorders [BEAT], 2015). This suggests that an enhanced approach to supporting the recovery of YP with EDs could be required. Therefore, understanding how key systems surrounding these individuals could meet their needs may be pertinent.

2.4 EDs and Systems

Research suggests that sociocultural influences affect the aetiology of EDs (Culbert et al., 2015), and the onset is typically during adolescence (Knightsmith, 2015). Bronfenbrenner (1979; see Figure 4) identified the two systems closest to YP (microsystem) are their school and home. Therefore, consideration regarding the available support in school systems, and between schools and families (mesosystem) to meet the needs of YP with EDs may be beneficial.

2.4.1 The Family System

Caring for a person with MH difficulties can influence one's psychological wellbeing (McCormack & McCann, 2015). For parents to meet their child's needs, it may be necessary to consider the support they feel would be beneficial to them and their child. Family-Based-Therapy (FBT) is an effective form of treatment for YP with EDs (Robinson, Dolhanty & Greenberg, 2015). This suggests that working with members of the family system may provide support for YP with EDs, and raises questions around their views and needs.

Government guidelines highlight the need to listen to the voices of parents and all CYP (DfE, 2003; UK Government, 2014). However, McCormack and McCann noted there "is a distinct lack of studies" exploring the views of parents of YP with EDs (2015, pg.143). Findings by Mitrofan et al. (2019) identified the need for more person-centred support for YP with EDs, and support for their parents. Furthermore, Jungbauer, Heibach, and Urban (2016 pg.1) described siblings of individuals with EDs as "the forgotten kin" and "overlooked by both researchers and clinicians"; ultimately finding that they wanted to receive support themselves. Therefore, it appears that parents and siblings are yet to express their voices fully. The literature suggests that the needs of YP with EDs and members in their family system could require further consideration.

2.4.2 The School System

YP can spend approximately 25-27.5 hours a week in education (Long, 2019); therefore, the school is an important part of their microsystem. For pupils with EDs, understanding how school systems address and support their needs could be a component of the overall management of their difficulties.

Although school staff have a vital role in early identification of EDs (DfE & DoH, 2017), a limited amount of research exploring their awareness of EDs has been conducted. Findings suggest that there is a lack understanding and knowledge about EDs, and staff do not feel comfortable discussing the issues with pupils (Knightsmith, Treasure & Schmidt, 2013). Knightsmith (2015) identified strategies schools could implement to support the needs of YP with EDs, including increasing staff competency through training and providing strategies and practical ideas. Nevertheless, the research is ambiguous regarding the impact of prevention/intervention programmes (Le, Barendregt, Hay & Mihalopoulos, 2017), and the implementation of evidence-based programmes in UK schools. Secondly, Knightsmith highlighted the value of clear policies, which was supported by Puhl and Neumark-Szatainer, Austin, Suh, and Wakefield (2016). Finally, Knightsmith discussed the need for effective procedures for YP reintegrating back into school, having had an extended absence due to their ED. Dror et al. (2015) suggested successful reintegration is more likely when using a staged approach with a multi-disciplinary (MD) team.

Schiele (2016) explored provisions offered to YP with ED in schools in the United States of America (USA), through interviewing YP with EDs and their mothers, and questionnaires completed by school mental health (SMH) staff. The types of support the SMH workers

reported they provided included: consultation, educating students, referral to medical professionals for assessment, and some listed types of individual therapy. Furthermore, school staff supported the YP socially, and held forums to increase pupils' understanding of EDs. All parents felt SMH staff could provide input for families of YP with EDs, such as links to resources. In summary, YP and their parents were generally pleased with the support offered by schools. Although the data may not be generalisable to UK schools, it highlights that school systems can effectively meet the needs of YP with EDs and their families.

In summary, there is a lack of research regarding the support for YP with EDs in UK schools. Therefore, further study could be necessary. Additionally, the empirical evidence suggests that the school system is an area where enhanced support could be beneficial for these pupils and their families.

2.5 The Role of the EP and EDs

With increased focus surrounding MH needs in schools, EPs are undertaking more work in this area (Pugh, 2010). Methods used include multi-agency work, training, consultation, assessment, increasing awareness, and preventative work (Price, 2017). Many EPs believe it is important that the profession supports the MH needs of pupils, and feel confident in their abilities to provide input around MH through guiding schools, staff training, parent interventions, and direct work with pupils (Greig, Mackay & Ginter,2019). Nevertheless, there are barriers effecting this work, such as EPs' view of their role in relation to MH being significantly different to how others view this e.g. schools, government (Greig et al.).

The American National Eating Disorder Association's (NEDA, 2019) 'Educator's Toolkit' provides guidance on how school psychologists (noted as being a similar role to a UK EP by Watkins, Crosby & Pearson, 2001) can support schools and pupils with EDs. The document discusses: creating a healthy school environment, e.g. not tolerating appearance-based bullying; appropriately approaching YP at risk of EDs; helping schools devise ways to reduce workloads; facilitating successful reintegration; and supporting the YP and their family. There does not appear to be any similar research exploring the potential role for EPs in relation to aiding UK schools in the management of EDs.

2.6 Academic and Professional Rationale

In response to recent legislative change, EPs are increasingly providing input regarding MH needs by working with key adults in microsystems (Greig et al., 2019). However, the current

literature exploring how EPs are undertaking work around specific MH difficulties, such as EDs, is limited. Recovery rates of some EDs have not improved since the 1980s (Murray et al., 2018), thus suggesting an enhanced approach to supporting the recovery of YP with EDs could be required. Furthermore, there are gaps in the empirical evidence surrounding the support in UK schools for EDs, from a parental and staffs' perspective. EPs could be well placed to work collaboratively with adults within microsystem and mesosystem. Therefore, the question of how EPs can utilise their skills to make positive changes for YP with EDs is raised.

This study will explore the current practice in schools focussed on EDs, and the role of EPs in supporting schools working with YP with EDs, and their families. Based on the literature reviewed, it is considered pertinent to explore the four main questions in Figure 6.

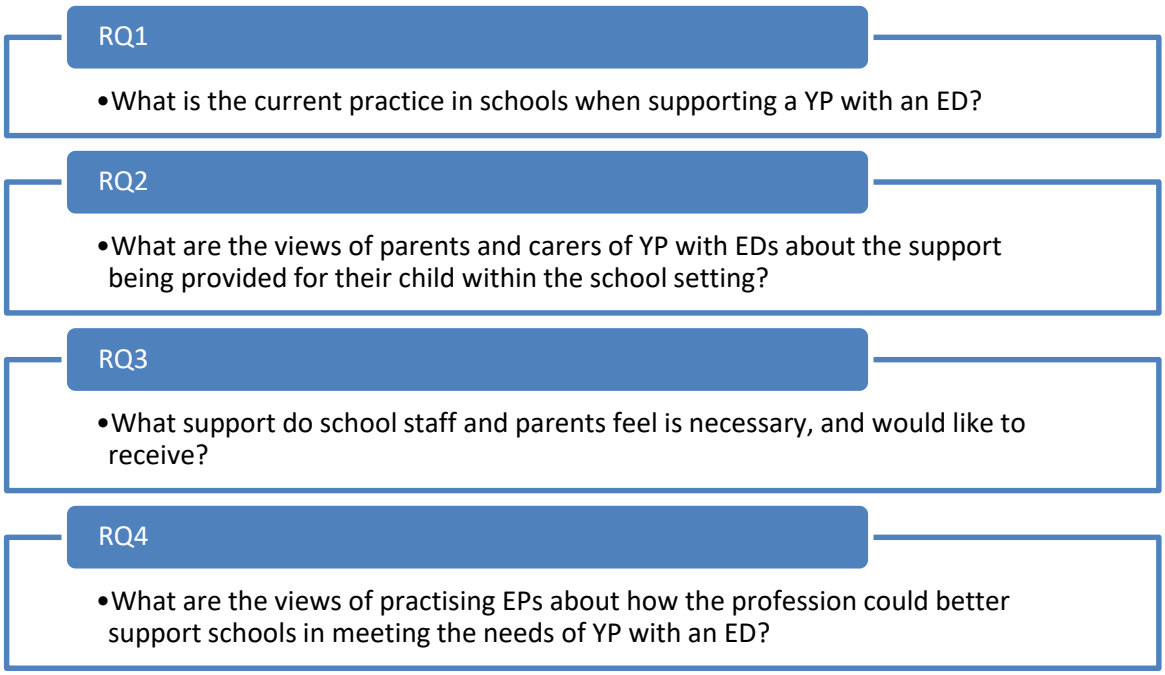

Figure 6: Four main research questions of the current study.

3.0 Methods and measurements

3.1 Ontological and Epistemological Positions

This study adopted a Critical Realist paradigm (Braun & Clarke, 2013). This entails ontological critical realism, which is the understanding that "a pre-social reality exists but we can only ever partially know it", as it is shaped by environmental factors such as language and culture (Braun & Clarke, pg.26). There is some 'truth' in the current state of schools and the support school staff and parents seek around EDs, which is "a foundation for knowledge" (Braun & Clarke, pg.27). However, participants had their own 'reality' and view about focus areas, and the elements explored within these.

The epistemological standpoint was Contextualism (Braun & Clarke, 2013). This is the theoretical approach which "assumes that meaning is related to the context in which it is produced" (Braun & Clarke, pg.328). It suggests that there is an underlying truth, yet participants will have their own views on this (Braun & Clarke, pg.31). To explore these underlying truths, questionnaires were sent to parents and a variety of schools across the UK (to gather information from a range of contexts), and quantitative and qualitative data was collected. EPs from different locations in England and Wales in either traded or non-traded services were interviewed on their views on the 'truths' highlighted from the questionnaires, and EP role around supporting YP, families and schools around EDs.

3.2 Design

Based on the ontological and epistemological stance, part one collected a range of data using online questionnaires. The outcomes of this were used to inform questions for the semi-structured interviews in part two to gather qualitative data. Williams (2007) described a mixed-methods design as a mixture of data which could include collecting quantitative data using closed-ended questions in a survey, and conducting interviews to collect qualitative data using open-ended questions. Therefore, the current study arguably uses a mixed-methods approach. However, Lindsay (2015) discussed a preference for the term combined-methods design over mixed-methods, as it highlights the conscious decision and planning of methods used. The current study is therefore a combined-methods approach. Nevertheless, as Lindsay states that the more common term is mixed-methods, research into the typology in the present paper includes the phrase.

Leech and Onwuegbuzie (2009) suggest a three-dimensional typology of mixed methods design involving mixing/combining methods, time, and emphasis. Based on this definition, it is argued that the current study classifies as fully mixed for the following reasons: the research objective included quantitative and qualitative exploration; both types of data were gathered, and analysed using appropriate forms of analysis; and the inference of the findings was informed by the data collected in both parts. Part one had to be conducted before part two as information was needed to create questions for the interview; therefore, the time dimension was sequential. The final dimension of the current study, emphasis, is an equal status between the quantitative and qualitative methods (and data collected).

3.3 Recruitment and Inclusion Criteria

Target populations were split into three: school staff, parents, and EPs. Inclusion criteria and recruitment for all three are represented in Figure 7.

School staff working in secondary schools in the UK. Inclusion criteria was they they must be working in UK secondary schools with adolescents.	•A Gatekeeper letter was sent to head teachers (from randomly selected schools around the UK), who were asked to pass the information sheet and link to the questionnaire to their staff. Gatekeeper letters were also sent to teachers' forums/websites (such as 'TES'), asking them to post the poster and link on their website or social media pages.
Parents of YP with EDs in the UK. Inclusion criteria was that they must have/have had a child with an ED who attends/attended school in the UK.	•Gatekeeper letters were sent to websites focussed on EDs (such as: 'BEAT', 'Young Minds', and 'Anorexia and Bulimia Care') asking them to post the poster and link on their website or social media pages. Participants were a self-selecting sample.
EPs working in the UK. Inclusion criteria was that they must be qualified and currently practising.	•A Gatekeeper letter was sent to Principal EPs in Welsh and English local authorities, who were asked to send the information sheet to his/her staff. EPs who wished to participate contacted the researcher; therefore, it was a self-selecting sample.

Figure 7: Inclusion criteria and recruitment for three target population groups.

3.4 Participants

Information regarding the participants involved in the current study is summarised in the tables below:

Table 4*: Staff and parent participant information in part one.*

Participant group	Number of participants (*n*)	Roles	Type of school staff worked in or parents' children attended	Locations of school staff worked in or parents' children attended
School staff	39	• Teachers • Teaching assistants • SENCos/ALNCos • Pastoral support • Head/deputy teachers • Boarding house parents	• Comprehensive • Grammar • Private • Academy • Faith	• Wales • Scotland • Greater London • North –East and East England • Yorkshire and the Humber • South-West and South-East England • North-East and North-West England • Northern Ireland
Parents	52	N/A		

Table 5*: EP participant information in part two.*

	Number of participants (*n*)	Roles and years of experience	Location and type of services
EPs	8 EPs, which is the recommended number of interviews for a small project (Braun & Clarke, 2013).	The sample was made up of one Principal EP (PEP), one senior EP, five generic EPs, and one newly qualified EP. Their length of experience as qualified EPs ranged from six months to twenty years.	The EPs interviewed worked for four local authorities (LAs), two in Wales, and two in England. This included Educational Psychology Services (EPS') using traded and non-traded models.

3.5 Procedure

Individual procedures were undertaken for parts one and two (see *Figure 8* and *Figure 9*).

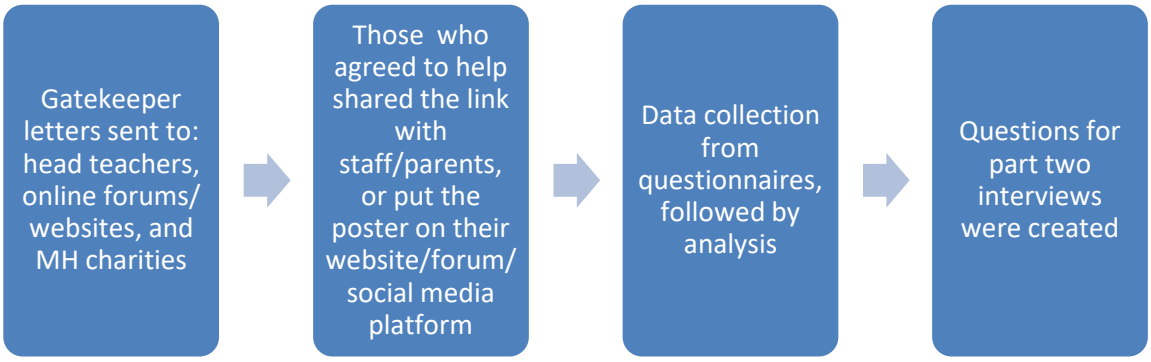

Figure 8: Procedure for part one.

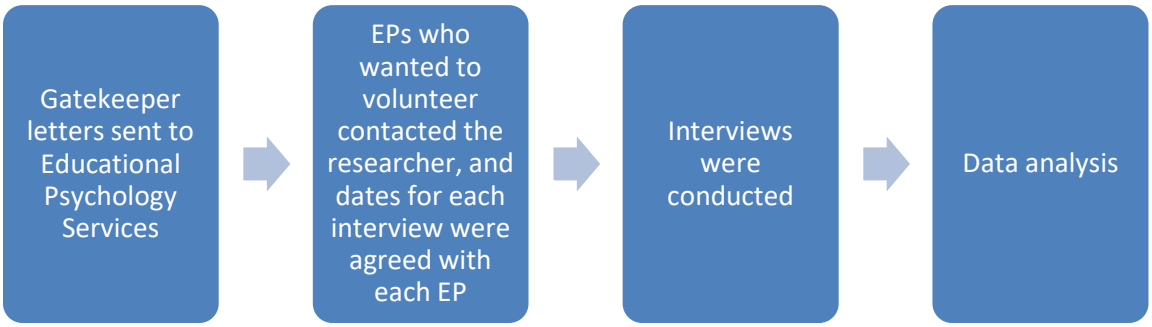

Figure 9: Procedure for part two.

3.6 Measures- Surveys and Interviews

The questions in part one were based on areas discussed by Knightsmith (2015) and other identified gaps in the literature (e.g. siblings). They included closed-ended questions using Likert scales (whereby individual items possessed specific scales for measurements), and open-ended questions to produce a "more well-rounded understanding" (Nemoto & Beglar, 2014, pg.8). Guidelines by Roopa and Rani (2012) were followed such as stages of planning (see Figure 10).

[This image has been removed by the author for copyright reasons. It can be found using the following reference:

Roopa S., & Rani M.S. (2012). Questionnaire Designing for a Survey. *Journal of Indian Orthodontic Society, 46*(4), 273-277.]

Figure 10: Stages of planning a questionnaire (Roopa & Rani, 2012).

Consistent with the model of profoundisation, the results from the quantitative data were used in the qualitative method (Fisher & Warren, 2011); however, a different participant group was used. The creation of the interview was based on the framework by Kallio, Pietila, Johnson, and Kangasniemi (2016; see Figure 11).

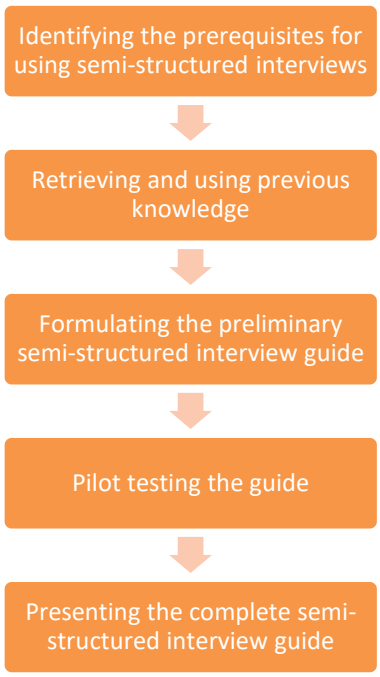

Figure 11: Framework for developing a semi-structured interview, based on Kallio et al., 2016.

3.7 Pilots

A pilot study for both parts was conducted to explore the feasibility of the research approach used (Leon, Davis & Kraemer, 2011).

Table 6*: Piloting for parts one and two.*

Part one	Part two
The online questionnaire was sent to close contacts of the researcher including teacher friends, an independent researcher, and a parent whose child had recovered from AN. These were not included in the overall data, and the individuals did not meet the inclusion criteria. The feedback was used to make changes to the questionnaire, such as: • Appropriate display of questions. • Challenges of an online system, e.g. progression from one question to the next. • Ensuring the debrief form was displayed at the end. The feedback received was that questions were easy to understand, and the layout was easy to follow; therefore, would enable the research questions to be answered.	Pilot interviews were completed with two EPs to explore the validity of the interview questions. EPs felt that the flow of the interview was good, and reported positive experiences as they found the topic interesting, enjoyed reflecting on their own experiences, and thinking about various ways EPs could work with EDs. One change that was made involved showing the interview questions to EPs, as the first two participants felt that it was difficult to remember the whole question. No amendments were made to the interview questions, as it was felt by participants and the researcher that the quality and depth of the information gathered was good. Therefore, it was concluded that answers were pertinent to research questions. The pilot interviews were included in the overall analysis.

3.8 Data Collection and Analysis

Qualtrics was used to gather data in part one, which was then analysed and reported using descriptive statistics. The qualitative data was analysed using thematic analysis (TA) to explore emergent themes. The model of profoundisation was used, whereby quantitative methods produced results, which subsequently explored using qualitative methods to "enrich or tease out important aspects of the data" (Fisher & Warren, 2011, pg.676).

The EPs volunteered by contacting the researcher, and between them organised a date and place for the interview to take place. Interviews took approximately 30-60 minutes, and were recorded using an encrypted device, and transcribed within two weeks. Like the qualitative data in part one, the interview data was analysed using TA to allow the

identification of themes in relation to the research questions (Braun & Clarke, 2013, pg.175). The researcher followed the six steps involved in TA (Braun & Clarke, 2006; see Figure 12). Inductive coding was used to generate themes. This approach is data driven and is less influenced by preconceptions of the researcher (Nowell, Norris, White & Moules, 2017). All themes were reviewed by an independent researcher to reduce bias.

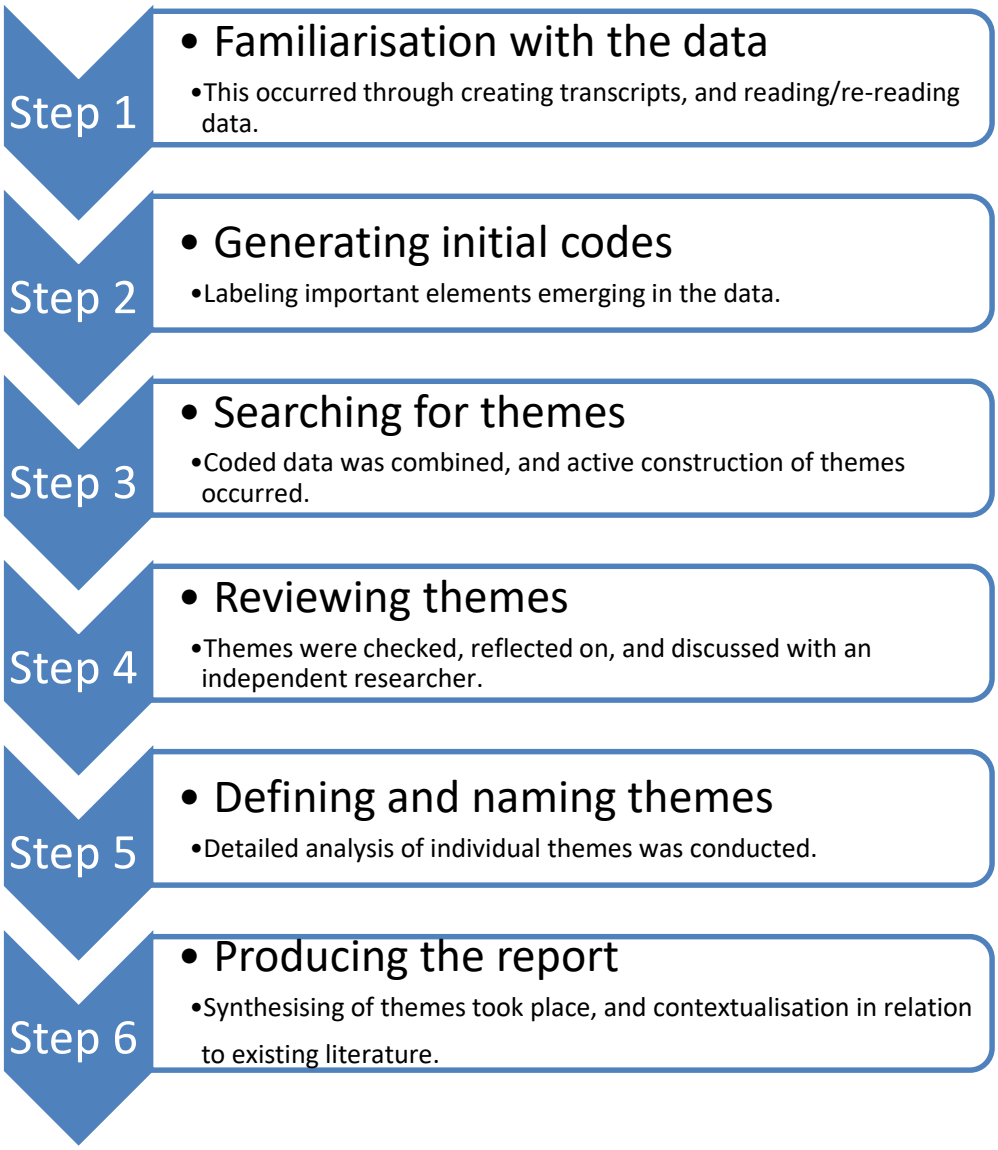

Figure 12: Six steps involved in Thematic Analysis (Braun & Clarke, 2006).

3.9 Ethical Considerations

Ethical approval was gained from the Ethics Committee of Cardiff University School of Psychology. The researcher referred to the British Psychological Society (BPS) Code of Human Research Ethics (2014) guidelines when conducting the interviews. The ethical considerations are shown in Table 7.

Table 7*: Ethical considerations taken in the study.*

Ethical consideration	Explanation	
	Part one	**Part two**
Confidentiality	Data from the questionnaire was anonymous throughout.	Participants were informed that the recording from their interviews would be stored confidentially and securely in password protected files. Recordings were deleted once transcribed.
Anonymity	Data from questionnaires were collected anonymously. The questionnaire did not ask for any identifiable information.	Participants were informed that their data would be made anonymous when transcribed. The final reports do not contain any identifying data.
Consent	A Gatekeeper letter was sent to head teachers of schools (Appendix 4), asking for their consent for their staff to complete the questionnaire, with the information sheet. A Gatekeeper letter was also sent to secondary school staff websites/forums (Appendix 5), asking for their consent to post the poster (Appendix 6) and link to the questionnaire on their website. A Gatekeeper letter was sent to online websites for ED (Appendix 7), asking for their consent to post the poster (Appendix 8) and link to the questionnaire on their website. An information sheet (Appendix 10) explaining all the necessary information to participants was presented at the beginning of the questionnaire. Participants were	A Gatekeeper letter (Appendix 9) was sent to the PEPs, asking them to send the participant information sheet (Appendix 13) to EPs working in that LA. The information sheet included all the necessary information, so that EPs could make an informed decision whether to volunteer to participate in the research. A Consent form (Appendix 14) was given to participants before they were interviewed, which they signed when they understood their rights, and chose to participate.

	required to give their informed consent to understand their rights and participate in the study. They did this by reading the consent sheet at the beginning of the questionnaire (Appendix 11). They clicked 'Agree', then were taken to the questions; however, if they clicked 'Do not agree' then they were taken to the end of the questionnaire.	
Right to refuse to answer any question	Participants had an option to not answer the questions in the online questionnaire and could proceed onto the next question without answering a previous one.	Participants were informed that they did not have to answer all the questions in the interview (Appendix 15).
Right to withdraw	Participants were informed that they had the right to withdraw their data at any point in the process, until they had submitted their data.	Participants were informed that they had a right to withdraw their data at any point in the process, up until their data was transcribed and anonymised.
Do no harm	As ED may be a sensitive topic for some participants, there was information on the debrief form signposting them to places where they could receive support, should they wish to do so.	Participants were informed that if they became distressed at any point in the interview, it would be stopped immediately. EPs were also provided with information on the debrief form signposting them to places where they could receive support, should they wish to do so.
Debriefing	A Debrief form was included at the end of the questionnaire (Appendix 12). This allowed participants to: • Be fully informed about the study. • Ask any questions and reduce any risk of harm.	Participants were debriefed and given a Debrief sheet (Appendix 16) after they were interviewed. This allowed participants to: • Be fully informed about the study. • Ask any questions and reduce any risk of harm.

	• Understand the data was collected anonymously. The researcher and supervisor's contact information were on the sheet, if the participants wished to contact them for any reason.	• Understand the data would be transcribed anonymously. The researcher and supervisor's contact information were on the sheet, if the participants wished to contact them for any reason.

3.10 Validity and Reliability

Guidelines by Roopa and Rani (2012) were followed to increase the validity and reliability of the data collected in part one (see Table 8).

Table 8*: Validity and reliability of questionnaires in part one.*

Stages of planning	Evidence of considerations from the current study
Initial considerations	• The questions were based on areas discussed by Knightsmith (2015) and other areas identified as gaps in the literature (e.g. support for family members), which fell into a number of groups: knowledge and awareness (and attitudes); support; prevention and intervention programmes; multi-disciplinary work; reintegration; policies; working with parents; support for family members. • Ensure there were questions identifying locations and types of schools, to identify whether a variety of contexts were represented in the sample.
Question content, phrasing and response format	• Language used in questions was easy to understand and did not include jargon. • Likert scales were used, whereby individual items possessed specific scales for measurements to increase validity. • Open-ended questions were included to provide participants with the opportunity to provide more depth to their answers, if they wished to do so.
Question sequence and layout	• Qualtrics provided an intelligibility score, and an opportunity to see how the questionnaire would be presented on a mobile device. • Recursive development of the questions and layout occurred, to ensure consideration of the components previously discussed through reflective and reflexive practice. Feedback from the pilot phase indicated that there was clear progression of the questions, which were logical and easy to follow.
Pre-test (pilot and revision)	• The online questionnaires were sent to close contacts of the researcher, including teacher friends, an independent

	researcher, and a parent whose child had recovered from AN. Feedback enabled some amendments to be made (see Table 6).

Yardley's (2000, 2008) framework was used to assess validity of qualitative data (see Table 9).

Table 9*: Validity and reliability of qualitative data.*

Core principles	Evidence of considerations from the current study
Sensitivity of context	• A thorough literature review was conducted, which critically discussed the current research. This enabled the researcher to be fully aware of the potential issues and challenges in relation to this subject area, and so ensured full sensitivity to the context. • Ethical approval was gained from the Cardiff University's Ethics Committee; individual ethical considerations are discussed in Table 7. • Power imbalances were addressed, and feedback from the EPs involved in the pilot interviews was listened to. In addition, a semi-structured interview was used, which enabled EPs to discuss views and ideas from their own experience/perspective. • The researcher discussed how findings from the current study could contribute to practice in the context of school systems in the UK, and EP practice.
Commitment and rigour	• In depth engagement with the topic was undertaken, which included regular supervision sessions throughout the research process. • Careful consideration was given to the research methodology, design, procedure, and appropriate forms of data collection and analysis. • Kallio, et al. (2016) framework was used when creating the semi-structured interview. • Inclusion and exclusion criterion were appropriate for participants in part one and two, and was made explicit to those involved. • Descriptive statistics were used to analyse the data from the

	online questionnaire. • The qualitative data in part one and two was analysed using Braun and Clarke's (2006) 6 step guide to TA, including inductive coding to reduce bias.
Transparency and coherence	• The literature review provided a clear and coherent argument expressing the rationale for the current study. • The researcher's ontological and epistemological position was carefully considered before the research design, procedure, and questionnaire/interview questions were created. The decisions made are also discussed in further detail in Part 3. • The 6-step guide to TA (Braun & Clarke, 2006) was followed for the qualitative data, which includes: 1) Familiarization with the data. 2) Getting initial codes. 3) Searching for themes. 4) Reviewing themes. 5) Defining and naming themes. 6) Producing the report. The themes were reviewed by a third party. • Descriptive statistics were used to analyse the quantitative data. The presentation of the data was easy to understand, as Taylor-Powell (2003) highlights that percentages are "commonly used" and are a "good way to show relationships and comparisons". • Supervision and the use of a research diary ensured that the researcher was reflective and reflexive throughout the process.
Impact and importance	• A thorough and critical review of the literature was undertaken, thus enabling the identification of gaps in the current research. • The current study has highlighted the practice being undertaken in UK schools, both from parents and school staff perspectives (RQ1, RQ2), and explored possible practical ways forward when discussing RQ3 (What support do school staff and parents/carers feel is necessary, and would like to receive?). • Implications for EP practice are identified and discussed (RQ4).

4.0 Results

Research questions are addressed individually in the discussion section, as elements from various questions in part one (including descriptive statistics and themes) and part two are synthesised in an attempt to provide in-depth answers to each.

4.1 Part One: School Staff

4.1.1 Descriptive Statistics

The initial part of the survey sought to ascertain the current situation regarding awareness of pupils with EDs, and views on the support available in schools. It emerged that in general, staff felt there should be an increase in knowledge and awareness of EDs in schools.

Table 10*: Key findings- Knowledge and awareness.*

Key findings: Knowledge and awareness

- 76% of staff were aware of a pupil in their school who currently/previously had an ED.
- Less than 50% of staff felt that the support their school provided YP with ED was effective.
- All staff felt it was important for school staff to understand EDs, and that it was part of the school's role to support pupils with EDs; however, not all felt that staff were sympathetic towards YP with EDs.
- 84% 'strongly agreed' that schools need to increase awareness of challenges faced by YP with ED; 21% did not agree that staff were aware of the needs of YP with EDs.
- Almost 60% of staff had received no training around EDs; however, all felt that it would be useful.

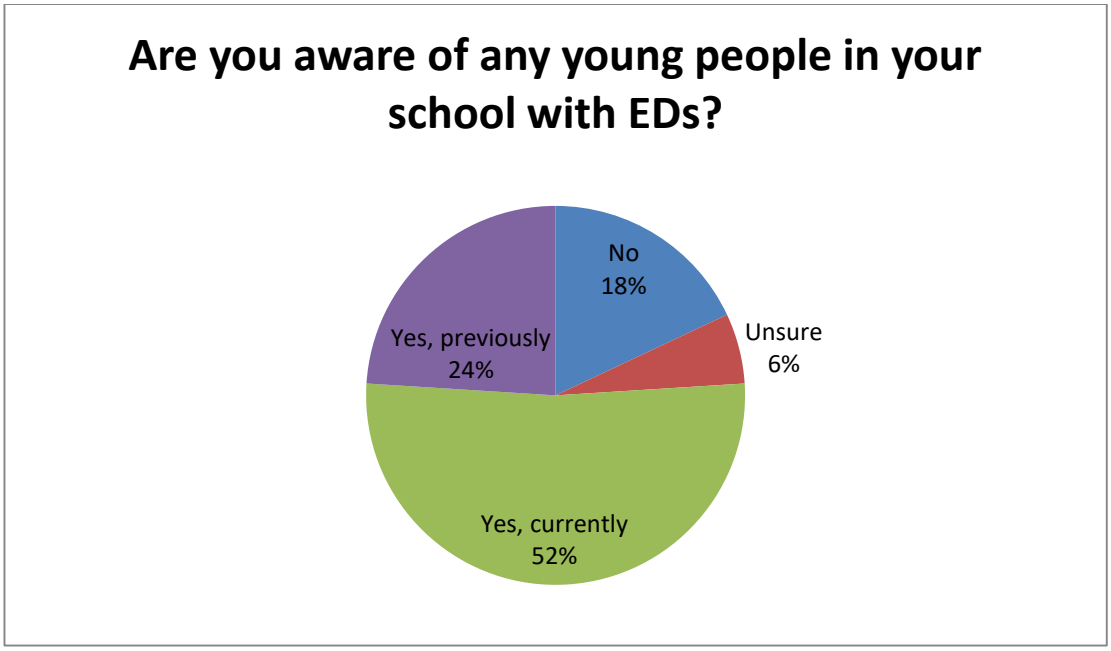

Figure 13: Awareness of YP with EDs in schools.

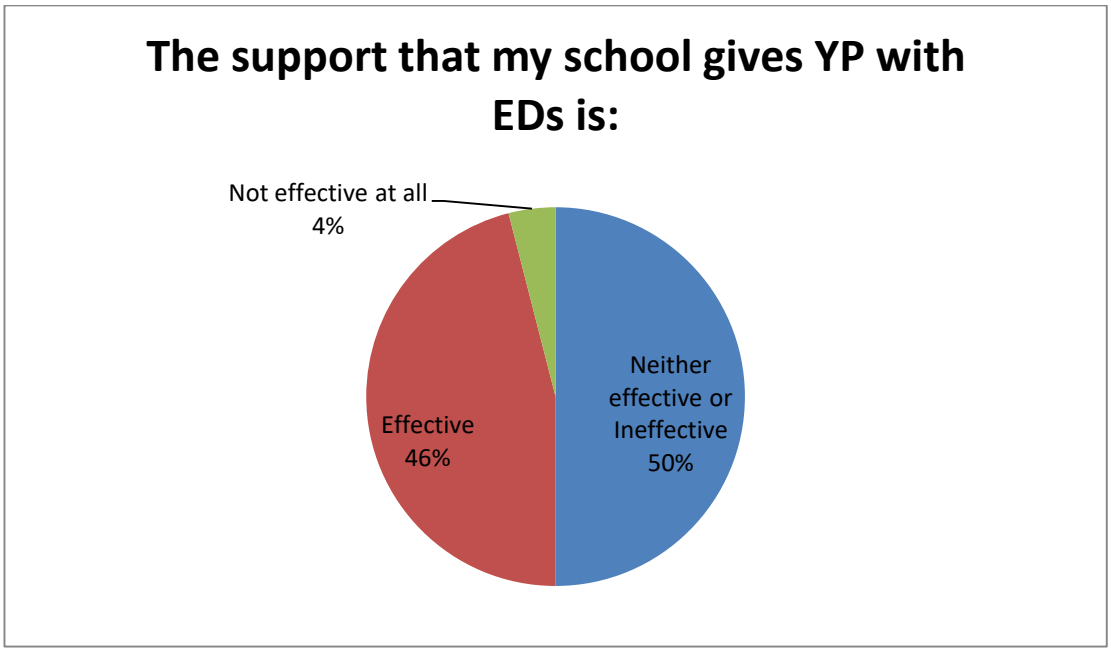

Figure 14: Views on effectiveness of support in schools for YP with EDs.

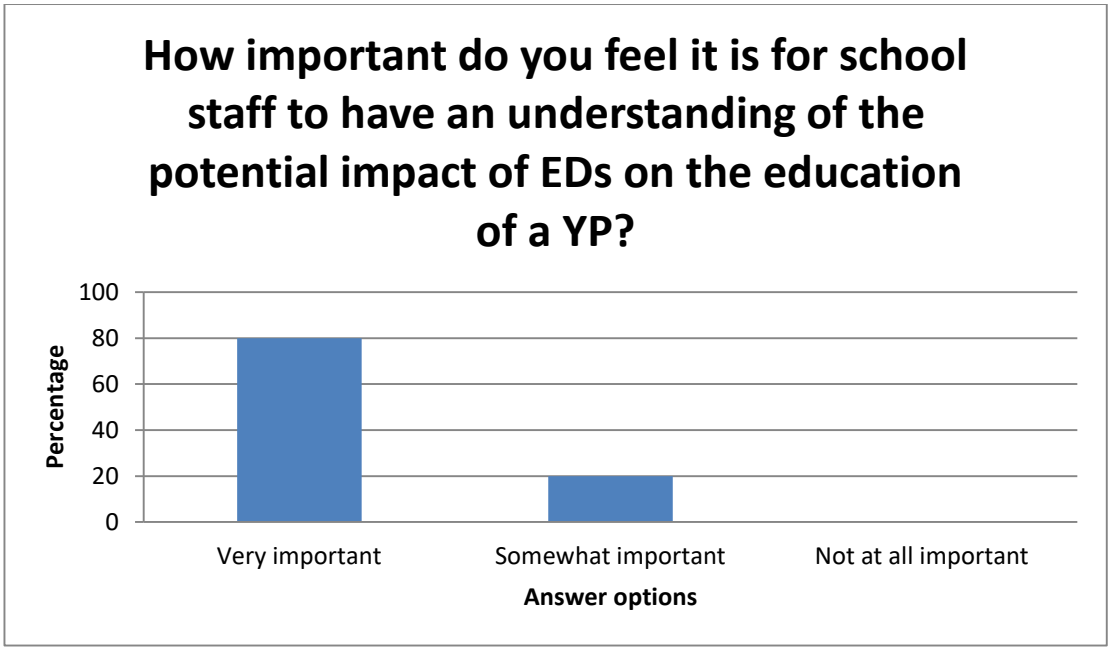

Figure 15: Importance of staff understanding the impact of EDs on the education of YP.

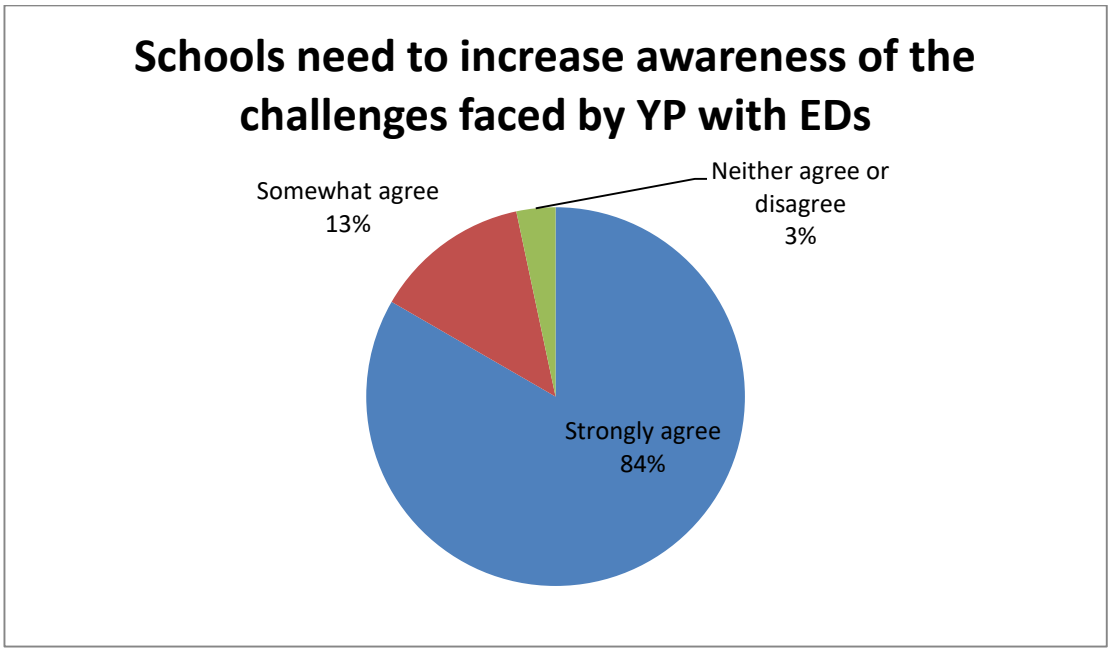

Figure 16: Need for schools to increase awareness of challenges YP with EDs face.

Table 11*: Responses to questions by school staff.*

Question	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
In your view, do you consider it part of the school's role to support any pupil who has an ED?	63%	37%	0%	0%	0%
Staff in my school are sympathetic towards young people with an ED.	57%	33%	10%	0%	0%
Staff in my school are aware of the needs of YP with EDs.	17%	62%	14%	3.5%	3.5%
Some people have suggested that the topic of EDs appears to be regarded as a 'taboo' subject by school staff. Do you:	0%	18.5%	26%	33.5%	22%

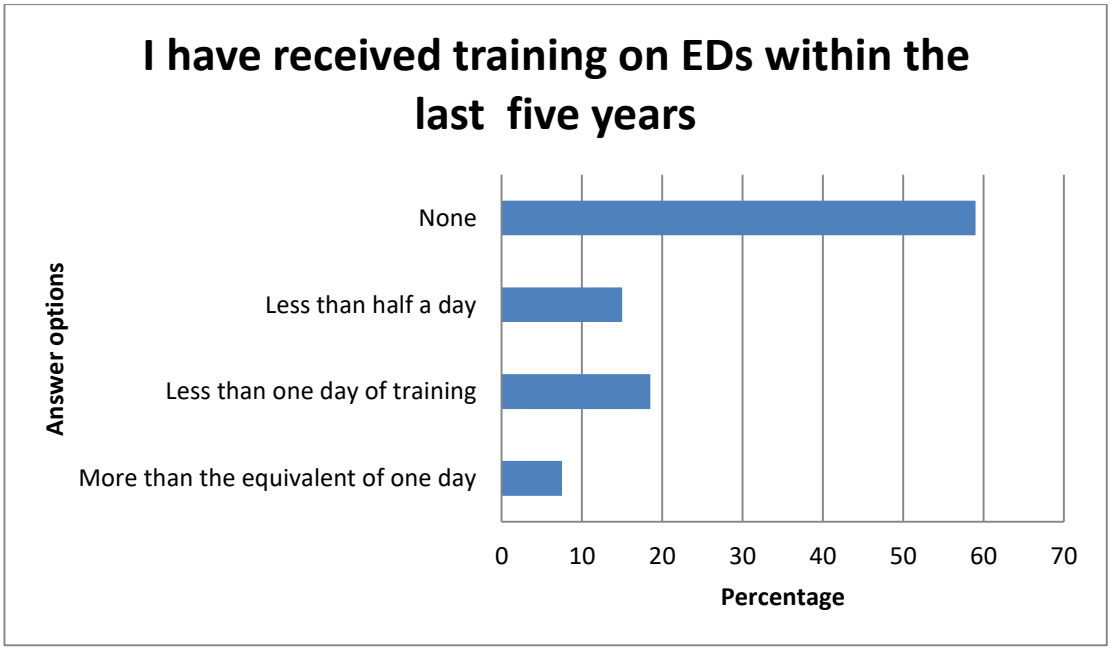

Figure 17: Amount of training on EDs received by staff.

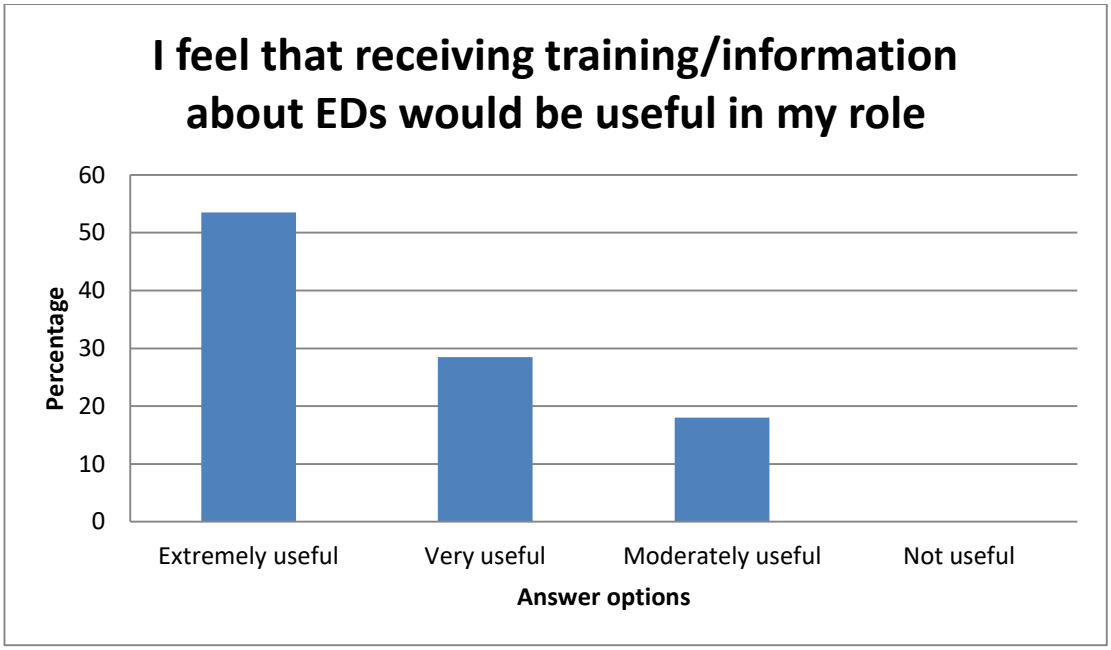

Figure 18: Staff views of usefulness of training on EDs.

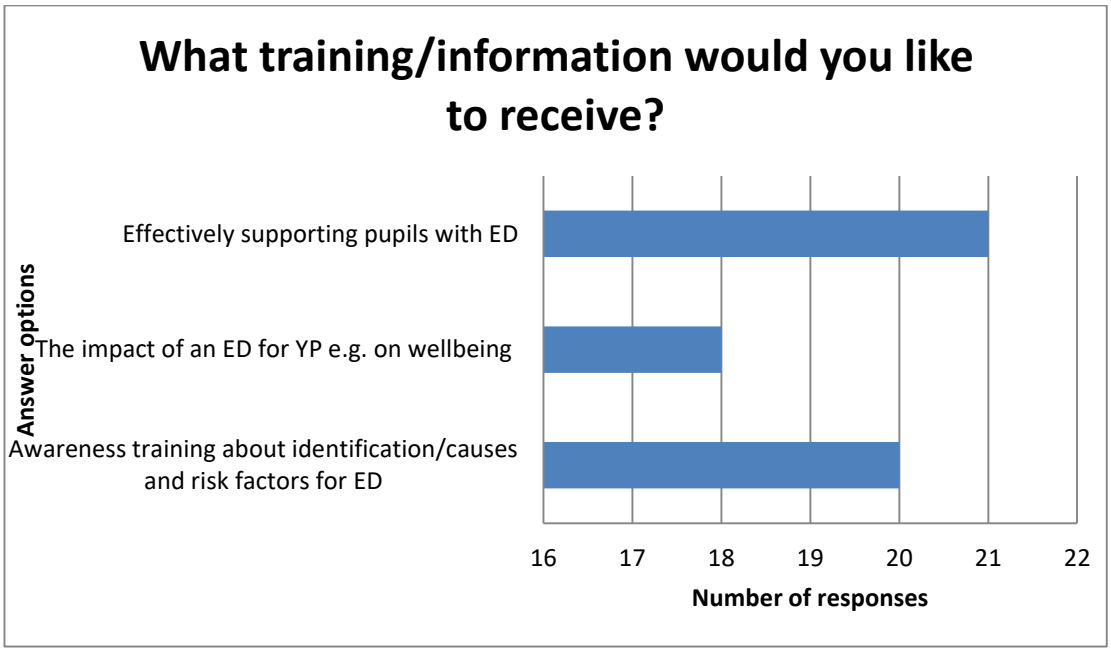

Figure 19: Information staff would like through training.

The second section focused on support for individuals. In summary, staff identified what was available in schools for YP with EDs, and also highlighted that support should be provided to siblings and staff working with pupils with EDs.

Table 12*: Key findings- Support.*

Key findings: Support

- The types of support offered to YP with EDs in schools included: mindfulness, signposting to relevant services, counselling services, and reasonable adjustments, and pastoral support.
- Only 18% answered 'Yes' in response to whether their school organised individual therapy sessions for YP with EDs.
- 96% of school staff felt that staff working with a YP with an ED should receive support, some identifying: counselling, continual professional development (CPD) and being given information.
- 78% felt that siblings of YP with EDs should receive support.

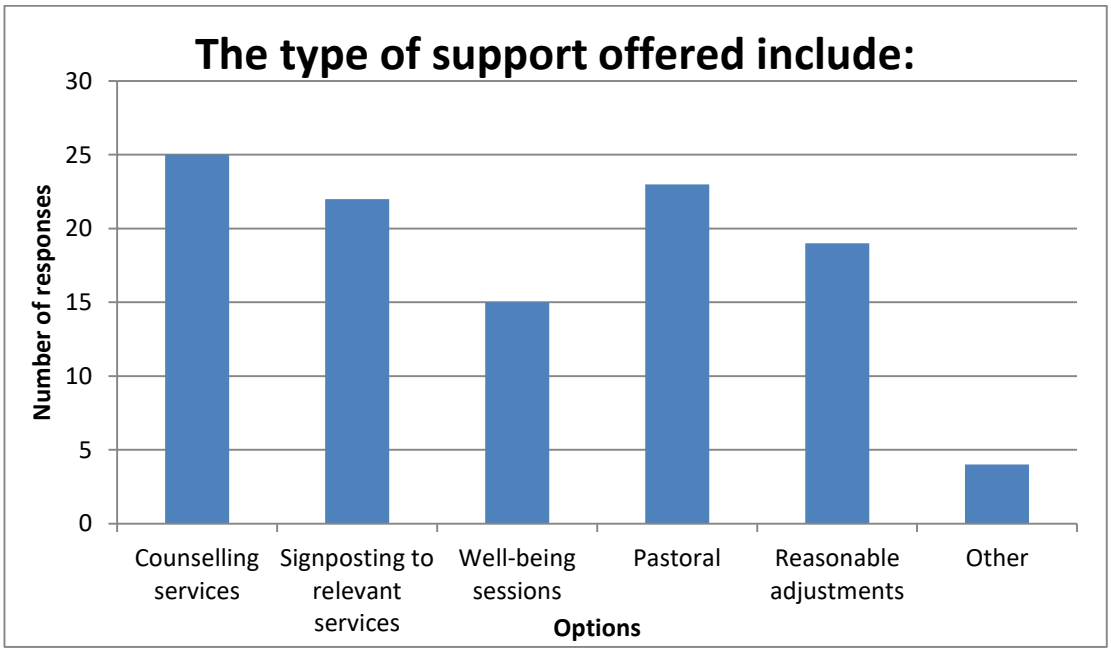

Figure 20: The types of support offered for YP with EDs in schools.

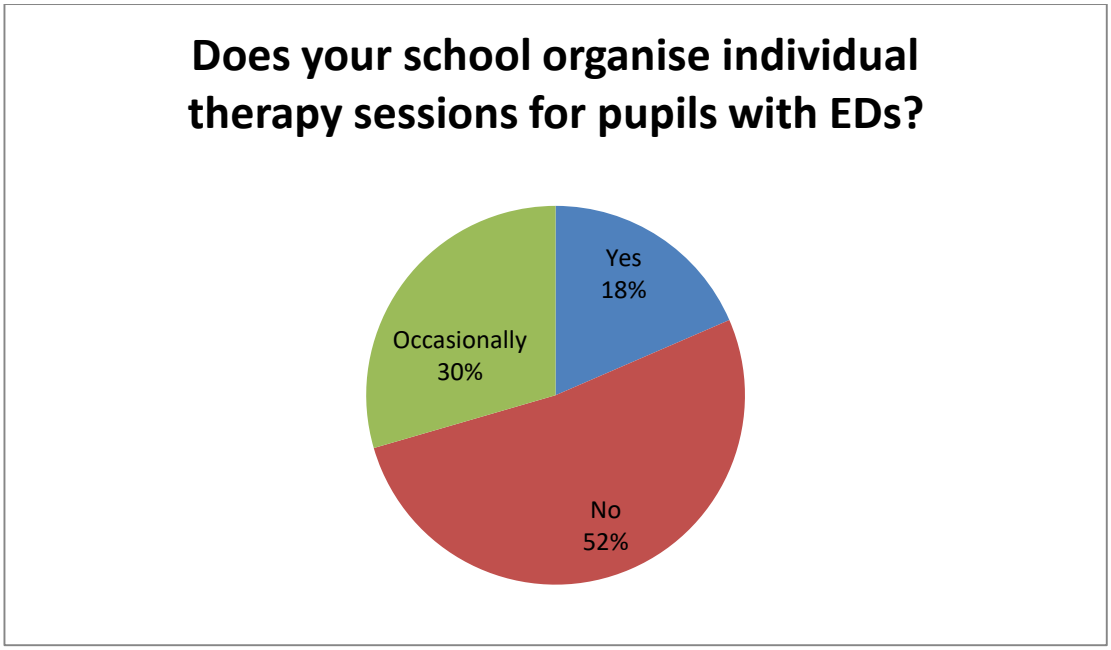

Figure 21: Percentages of schools that organise individual therapy sessions for pupils with EDs.

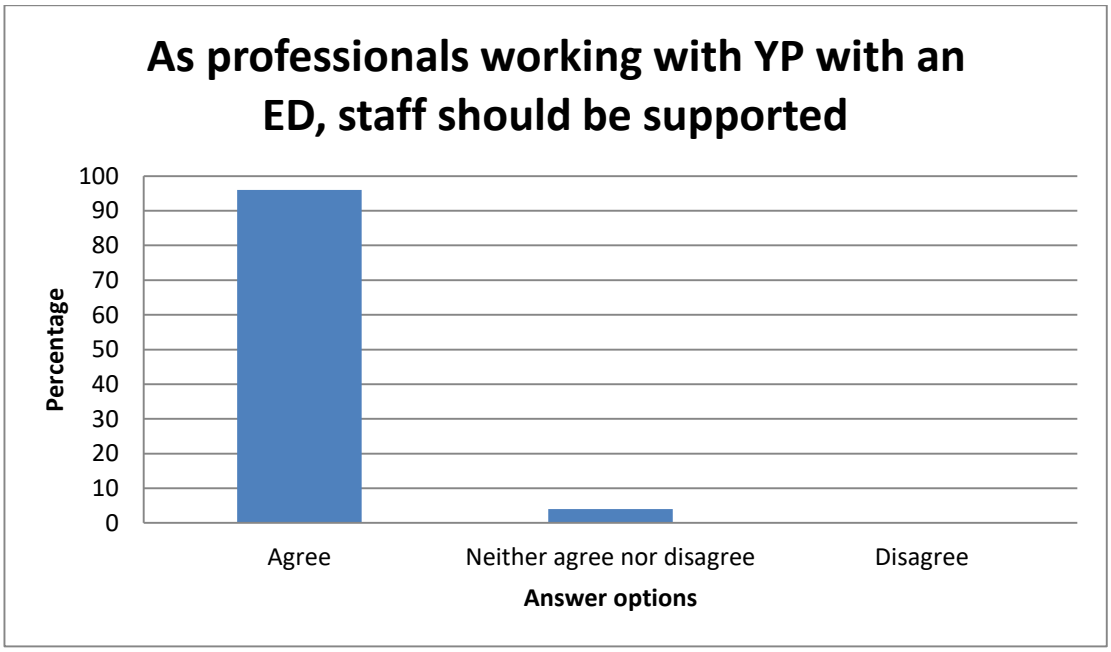

Figure 22: Staff views on receiving support.

Table 13*: Views regarding providing support for siblings of YP with EDs.*

Question	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
Do you think that schools should support siblings of YP who have an ED?	37%	41%	18.5%	3.5%	0%

The third part focused on prevention/intervention programmes being run in schools. It emerged that a limited amount of preventative work was being undertaken, and few schools were running intervention programmes.

Table 14*: Key findings- Prevention/intervention programmes.*

Key findings: Prevention/intervention programmes

- 60% of schools had undertaken 'a little' amount of preventative work around EDs.
- All staff felt that educating pupils about EDs would 'possibly' or 'definitely' be beneficial as a preventative measure.
- 85% of schools were not currently running intervention programmes around EDs. Of the 15% who answered 'Yes', none of them named any programmes they were reportedly using.

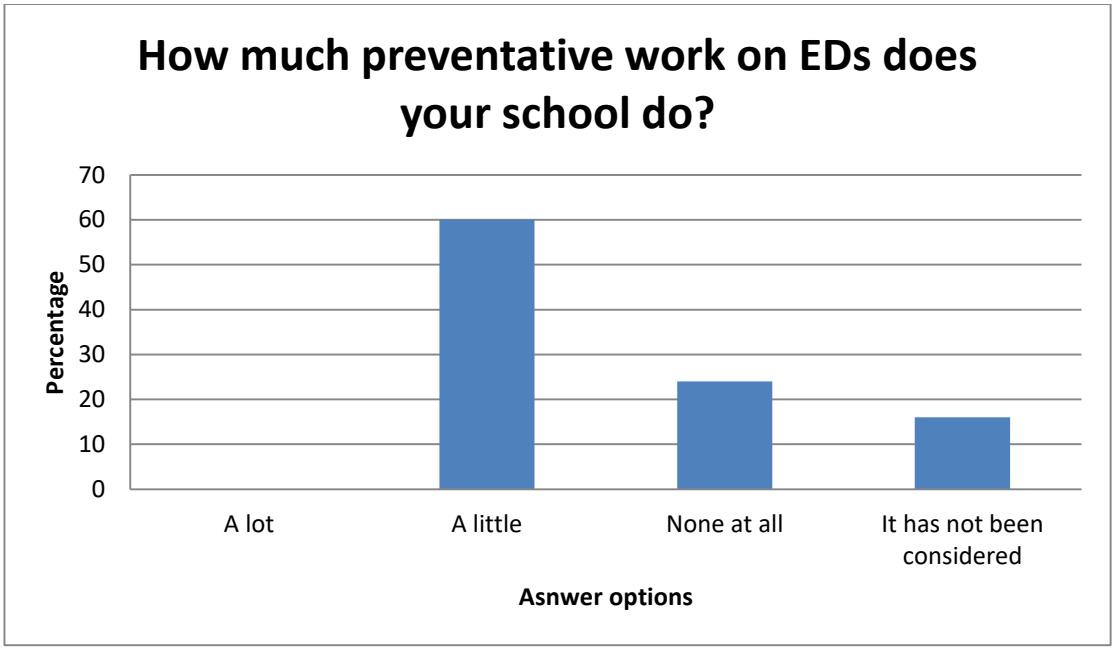

Figure 23: Amount of preventative work on ED being undertaken in schools.

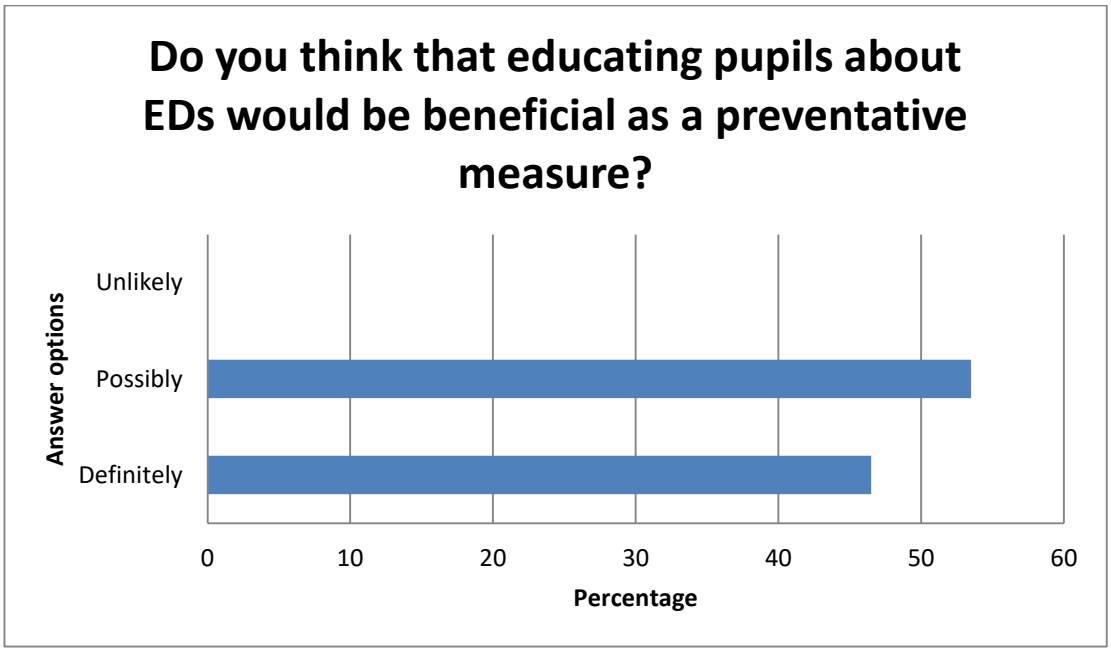

Figure 24: Views on educating pupils about EDs as a preventative measure.

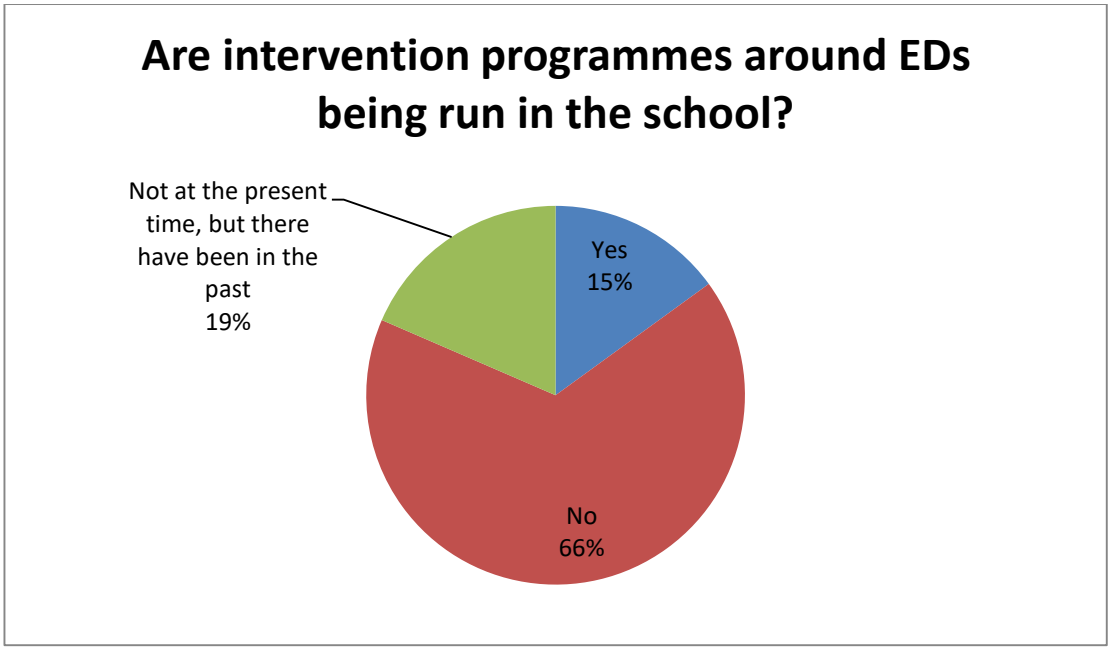

Figure 25: Percentage of schools which run intervention programmes around EDs.

In section four staff were asked about the current polices around EDs in schools. Key findings included: approximately half of school staff reported there were polices in their schools to address the needs of YP with EDs; 50% felt that these policies were neither effective nor ineffective.

Table 15*: Responses regarding policies in schools.*

Does your school have policies that address the needs of a YP with an ED e.g. attendance, well-being and/or additional needs?	How effective are these policies in ensuring that YP with ED are able to engage actively in day to day school life?
Yes- 55.5% No-3.5% Unsure-41%	Effective- 50% Neither effective nor ineffective- 50% Ineffective- 0% This question was conditional- only participants who answered 'Yes' to the previous question.

Next, practice relating to reintegration of pupils with EDs back into school was explored.

Table 16*: Key findings- Reintegration.*

Key findings: Reintegration

- 54% of staff reported that their school had effectively supported the reintegration of pupils with EDs who had been absent for an extended period of time.

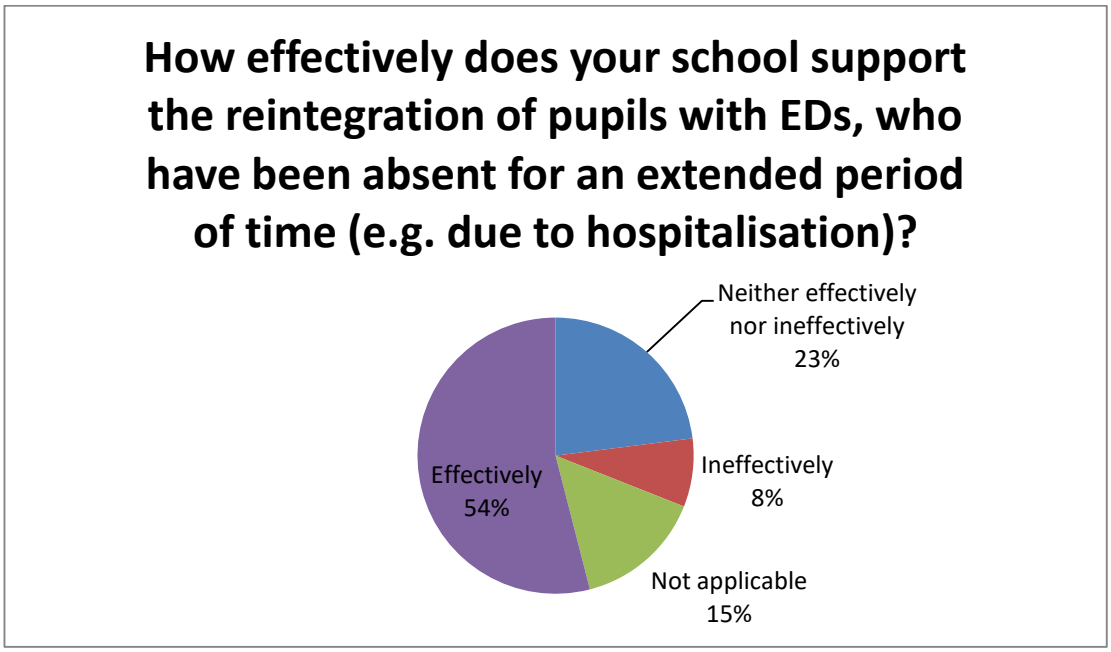

Figure 26: Effectiveness of support provided to YP with EDs reintegrating to school.

The final section focused on working with parents of YP with EDs, which staff felt was important, and were confident doing.

Table 17*: Key findings- Working with parents.*

Key findings: Working with parents

- 81% of staff felt confident discussing concerns about EDs with parents.
- All staff felt it was important to work collaboratively with parents to support pupils with EDs.

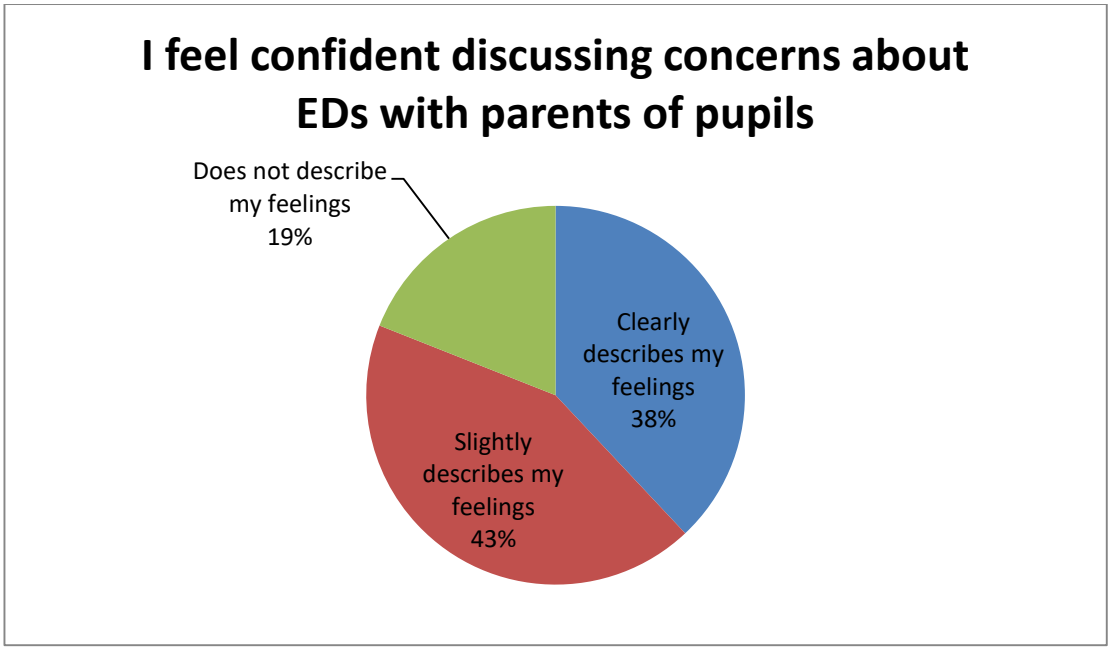

Figure 27: Staff confidence discussing concerns about EDs with parents.

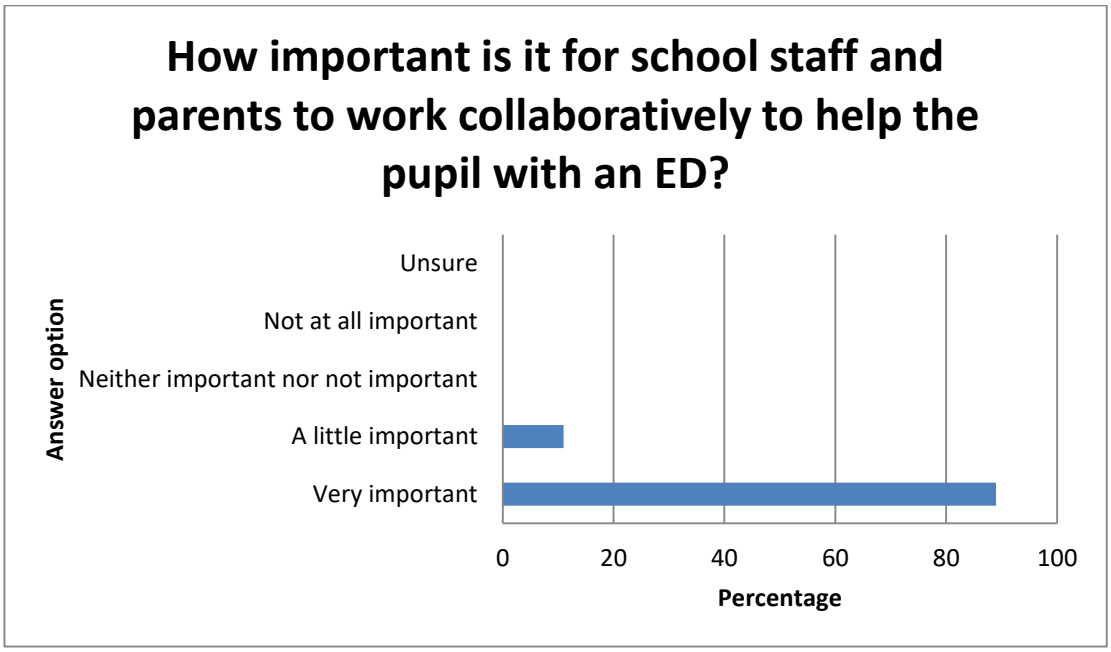

Figure 28*: Staff views on importance of working collaboratively with parents.*

4.1.2 Thematic Analysis of Staff Views

Three main themes were identified, each including a number of sub-themes, and some sub-subthemes (Figure 29). Hierarchy of themes, subthemes and sub-subthemes showing in Appendix 18.

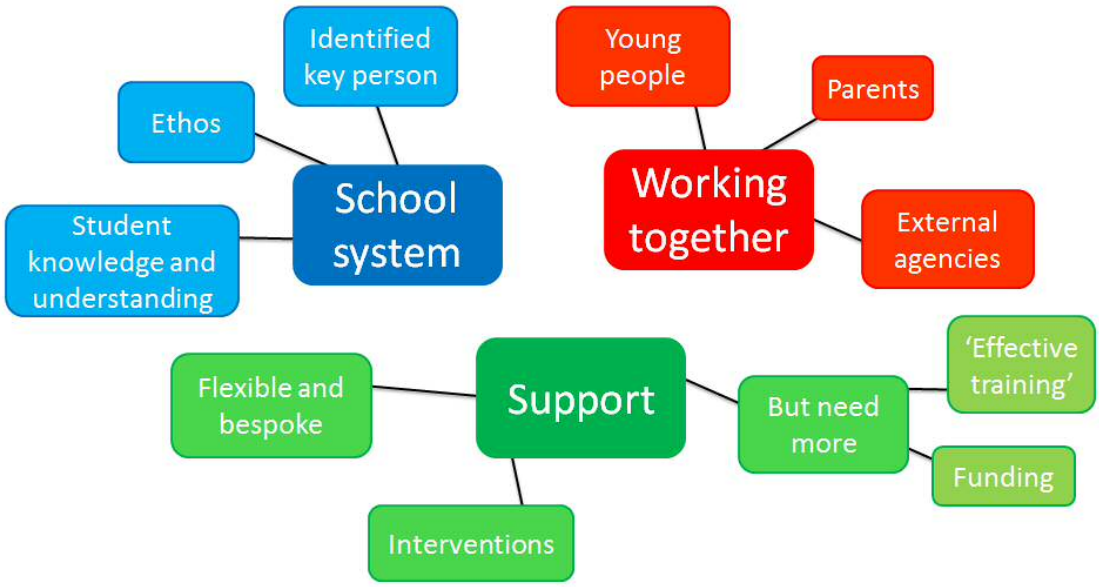

Figure 29: Thematic map for school staff members.

4.1.2.1 Theme 1- Support

This theme highlights that school staff feel there is need of more support for ED in schools, yet barriers are influencing this. Three sub-themes were identified, including: 'But need more', 'Flexible and bespoke', and 'Interventions'.

Table 18*: Theme 1 (Support) subthemes.*

Subtheme	Participant quotes
Flexible and bespoke There was an understanding that schools needed to provide individualised support for pupils with EDs, and be flexible to meet their needs.	'Allow for modifications to the curriculum as appropriate' 'Individual tailored support with all adhesives student and families working towards same goal' *(as given by participant)*
Interventions This subtheme highlights the interventions staff report are available for pupils with ED in school.	'Counselling' 'well planned reintegration' 'learning coach to help facilitate learning and support academically'
But need more	Funding

Staff identified barriers currently hindering attempts to improve support for YP with EDs, which included funding cuts, and the need for more staff training on ED.	'the counselling is being cut next year due to funding cuts.' 'Schools are in crisis in the support they can offer due to massive funding cuts- sadly this would be a step too far' 'funding cuts make this difficult'
	'Effective Training' 'More training / discussion on the subject' 'Training in all schools' 'effective training'

4.1.2.2 Theme 2- Working Together

This theme encapsulates the school staff's views that there needs to an increase in collaborative working and communication between key people. Sub-themes include: 'Parents', 'External agencies', 'Young people'.

Table 19*: Theme 2 (Working together) subthemes.*

Subtheme	Participant quotes
Parents Results from the survey indicate that staff understand the importance of good communication between home and school in the effective support of YP with ED.	'Effective communication between school and parents' Alerting families when school identify a problem' 'Excellent relationship with parents/carers/professionals to all work together to help and support the young person'
External agencies	'Outside agency involvement'

Staff reported wanting more help and support from outside agencies, who have more knowledge about ED.	'support from a psychologist/medical professional'
Young people Staff identified the importance of positive relationships with pupils with EDs, and providing opportunities for them to have conversations with them.	'Developing a relationship where they feel able to come and talk to you about their thoughts and concerns.' 'Providing opportunities for open frank discussion with the individual & a member of staff they trust' 'Help the child deal with causes behind disorder'

4.1.2.3 Theme 3- School Systems

Participants discussed issues relating to the whole-school system, which included: 'Student knowledge and understanding', 'Identified key person', and 'Ethos'.

Table 20*: Theme 3 (School systems) subthemes.*

Subtheme	Participant quotes
Identified key person Staff felt that it would be beneficial for schools to have an identified member of staff in schools who was knowledgeable about EDs, who they could discuss their concerns about pupils with.	'A 'specialist' among the staff' 'Advice on correct course of action. Liason with an SLT member' *(as given by participant)* 'Senior leader link'
Student knowledge and understanding It was felt that including EDs and healthy living in the curriculum would be beneficial to educate pupils about EDs. Staff felt that increasing knowledge and awareness of ED amongst pupils in schools would be beneficial, as it would allow them to identify symptoms displayed by friends.	'In PSHE lessons' 'We teach healthy eating and wellbeing but at a basic KS1 SEN level. I'm not sure what KS2 teach around this topic' 'Peers aware of eating disorders cause and effects' 'Friends of the individual who are concerned that there may be a problem, must feel they can raise their fears with

	adults in their school knowing that they will be taken'
Ethos Staff understood the importance of having a positive whole-school approach in the support of students with EDs.	'Whole school support' 'Positive role model' 'School ethos is a welcoming safe space that is here to listen and not judge'

4.2 Part One: Parents

4.2.1 Descriptive Statistics

Below is a summary of the responses from parents in part one, presented in graphs, charts and tables.

The first section of the parent/carer questionnaire explored their views on the support provided by their child's school. It emerged that parents did not feel that schools were effectively meeting the needs of YP with EDs.

Table 21*: Key findings- Support provided by schools.*

Key findings: Support provided by schools

- 77% of parents did not think that schools are currently providing adequate support for YP with EDs.
- Only 14% felt that the support provided by their child's school was effective.
- 50% of parents felt that their child's school was supporting him/her with the management of their ED.
- 64.5% reported that their child's school did not organise individual sessions
- 74% felt that staff were concerned for their child's wellbeing.

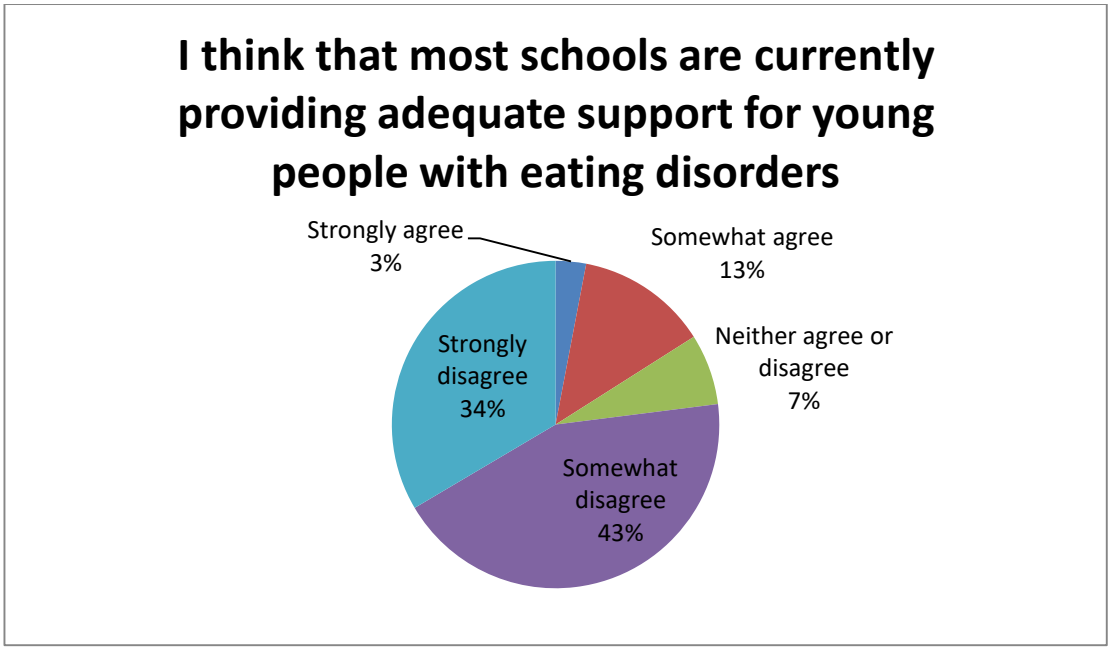

Figure 30: Parent views on whether schools are providing adequate support to YP with EDs.

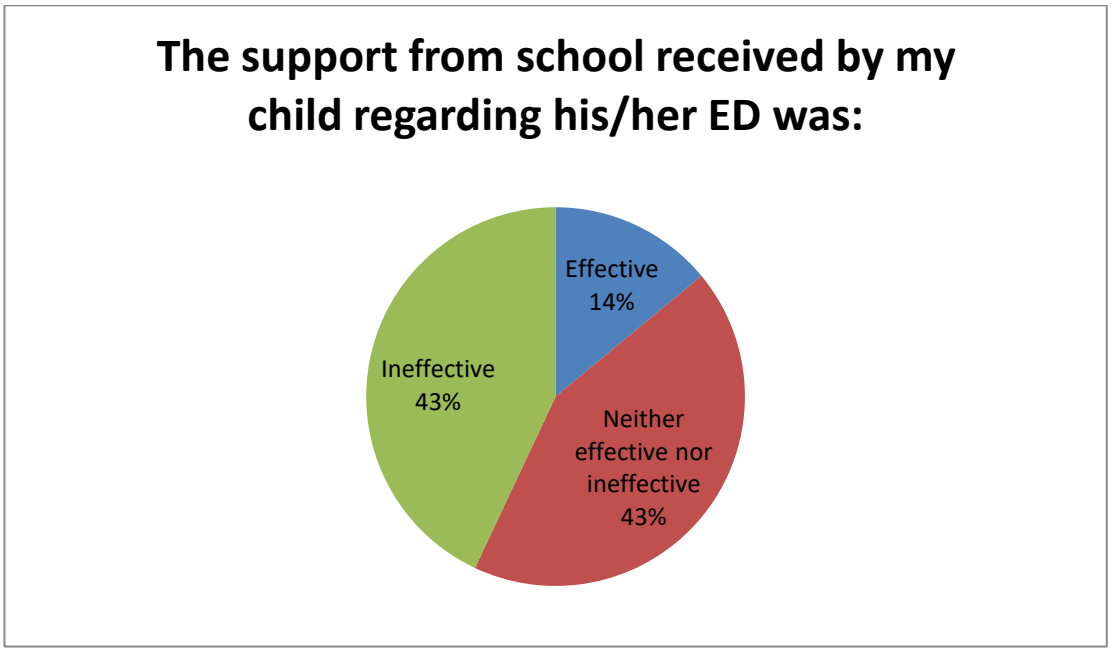

Figure 31: Effectiveness of support provided to the children of parents.

Table 22*: Parent responses to questions regarding support from schools.*

Question	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
My child's school is supporting/supported with the management of his/her ED.	7%	43%	20%	10%	20%
My child's school organised/provided an opportunity for my child to receive individual support (e.g. from a practitioner psychologist)	3.5%	18%	14%	28.5%	36%

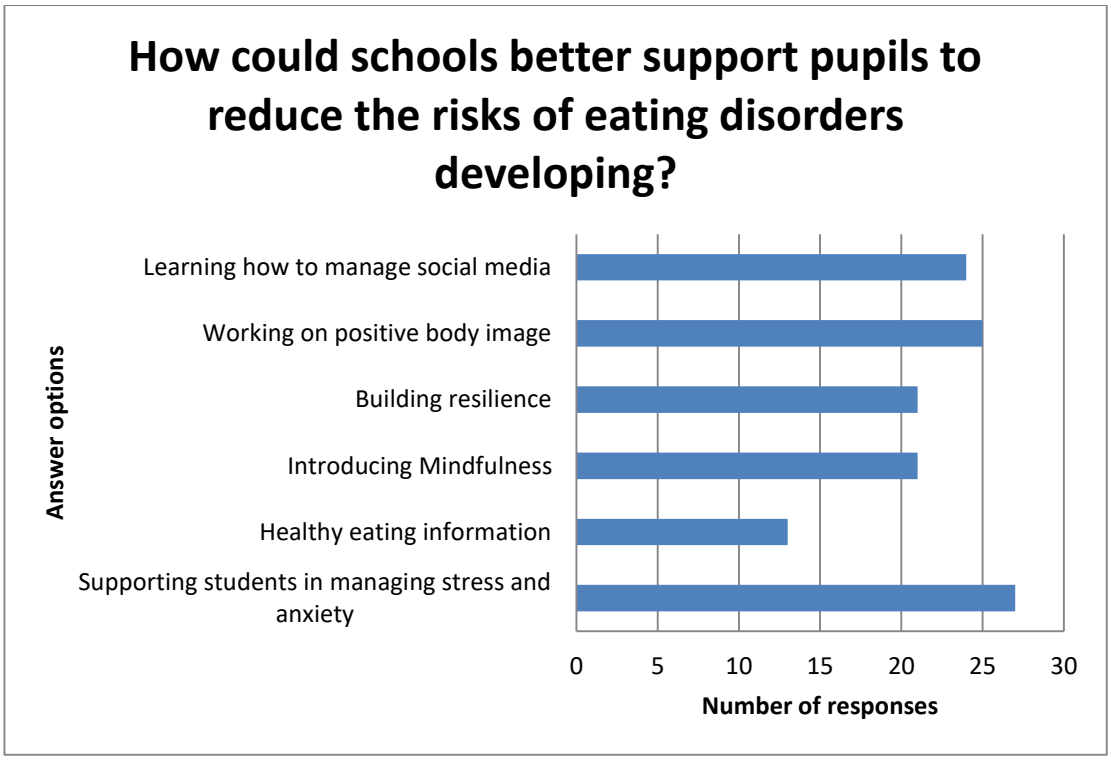

Figure 32: Ways parents feel schools could better support pupils to reduce the risk of developing EDs.

In the second section, parents were asked about school staff's knowledge and awareness of EDs, and attitudes towards pupils and parents. In general, parents did not feel staff were knowledgeable about EDs; however, appreciated the concern shown for their child's wellbeing.

Table 23*: Key findings- Knowledge, awareness and attitudes.*

Key findings: Knowledge, awareness, and attitudes.

- Only 13% felt that staff in their child's school was knowledgeable about EDs.
- 93% were not provided with information about EDs from the child's school.
- 74% felt their child's school was concerned for their child's wellbeing.
- Approximately half of parents felt their child's school had a positive attitude towards them.
- 89% of parents would be interested in attending a workshop/talk about supporting a YP with an ED.

Table 24*: Parent views on knowledge, awareness and attitudes.*

Question	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
The staff in my child's school are/are knowledgeable about EDs.	3%	10%	19%	26%	42%
My child's school provided me with information about EDs.	0%	0%	7%	10%	83%
My child's school were/are concerned for my child's wellbeing.	37%	37%	13%	6.5%	6.5%
I feel that my child's school had a positive attitude towards me as a parent.	30%	23%	20%	20%	7%

Figure 33: Percentage of parents who would like to attend workshops/talks about EDs.

The third section explored work around ED prevention being undertaken in schools.

Table 25*: Key findings- Prevention.*

Key findings: Prevention
• 52% of parents did not believe their child's school actively tried to prevent the onset of EDs. • 93% felt that it was important for schools to ensure that the curriculum addresses ED prevention.

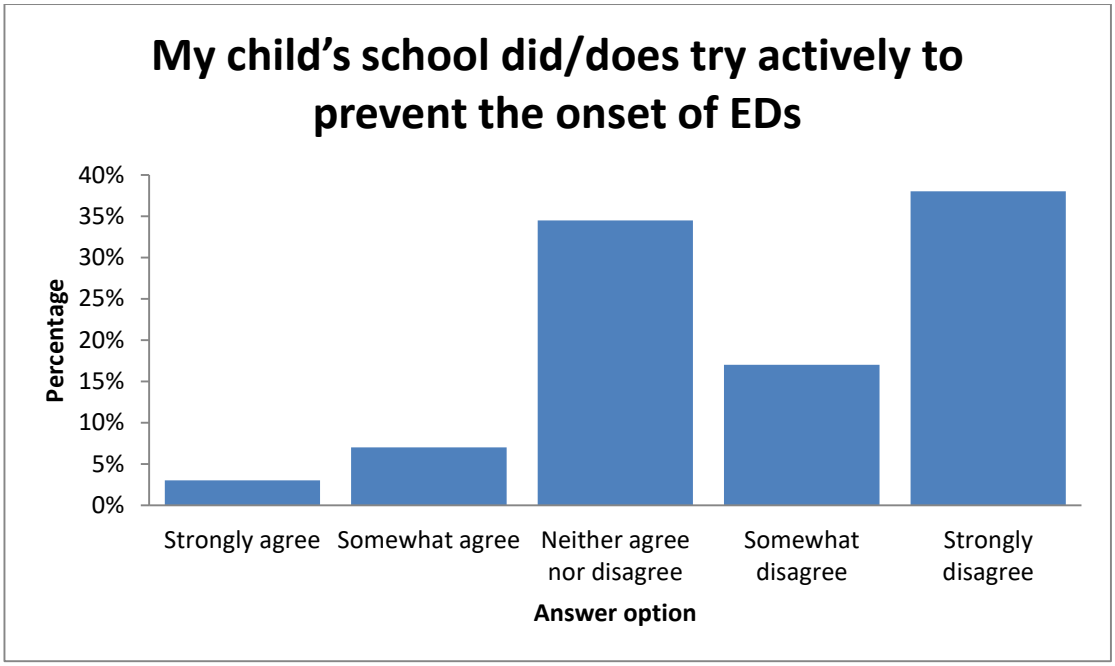

Figure 34: Parent views on whether their child's school tried to actively prevent the onset of EDs.

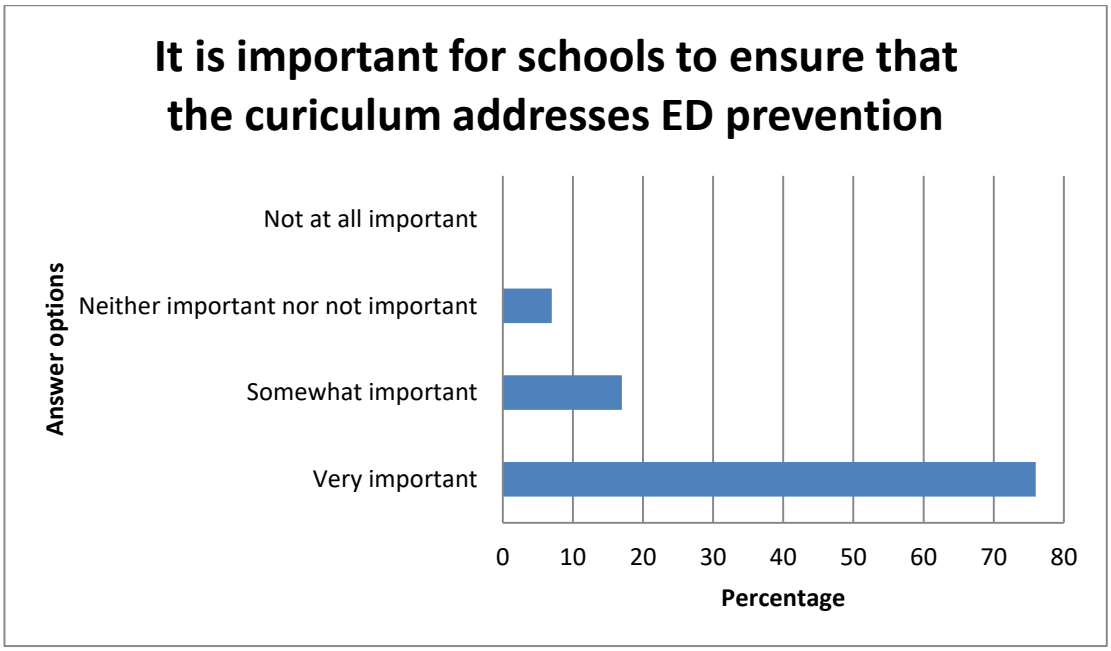

Figure 35: Importance of the curriculum addressing ED prevention.

The next section explored the support for YP with EDs reintegrating back to school. The key finding was there was a range in the amount of support provided by schools, from 20% receiving 'none at all', to 13% receiving 'a lot'.

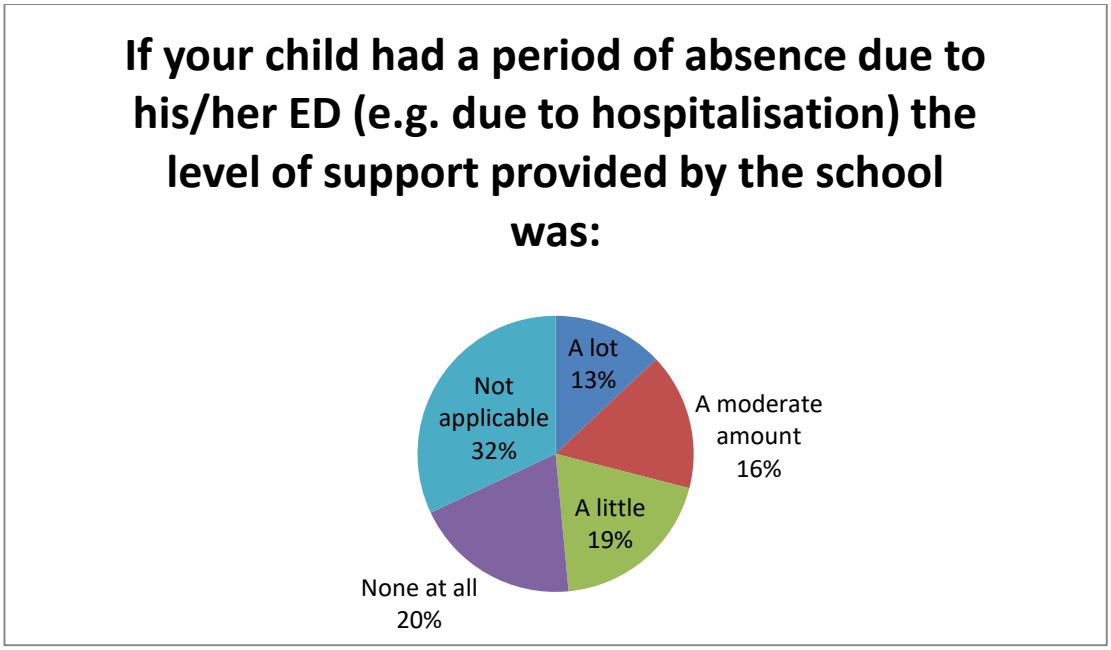

Figure 36: Amount of support schools provided YP with EDs during reintegration to school.

The fifth section focused on the involvement of school staff in multi-disciplinary (MD) meetings. It emerged that although parents generally felt staff should be involved in MD meetings, most of the time they 'never' attended.

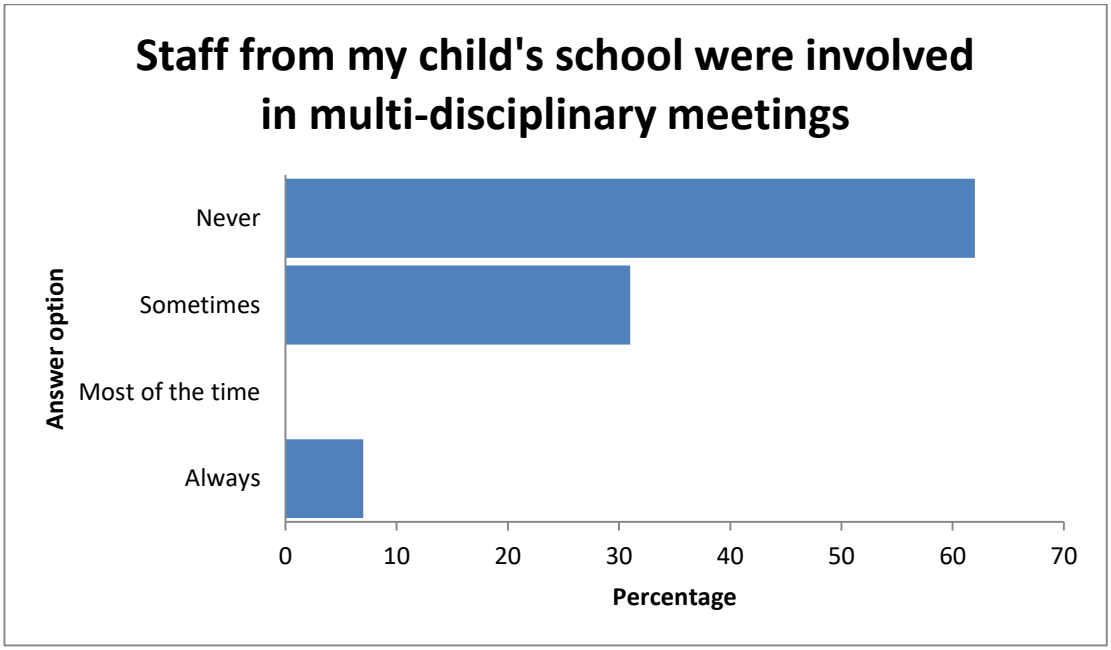

Figure 37: Involvement of staff in MD meetings.

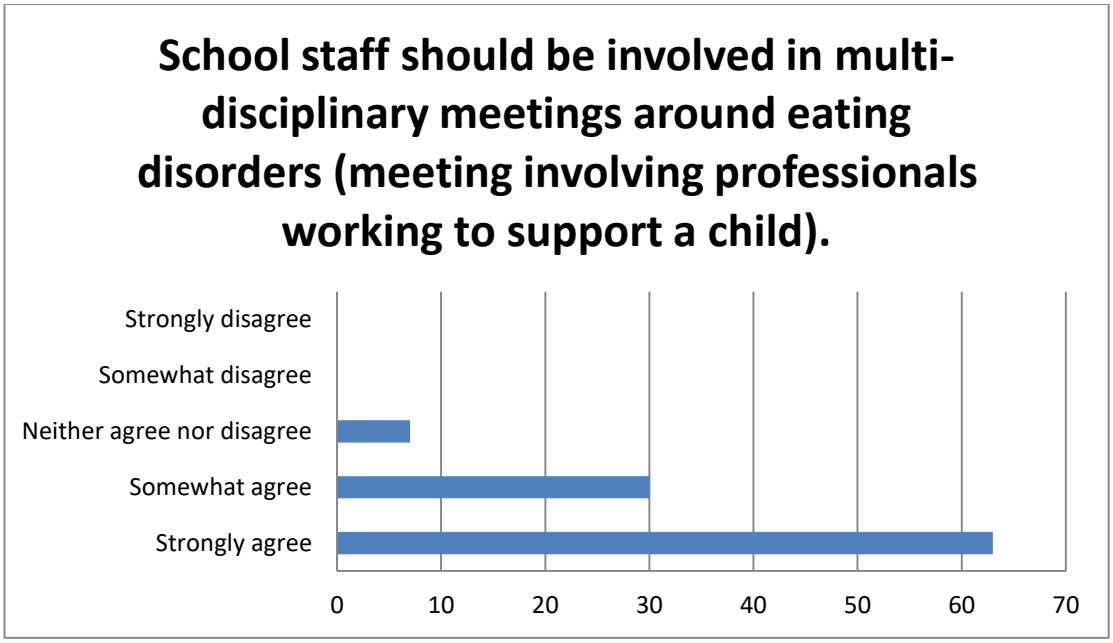

Figure 38: Parents views on whether staff should be involved in MD meetings.

The final section investigated parent's views on support for family members. It was found that parents felt that more support should be provided to family members, including siblings.

Table 26*: Key findings- Support for family members.*

Key findings: Support for family members

- Only 13% of parents felt that their child's school had effectively supported them/their family.
- Approximately half of parents felt that they could/should have received better support from their child's school.
- 93% felt that it was important for schools to support families of YP with EDs.
- Approximately 87% of parents believed that siblings of YP with EDs should receive support themselves.

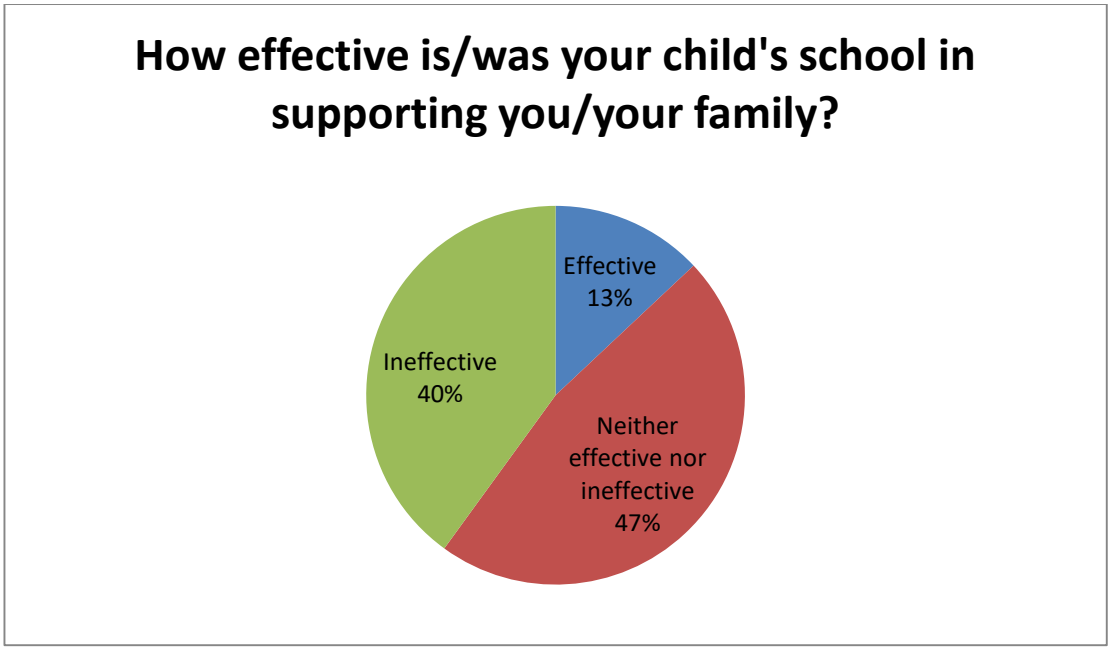

Figure 39: Effectiveness of support by the school to the family.

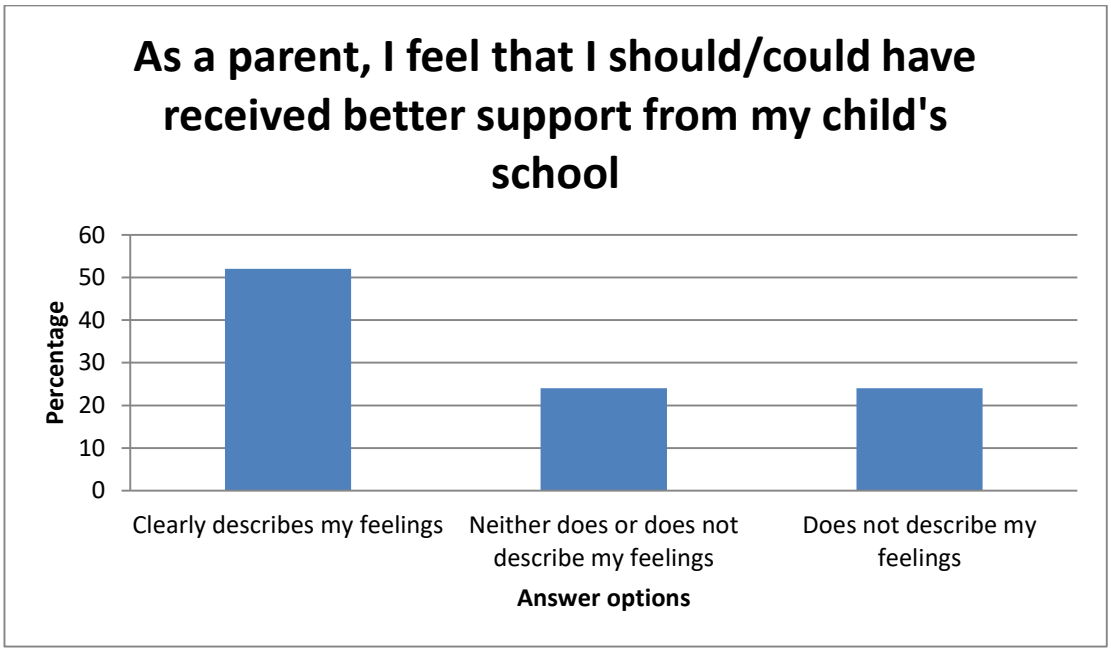

Figure 40: Parents feelings of receiving better support from their child's school.

Table 27*: Responses to questions about support for family members.*

Question	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
It is important for schools to support families of young people with eating disorders.	70%	23%	3.5%	3.5%	0%
I believe that siblings of a young person with an eating disorder should receive support.	63.33%	23.33%	13.33%	0%	0%

4.2.2 Thematic Analysis of Parent's Views

Two main themes were identified, each including sub-themes and some sub-subthemes. Hierarchy of themes, subthemes and sub-subthemes are shown in Appendix 18.

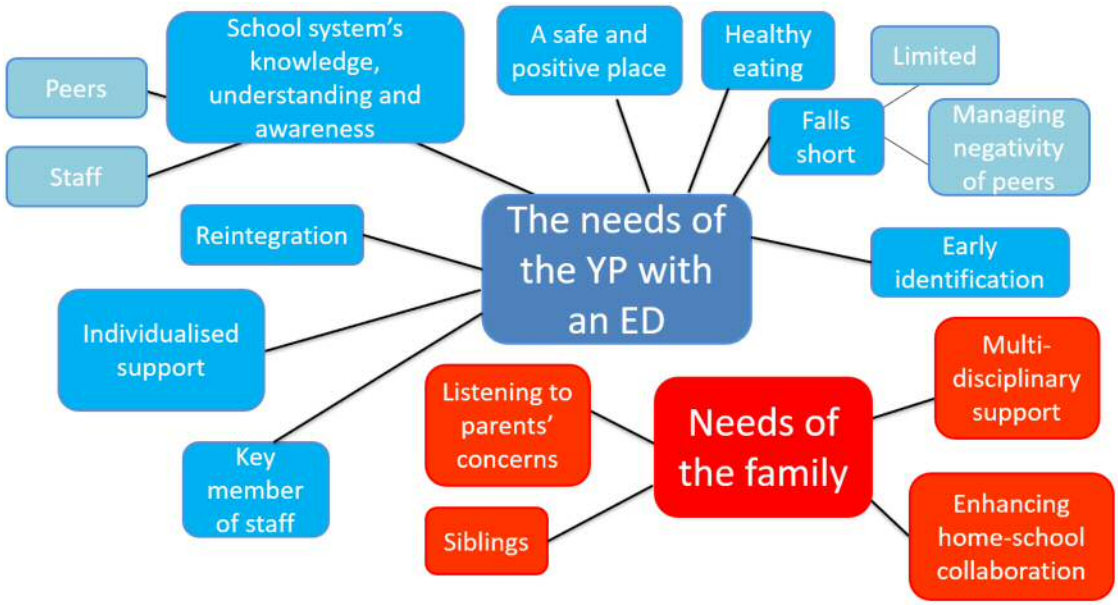

Figure 41: Thematic map for parents/carers.

4.2.2.1 Theme 1- The Needs of the YP with an ED

This theme encapsulates views on parents regarding the current support within school systems, and the systemic elements which they feel require further developments in order to meet the needs of YP with ED.

Table 28*: Parents Theme 1 (The needs of the YP with an ED) subthemes.*

Subtheme	Sub-subthemes and participant quotes
Early identification Parents reported the importance of early identification and intervention for YP with ED.	'Early intervention and recognition that there is a problem' 'Set up regular meetings and ensure they intervene early' 'I appreciate that schools have been asked to take on more and more in recent years, but these are serious mental health illnesses and school staff may be key to identifying early indicators and taking action' 'For staff to be alert to indicators and to know how to act on these'
Key member of staff Parents felt that it would be beneficial for there to be a key member of staff in school who was knowledgeable about ED in school.	'To have a named staff that has some insight & personal understanding of ED's available at key points during the school week' 'Provide a key member of staff who understands'

Individualised support The survey identified that parents feel there is a need for schools to be more flexible in their support of YP with ED, which included teachers understanding the needs of YP with ED's regarding the curriculum, and providing a safe space for the pupil to eat at mealtimes to help reduce anxiety.	'School could have sent GCSE work to hospital school (as most other schools were doing). This would have meant my daughter was less likely to fall behind her school work and fail exams.' 'Not to be grumbled at that my daughter could not participate in PE' 'Provide a safe alternative place to eat if canteen environment is stressful' 'Somewhere they can eat with not everyone watching'
Reintegration Parents highlighted the need for more effective reintegration plans for pupils with ED returning to school.	'Support integration back to school' 'Help reintergrating my child after hospitalisation' *(as given by participant)*
Healthy eating Parents discussed the negative influences healthy eating talks at school had on their child.	'My 10 year old daughter has recently been diagnosed with anorexia. This started following a healthy eating talk at school…I have heard a lot of children who have been triggered by the same talks or similar' 'Definitely Not healthy eating' 'Not give talks on healthy eating and put a lot of focus on obesity but consider information if

	remaining healthy and positive body image'
A safe and positive place This subtheme highlighted the need for schools to be a place pupils feel safe and supported in. Within this, parents raised the importance of having policies around EDs, and helping pupils with EDs have a sense of belonging. Some parents discussed how the MH support in their child's school was generally good, however not for EDs specifically.	'Knowing that her school place was secure and that there was a plan made her feel valued when she left school for inpatient treatment.' 'a school policy on supporting a child with an ED - they have them for bullying so why not?' 'One staff member visited my daughter in hospital and attended a meeting and my daughter felt supported on starting college.' 'Promoting positive images' 'General mental health support good. No specific ED' 'Her current school (sixth form) took her off the school roll while in hospital for anorexia'
School system's knowledge, understanding and awareness Parents discussed the need for teaching staff to be better informed about EDs, and the negative effect a lack of knowledge could have on individuals with EDs. It was also felt that students should be taught	<u>Peers</u> 'at least a talk to the children about EDs - they have them for sex so why not?' 'Offer education to students about eating disorders' 'Education on what is an eating disorder and what are the signs and symptom and where to get support'

about EDs to increase their awareness and understanding.	‘Actively encouraging self esteem by increasing peer support groups’ ‘Link students with a local voluntary ED agency that will provide education about stresses, triggers & how to prevent development of ED’
	<u>Staff</u> ‘Train teachers to understand what is involved and how they can help’ ‘More understanding of the mental health aspect’ ‘Teachers who understand the disease’ ‘Would comment on and ask her about her lowest weight and would use a very unhelpful approach due to lack of knowledge on the illness. Triggered her to relapse countless times due to unecessary comments.’ *(as given by participant)* ‘Some welfare staff were unaware of the impact of ED and made very triggering comments whilst trying to help.’

Falls short This subtheme highlighted areas parents felt that school were currently inadequate. Firstly, parents discussed how support offered in schools was inconsistent. Secondly, it was felt that there was not a great deal of support schools offered to YP with ED currently. Finally, parents felt that more work needed to be done by schools to manage bullying between pupils.	<u>Limited</u> 'Found support at my child's school for ED variable' 'More regular and structured support' 'As much as we talk about it there isn't enough support for people dealing with one' 'limited to getting child to therapy and weighing'
	<u>Managing negativity of peers</u> 'Support with bullying which led to anxiety and the eating disorder' 'clamp down on any bullying related to the child's eating disorder'

4.2.2.2 Theme 2- Needs of the Family

This theme highlights how interactions between people in the school system could influence the development and recovery of EDs.

Table 29*: Parents Theme 2 (Needs of the Family) subthemes.*

Subtheme	Sub-subthemes and participant quotes
Enhancing home-school collaboration Parents wanted to have increased and better communication between themselves and their child's school, and to feel that the school was working with them.	'To ensure all information is passed onto other teachers regarding the illness' 'For me not to have to tell members of staff every year about the issues' 'Reassurance that the school are working with us to help my child' 'To know if my daughter is not feeling well my child would have been given support and that they involved me in this straight away.' 'Better communication with parent on how things are at school.' 'Better communication with parents with issues at school so parents can get early mental health care.' 'Information about my daughter's behaviour at school e.g. not eating, upset, self harming. This would have meant we could have pushed for better mental health care sooner.'
Listening to parents' concerns	'Space to be heard.'

Parents discussed how they wanted schools to listen to them and take their concerns seriously.	'My concerns to be taken seriously' 'Rather than being seen as an over anxious parent staff should have been able to take my concerns seriously' 'Member of senior leadership team and welfare team allocated to help us.'
Siblings Parents felt that siblings should receive support too, which included staff being more empathetic towards them, and individualised support for their own needs.	'By appreciating the amount of stress having a sibling with an eating disorder can cause and that this might impact on school work etc at times.' 'Offer time out and support for a sibling to talk About how the ED is affecting them and the family' 'Indivual therapy Providing information on behaviours of sufferers so that siblings can recognise when they are interacting with the disorder.' *(as given by participant)* 'CBT, counselling, peer support, education around eating disorders and supporting them to support their sibling.'
Multi-disciplinary support Parents reported that they wanted better support from their child's school and also	'I think families should be supported by involved mental health professionals.' 'I have been in contact with [name] from Seed who has been very supportive'

specialist MH professionals. In addition It was highlighted that parents wanted school staff and other professionals to work together with parents to support the needs of the YP with an ED.	‘Get ed specialists in' ‘Definitely, I wish they had been involved with Camhs meetings, which were dreadful, they could have saved us many stressful journeys by letting my daughter have meetings at school, but it was never convenient, the school I am sure would have approved this were present’ ‘For staff to seek information from parents and other involved professionals so that the support offered in school is appropriate for that particular young person’

4.3 Part Two: EP Interviews

The eight EPs discussed a range of areas regarding how the profession could provide input around EDs to schools, which progressed in depth as the interviews proceeded. There was a great deal of overlap in their views compared with the staff and parents' data, suggesting they may be attuned to the current difficulties in the systems they work in, and the needs of key people in these systems. Four superordinate-themes were identified, each with their own set of sub-themes, and some sub-sub themes.

4.3.1 Theme 1- Not Enough

This theme highlighted gaps which currently hinder the support offered to pupils with ED, and the potential explanations for these. Many EPs shared the same concerns as school staff, such as continued cuts in funding, and possible reasons explaining the current situation regarding EDs in schools.

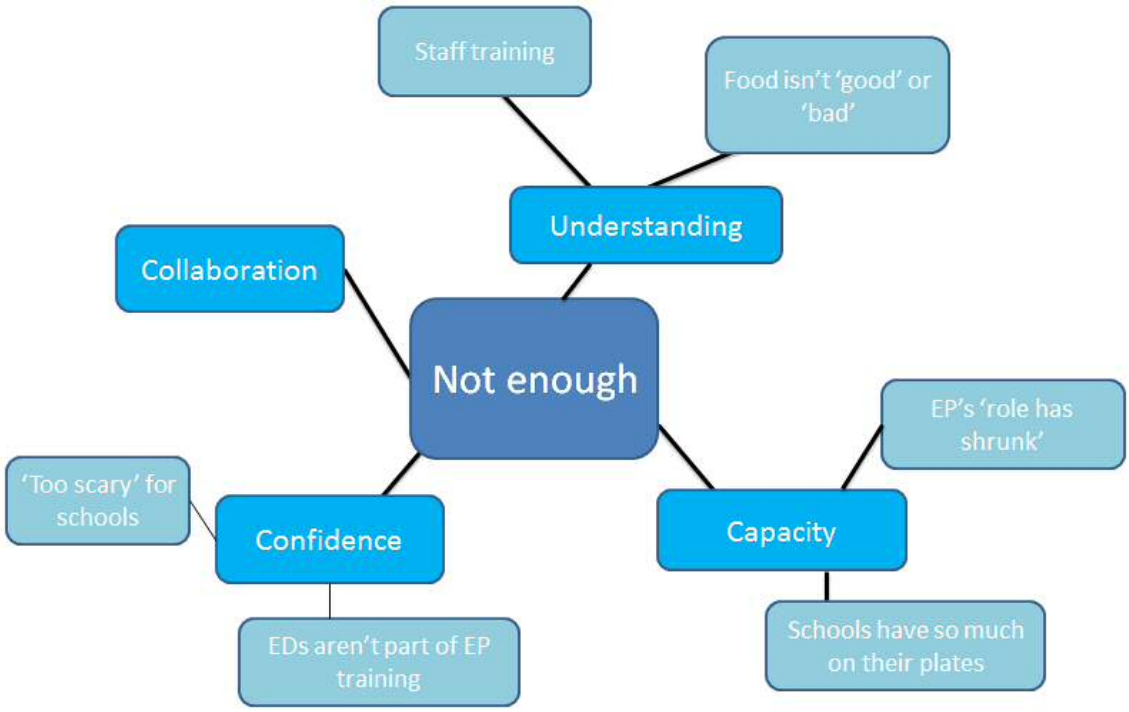

Figure 42: Theme 1 'Not enough' Thematic map.

Table 30*: EPs Theme 1 (Not enough) subthemes.*

Subthemes	Sub-subthemes and participant quotes
Capacity EPs discussed the current barriers which affect EPs ability to undertake work around ED. This included the impact service cuts had on their role, and how schools are very stretched already with resources and time to prioritise EDs. There were two outliers, where they discussed increased opportunities over the years, and did not mention how capacity was influencing their roles as EPs negatively. **EP 8**: 'We're quite good in [LA name] I have to say, I love working in [LA name] because of the mental health kind of work that we do. We're on of the trailblazers and it's actually um, the educational psychology service that has won the trailblazer award for the mental health support teams rather than health'. **EP 4**: 'Certainly in [LA name], I think it's, it's really, you know, further ahead than any of the other local authorities I've	<u>EPs' 'role has shrunk'</u> Due to cuts in funding in LAs and not having enough staff in EPS', the EP role and the type of work EPs were undertaking was becoming more limited to more statutory based work. **EP 3**: 'when we talk about the role of psychologist, my role has shrunk and shrunk, and shrunk over the years with budget cuts.' **EP 7**: 'I think there are limitations with that, I think it's important, but that there's so many limitations because of the service cuts.' **EP 1**: 'we've got the skillset for it! Capacity's the issue though. Um, not enough of us.' <u>School have so much on their plate</u> EDs were not often raised by schools with their EPs, as it was felt that schools were very stretched and having to prioritise other needs (such as behaviour and learning) due to increased demands and workload of staff. **EP 3**: 'I think there's a multitude of needs, and the [educational] psychologists get to see the very tip of the iceberg and eating disorders don't make it the tip of the iceberg' **EP 1**: I think just raising awareness would be, um, probably, I don't think I would go any further than that with it at the moment, because I just don't think there'd be any spaces within the current work

worked in or been on placement in as a trainee'	load of our teachers to be able to do that.
Understanding EPs felt that there were insufficient levels of knowledge and understanding in schools; this was in line with school staff and parents. Some EPs discussed how the messages given in healthy eating talks may be affecting their understanding of food and a healthy diet; this mirrored concerns raised by parents.	<u>Staff training</u> EPs acknowledged that school staff did not have training on EDs, which limited their knowledge of EDs and skillset to support YP with ED. **EP 3**: 'lack of training and understanding…Lack of training, lack of experience in it.' **EP 8**: 'Maybe because schools don't feel knowledgeable, experienced enough to be able to add to that.'
	<u>Food isn't 'good' or 'bad'</u> EPs talked about pupils possibly not having enough knowledge and understanding of food and diet based on some of the messages given in healthy eating talks. **EP 5**: 'because I do think even about the sort of healthy eating agenda that can create some anxiety for some children. You know, when they hear that foods are either good or bad that you know.' **EP 8**: 'And actually I've learned that that's a really black and white thinking it's wrong. And then people, I've been taught as well, not to talk about good and bad foods, there's no such thing.'
Collaboration It was felt that there was not enough communication and joint work between the education system and healthcare	**EP 5**: 'I've known of numerous cases where a child has been involved with CAMHS or some kind of clinical psychologist, and that feedback and never got back to school.' **EP 8**: 'I suppose firstly what I noticed was that although she has therapy, um, and it was quite intense, there's not an awful lot of communication between the kind of therapist and health and the

professionals. This view was shared with staff and parents, who felt more individuals should be working together.	school.'
Confidence This subtheme highlighted the lack of confidence around EDs by school staff and EPs.	<u>'Too scary' for schools</u> EPs felt that school staff were possibly frightened by the complexity of EDs, which resulted in them being anxious about doing the wrong thing. **EP 4**: 'I think they picked up on that and then pushed away from it because they thought, well that's even, that's too scary for us to deal with.' **EP 1**: 'some of the sort of the anxieties that sort of staff might have around, uh, making sure that, they'll want to do the right thing and I feel that can sometimes create a bit of tension for them.'
	<u>EDs aren't part of EP training</u> EPs highlighted that EDs were not typically taught on the training courses. **EP 4**: 'are EPs well placed to support that, yeah, I think that's a really tricky one because, and we're not taught anything about eating disorders well with my experience and my training I wasn't, and it wasn't an undergrad either. So in terms of my baseline knowledge, I would have to go and seek that information for myself before sharing it or before being able to feel like I could support others' **EP 6**: 'I…haven't got a lot of specific knowledge around eating disorders or experience'

4.3.2 Theme 2- The ED Friendly School

This theme encapsulates the various ways to improve the support around EDs in schools.

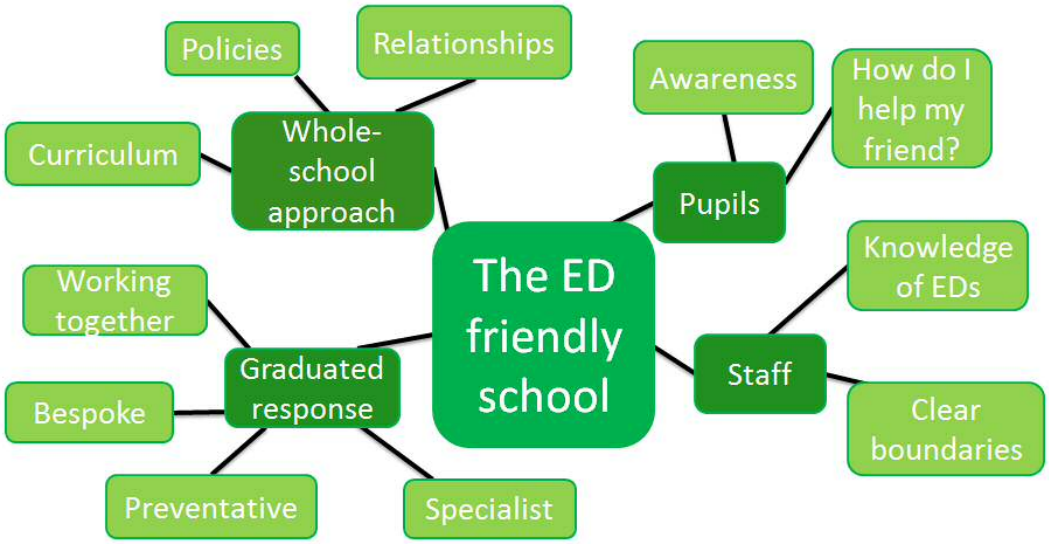

Figure 43: Theme 2 'The ED friendly school' Thematic map.

Table 31*: EP Theme 2 (The ED friendly school) subthemes.*

Subthemes	Sub-sub themes and participant quotes
Whole-school approach This subtheme highlights the need for a whole-school approach towards providing support around ED, which EPs felt could be part of whole-school wellbeing, and includes four sub-subthemes. It could be argued that this is in line with school ethos, which was highlighted by staff.	<u>Policies</u> EPs highlighted the importance of schools having effective polices on EDs, and ensuring that these are informed by the voices of pupils and their parents. **EP 1**: 'I think if schools are really living and breathing what they, what they're saying through their policies that, you would see a very strong sort of um, there'd be a very good understanding of the wellbeing needs of the school community' **EP 3: '**so it's learning from parents and young people as to what they found helpful, what they didn't find helpful and adjusting the policy accordingly.' **EP 5**: 'I guess it's like for me it would be encompassing a broader emotional, you know, emotional health and well-being type policy. But then you might have a specific one around the specifics around supporting a child with an eating disorder, including how to identify that and support it at the earliest stage possible,'
	<u>Relationships</u> The importance of positive staff/pupil relationships was identified by EPs.

	EP 1: 'think if relationships are good between staff and students...then you've kind of got that sort of, um, a positive school community there where young people feel that they can talk to staff' **EP 8**: 'having a relationship with that young person could actually be really, really beneficial'
	<u>Curriculum</u> EPs felt that embedding health and wellbeing into the curriculum could be beneficial, and including topics such as EDs would be useful, as opposed to just one off sessions. **EP 3**: 'I think as a general awareness I think as part of the PSHE curriculum there should be um, a greater awareness about eating disorders' **EP 1**: ''what's in the curriculum as well, what's going on in our PSHE curriculums, how we're promoting healthy eating.' **EP 2**: 'I think it should be achieved through support that's already there. So again, part of whole-school wellbeing'. **EP 5**: 'whole-school approach to awareness of mental health'
Staff	<u>Clear boundaries</u>

EPs discussed the support school staff need to provide better support to pupils with ED, which includes three sub-subthemes.	EPs felt that some of the anxiety staff experience around ED could be due to them not understanding what is expected of them; therefore, if they had clear boundaries of what they were expected to do, this could alleviate some concerns. **EP 4**: 'So there shouldn't be an expectation that staff should then, you know, be delivering a six week course of CBT because I think that would be highly inappropriate' **EP 8**: 'part of the message we try and get through in our EPS is that although you're not trained in that and we're not expecting you to be a health professional or therapist'
	<u>Knowledge of EDs</u> EPs felt that increasing staff's understanding and knowledge of EDs would be useful in providing support for pupils with EDs. They suggested that having a key member of staff with a good understanding would be beneficial. **EP 4**: ''Then we do a section on anorexia and a section of bulimia. Um, and it's kind of the, um, signs and symptoms of what to look out for with the idea being that we're upskilling staff to become slightly more aware of what to look for and then they know when to refer, how to refer and what they should say in those referrals' **EP 2: '**Things like setting up a go to person in school.'

	EP 7: 'but how to address it, so you're not talking about, 'Oh how come you're not eating, you must eat etc', but knowing the right words or script to say that doesn't upset the young person' **EP 8**: 'if they have a lead person particularly in their schools, that do a lot of work with eating disorders'
Pupils This subtheme highlights the importance of involving peers, both in terms of increasing their awareness, and helping them understand what they can do to support a friend with an ED.	<u>Awareness</u> This sub-subtheme raises the importance of increasing pupils' knowledge and awareness of EDs, for example being able to notice changes in eating behaviours to help early identification. **EP 7**: 'how to inform students and give that background so they have that awareness' **EP 8**: 'psychoeducation about what an eating disorder is…I think being given information to know what it was, what it kinda looked like when I was a teenager, I would have been, would have been really helpful'
	<u>How do I help my friend?</u> EPs discussed helping friends of YP with an ED understand how they could provide support for their friend. **EP 1**: 'And what do we do, what can we do as a peer group, perhaps if one of our friends is identifying with having an eating disorder, how could they be involved in part with the sort of

	support and care plan maybe from a few selected trusted friends for instance' **EP 7**: 'how the students can support a friend who's going through that. If they know that friend is going through that because the friend may or may not say, but if they know that they can sort of think about how they can support them.'
Graduated response This subtheme encapsulates ways of providing support to pupils at various levels of a graduated response.	<u>Preventative</u> This sub-subtheme explored how schools could actively try to prevent EDs, and the importance of this. **EP 5**: 'trying to get involved as early as possible, and doing something proactive and preventative' **EP 4**: 'if it was more aimed at that lower level kind of signs and symptoms and prevention' **EP 1**: 'I'm aware of the body talk program, which um, I only came across because I was doing some research on, um, interventions which were evidence-based as part of some of the stuff we were doing on the A project.' (project name)
	<u>Specialist</u> Due to the complexity of EDs, EPs felt that support from external professionals with more experience and expertise on EDs is necessary for recovery.

	EP 4: 'I think we all very much viewing something like an eating disorder as that sits within CAMHS it's a clinical psychologists role in treating that.' **EP 3**: 'clinical psychologists would need to be involved as well because they do have a lot of experience of working in counselling with young people with eating disorders.'
	<u>Bespoke</u> EPs highlighted the importance of individualised and targeted support for pupils with ED, and schools being flexible to meet individual needs. Furthermore, they felt that siblings of YP with ED should also have bespoke support, and identified ELSA sessions as a way of doing this. **EP 6**: 'So one of the biggest issues that is going to be around the need for flexibility... And um, so the school needs to be resourced in a place to be able to respond flexibly.' **EP 7**: 'I think it was looking like homework, how that was marked and sent back' **EP 5**: I guess thinking about a model of support that we have, again, I'd go back to something like ELSA where you could support a child of a sibling with an eating disorder.' **EP 4:** 'I guess my concern would be is that it seems a little bit of a, um, you know, it's, eating disorders are complicated and they, you know, just having a breathe and a calm down and re-regulating yourself isn't going to be enough necessarily to really unpick some of those thinking

	patterns. Um, so I could understand where mindfulness might be used in conjunction with something else, like for example, CBT or um, uh, a therapeutic intervention. But mindfulness by itself, I would be quite sceptical of.' **EP 8**: 'supporting I suppose ELSA's...to kind of use some of those techniques'
	<u>Working together</u> EPs were disappointed that more school staff were not involved in MD meetings, and felt that it was important that they should be, as YP are in school for a significant amount of time. They highlighted the needs for parents, staff, and external professionals to work together. The need for more joint work between EPs and healthcare professionals was raised. **EP 3**: 'I do think it would be helpful for someone from school to be at the multi-disciplinary meetings to find out what the plan is for the child, what the issues are for the child and, because they spend most of the working week in school.' **EP 4**: 'it's a really good relationship that I always try and foster or rebuild where it's broken down between schools and families' **EP 1**: 'there could be some scope there for, um, like I said about this, where I've seen very sort of strong pastoral systems within a school where they do have multi-agency forums'

	EP 3: 'maybe clinical and educational psychologist could be working together in schools.' **EP 1**: 'I think we could act as a kind of bridge really between what sort of clinical interventions might be going on from, in terms of the psychology has been applied there that supports the young person through sort of changing of behaviours. Um, I think that's where we can be really in a really positive role to, to help with that.' EP 8 was an outlier, in that the LA she worked in already had strong links with health, and joined up working: 'So actually our service in [LA name], we work with primary mental health workers'

4.3.3 Theme 3- Family

Within this theme, EPs discussed the importance of listening to the views of parents, and supporting families' needs.

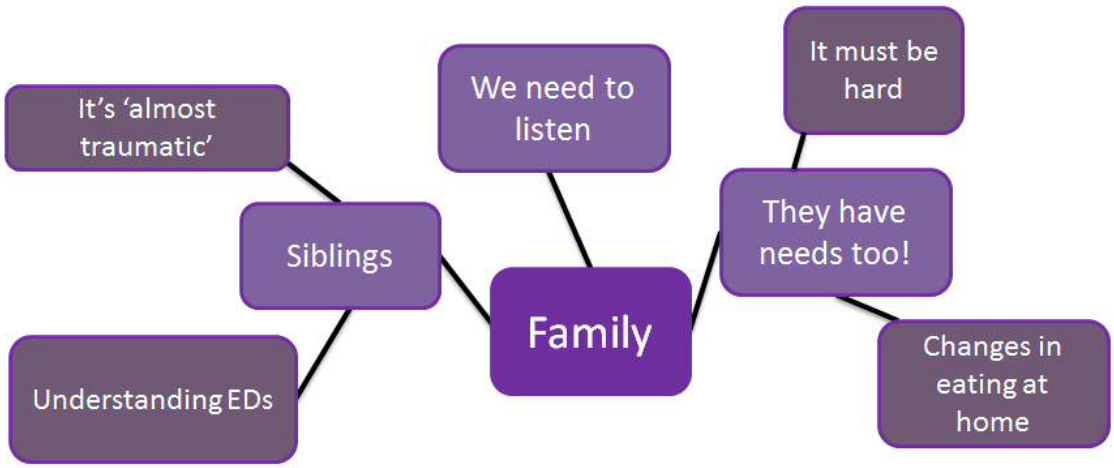

Figure 44: Theme 3 'Family' Thematic map.

Table 32*: EPs Theme 3 (Family) subthemes.*

Subtheme	Sub-subthemes and participant quotes
We need to listen EPs highlighted the importance of listening to the voices of YP with ED and their parents, in order for positive changes to be made. This links with parents' desire to be listened to.	**EP 5**: 'Well, should we start with young people with eating disorders and find out where they're at, and actually, you know, what is helpful to support for them in school' **EP 7**: 'Parents voice definitely, because attendance is likely in these situations to be part of the picture, and obviously that has an impact on parents.' **EP 3:** 'so it's learning from parents and young people as to what they found helpful, what they didn't find helpful'
They have needs too! It was felt that the needs of parents were not currently being met. EPs felt that they could be in a good position to provide the support needed.	<u>Changes in eating at home</u> EPs believed that parents were more likely to notice changes in eating behaviours and attitudes towards food at home, than in school. **EP 1**: 'eating is, it's, it is a community thing isn't it? We tend to do it as a family. Uh, you know, that's going to be when you first start to notice if there's any issues sort of arising is kind of at that dinner table or is that young person sort of squirrelling off, are other secretive behaviours emerging, are there unusual behaviours that are emerging there' **EP 6**: 'And so issues around eating may not present so readily in school as they do at home.'

	<u>It must be hard</u> Based on the data collected in part one, EPs acknowledged how difficult it must be for parents of YP with an ED, and that parents appeared to be seeking support from schools and other professionals. **EP 4**: 'So it sounds like parents were wanting that support from the schools and that's where they were looking for that help from. So I wonder whether actually an EP would be really perfectly placed' **EP 7**: 'What I get from the mum is that she's having to do lot of ferrying to go visit the daughter, so that's time out where she would spend with the son, or go to appointments for whatever it is. And again, that's time out and it's that kind of whoa. Yeah, it's that interruption in your life.'
Siblings This subtheme explores the challenges having a sister/brother with an ED could have on siblings, and their need for emotional support. Staff and parents' views reflected those of EPs.	<u>Understanding EDs</u> EPs highlighted the need to increase siblings' understanding of EDs, to be more informed about what their sister/brother with an ED was experiencing. **EP 8**: 'I guess the other bit is having information isn't it? It's, is there an accessible website to go to where they can get answers to simple questions, even if it's what is anorexia, and you know, my sister had to go to hospital because she hasn't been eating and I don't know what that is.' **EP 2**: 'they may be one of the closest people to notice if the person's getting worse or you know,

	that sort of thing. And that that may be, you know, there's sort of an element to them being a carer then'
	<u>It's 'almost traumatic'</u> EPs empathised how having a sister/brother with an ED could be traumatising, and that siblings should receive support for their emotional needs. **EP 2**: 'And then the second aspect is the sibling may or may not be affected that way, but they may be worried about the sibling. They may sort of carry a lot of stress, they may feel a lot of responsibility' **EP 4**: 'It might be almost, you could be almost traumatic for that sibling at home. If there's, um, you know, lots of kind of emotion and arguments about food or eating and it's becoming a real negative association in that family unit'

4.3.4 Theme 4- The EP Offer

This theme highlights the skills EPs possess, which they could call upon when supporting schools working with pupils with EDs.

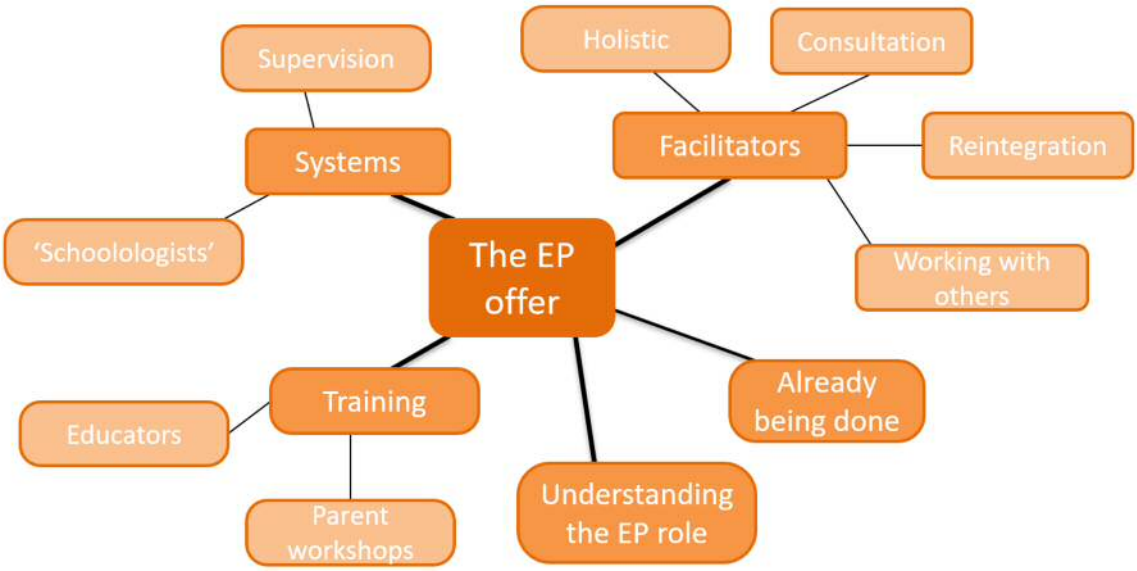

Figure 45: Theme 4 'The EP offer' Thematic map.

Table 33*: EPs Theme 4 (The EP offer) subthemes.*

Subtheme	Sub-subthemes and participant quotes
Already being done EPs discussed some of the work they had undertaken around EDs, which included Education, Health, and Care Plans (EHCPs) and training in schools. There were two EPs who had no professional experience of working with EDs. **EP 3**: 'I have not worked with anyone as an EP who's been identified as having an eating disorder' **EP 5:** 'I think I have worked with children around anxiety, an eating disorder may have been present, but it was never specifically because of an eating disorder, if that makes sense'	**EP 2**: 'so 50% of my role is working on a project, which is a sort of an exploratory study into, how could you describe it, it's at the preventative end. So it's not working with anyone identified with an eating disorder, but it's looking at preventative work.' **EP 7**: 'I had an education health care case that came to my attention that was working with the young, is working to provide advice for a young person who had an eating disorder.'

Training This subtheme explores how EPs can work with school staff and parents to help them increase their knowledge and understanding of EDs. A majority of parents indicated that they would like to attend workshops, and staff highlighted they felt it would be useful to receive training about EDs in their role	<u>Educators</u> EPs explained that a key part of their role currently is providing training to school staff, and that training on EDs could be an effective way to upskill staff in schools. **EP 6**: 'Educational psychologists might be well placed to provide that sort of input to schools, input in terms of training, training for particular pastoral staff in particular.' **EP 4**: 'we deliver whole-school training, um, which is for whole day on , it's generally around mental health…so there's an element of just selling why schools need to be aware of mental health, and then the afternoon session we break down into various different aspects of mental conditions, and part of that is on eating disorders.'
	<u>Parent workshops</u> EPs discussed how parent workshops could be a useful way to provide support to parents. They acknowledged a key strength of the EP profession in running parent workshops was the sharing of psychology and evidence-based practice. **EP 8**: 'one of my colleagues is actually going to be doing an eating disorders overview with some parents of a secondary school. It's not been done before.' **EP 3**: 'I suppose educational psychologists have access to parents more easily than health

	professionals. So yeah, I guess they could have a role in workshops or information giving to parents.' **EP 5**: from my experience of doing parenting workshops in the past, what I really liked about the course that I used to potentially do was around giving some of the psychology, you know, sharing psychology with parents, so that has a practical use.'
Facilitators This subtheme highlights the range of ways EPs can facilitate change when working with YP and key adults, and how transferring of these skills could enable them to support schools working around EDs.	<u>Consultation</u> EPs talked about consultation being an important part of their role, which could be applied when working with staff and parents. Within this, EPs talked about specific skillsets such as reframing views of key adults to help promote positive changes. **EP 5**: 'I think there's lots that we could do, it's that sort of consultative approach where you have the child at the centre and you go from there really.' **EP 6**: 'Consultation, group consultation would be an interesting way to take the conversation forward, with parents and staff.' **EP 7**: 'I guess it's just the usual. I don't know if there's anything different about it being eating disorders. I suppose it could help to be that, that bridge, um, between the perspective that the clinician may have and you know, they're very specific remit. Um, and seeing them possibly say in clinic, bridging that to the school's perspective and understanding what their remit is. And I suppose sharing, and getting both sides to see those different perspectives to get the most use out of each

	other.' **EP 6**: 'Whereas I think there'd be some work to do around shifting perceptions, um, in staff about the long term nature of some mental health issues, eating disorders being one.'
	<u>Reintegration</u> It was felt by all EPs that they could support the reintegration of YP with ED back into school, by transferring the skills they apply when undertaking other transition work. This sub-subtheme links with the need for improved support around reintegration of YP to school by parents. **EP 4**: 'But I think an EP is really well placed to try and bridge that gap between a child or young person being out of school to getting back in' **EP 2**: 'we've done transitioning either back to school or into school in the past it's things like it's a gradual transition, or is it better to just come straight back. And that partly depends on the individual. Um, either what do they say to their friends, and what's the questions might they be asked, talking through that, either with the individual or with people supporting individual. Things like setting up a go to person in school who they can go and talk to when they need to, but it's not like a really obvious thing. Um, simple things like that, that those are sort of principles that would apply to any sort of reintegration or transition.'
	<u>Holistic</u>

	EPs believed that it was important to undertake a holistic assessment for a YP with an ED, and that this approach may be promoted by EPs. **EP 8**: 'We do things without really thinking about it sometimes as well. Pulling out strengths, qualities, and building on that.' **EP 5**: 'keeping the child in the centre, and being holistic about how we approach it.' **EP 8**: 'I think we are thinking about the young person holistically, which other professionals maybe don't in their remit.'
	<u>Working with others</u> EPs discussed their ability to work with a range of key adults, including parents and healthcare professionals. This was also raised by staff and parents; suggesting there is a desire for more joint working from all stakeholders. **EP 4**: 'it's a really good relationship that I always try and foster or rebuild where it's broken down between schools and families' **EP 5**: 'I've done home visits with, you know, a member of staff from school to facilitate that link between home and school for young person'

	EP 4: 'in the service, um, that I work in, we work really closely with primary mental health, um, and they sit within education. So I, um, spoke with a primary mental health worker who I knew had worked in CAMHS in eating disorders within CAMHS.' **EP 1**: 'I think we could act as a kind of bridge really between what sort of clinical interventions might be going on from, in terms of the psychology has been applied there that supports the young person through sort of changing of behaviours. Um, I think that's where we can be really in a really positive role to, to help with that.'
Systems This subtheme explores how EPs work within individual school systems, and wider systemic systems.	<u>'Schoolologists'</u> All EPs felt that one of the EPs skillset was the understanding of school systems and the wider systemic influences (e.g. at a LA level), which perhaps healthcare professionals did not have. Furthermore, they discussed the application of evidence-based practice and research when working with systems to encourage positive change. **EP 1**: 'I think we've got a unique skillset in terms of being able to understand the needs of the school community and the kind of the pressures that are on it.' **EP 5**: 'I think the difference between us and other professionals, so maybe health-based professionals, is actually we do know how schools work, and we know the pressures that schools are under. And that's really real. You cannot, you know, for all the will in the world you cannot expect schools to drop everything.'

	EP 8: 'I think with the training that we've got and um, the continuing information and CPD opportunities that we have as well, then obviously we could be really bringing in and I suppose providing and recommending specific interventions, effective intervention' **EP 1**: 'I think at local authority level we need to be thinking about when we're chasing schools and that young person for attendance issues, we need to be considerate of what's going on in terms of their, their eating needs.' **EP 3**: 'they [EPs] could design questionnaires for parents and young people. They could carry out interviews with the young people and parents, and structure meetings to discuss what would be the best practice and ways forward and built in reviews.' **EP 1:** 'like I said earlier, act as that bridge, cause I don't think our clinical colleagues always understand school systems and perhaps appreciate what is realistic for our schools to be able to do.
	<u>Supervision</u> EPs discussed their role in providing clinical supervision to school staff, to encourage reflective and reflexive practice in schools. Most EPs reflected on the ELSA model of supervision, and how developing a similar model around MH needs in schools could be an effective way forward. EPs highlighted the need for school staff to have opportunities to discuss their concerns and the impact working with a YP with an ED has on them as professionals.

	EP 6: 'I can imagine a situation where those pastoral staff would potentially benefit from and like the opportunity to talk through some of the questions that might come up with someone like an educational psychologist just to get a little more confidence to have those conversations.' **EP 4**: 'I certainly think EPs should be doing more staff supervision' **EP 5**: 'using the ELSA model as an example of that being successful sort of nationally, it would be a similar type of model really, where there's that initial sort of training um, you know, information giving, but then it's followed up with, you know, opportunities for supervision or skills development sessions led by an EP over the period of time'
Understanding the EP role EPs felt that schools and other wider systems may not fully understand the EP role, and the type of work which they are able to undertake. Participants acknowledged that clear boundaries were needed between the roles of clinical and educational psychologists.	**EP 1**: 'it makes me think of the, um, the Tommy McKay paper… I don't think traditionally we've always been involved in this, this type of work to the full potential that we could be'. **EP 8**: I think sometimes they don't see our role as broad as it can be, they see it very narrow. **EP 4**: 'I think it kind of comes back to that earlier point, however enthusiastic I can get about the job, I am really aware that we can't put our hands up for absolutely everything because otherwise our job does massively blur into clinical psychology.'

4.4 Summary

The data provided by the three participant groups were generally in accordance. Figure 46 represents areas of concordance and variation in the degree to which themes were referenced. There were no major disparities between the three sample groups, suggesting they agree how support for YP with EDs can be enhanced. The EPs discussed how the profession could facilitate positive changes in their role. These areas will be explored in more depth in the subsequent section.

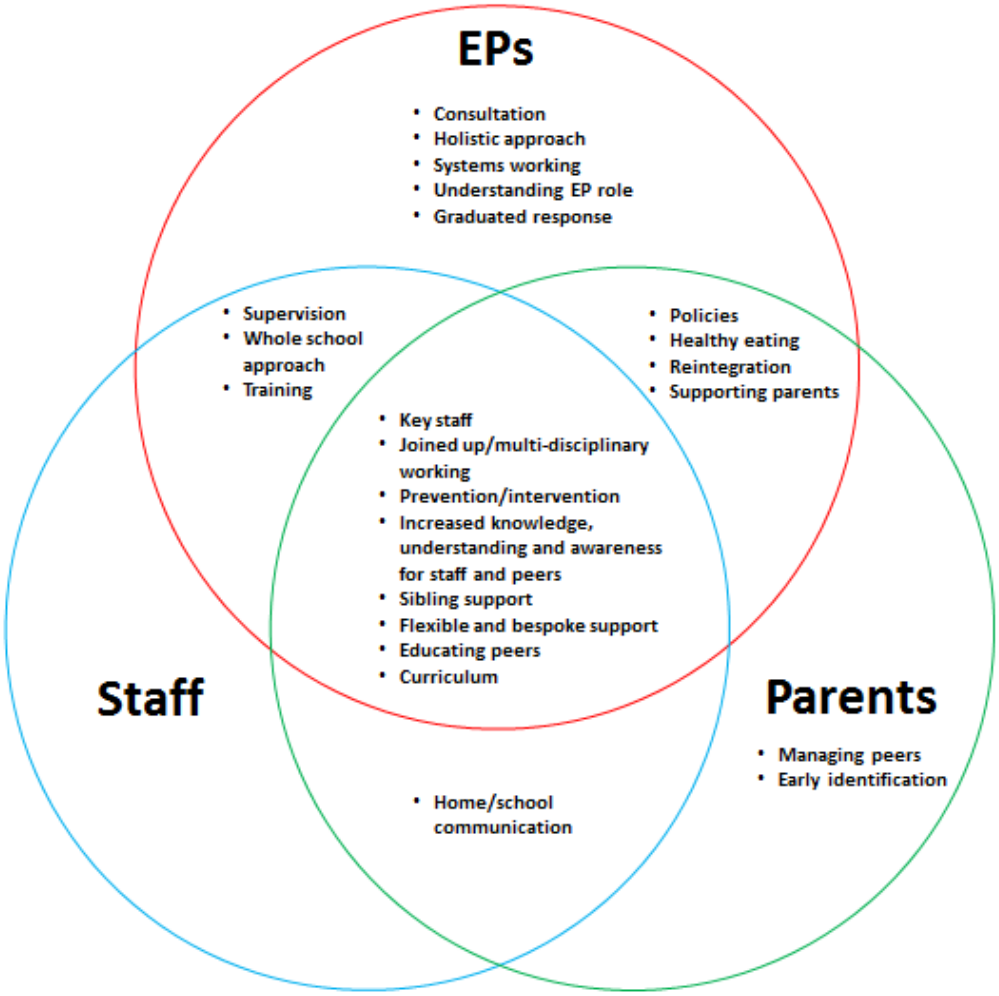

Figure 46: Venn diagram of participant views to meeting needs of pupils with EDs in schools.

5.0 Discussion

This study explored the current practice in UK schools regarding the support for YP with EDs, and how parents and staff feel this could be enhanced. Information elicited enabled discussions focussed on ways EPs could engage with the key systems which influence YP's development (Bronfenbrenner, 1979). Interestingly, similarities in many areas were raised by all three participant groups, such as the importance of individualised support. Other issues experienced in school and LA systems were raised by EPs and staff, including limited resources. Some unique elements were discussed, such as specific ways EPs could provide input (e.g. consultation), and parents views of managing peers.

The four research questions will be addressed individually, as quantitative and qualitative data is synthesised to create a holistic understanding of the present situation in schools. However, question 4 will be discussed throughout this section to ensure the overarching research question regarding the EP role is addressed.

5.1 RQ1: What Is the Current Practice in Schools When Supporting a YP with an ED?

All school staff agreed that supporting the needs of YP with EDs was part of schools' roles. However, only 46% felt their school was effectively meeting these pupils' needs, suggesting staff may feel this area requires improvement. The support available for pupils with EDs included Mindfulness, signposting to relevant services, counselling, and reasonable adjustments. Nevertheless, 52% of schools did not organise individual therapy sessions. BEAT (2015) discussed long waiting times for individuals with EDs to receive treatment from healthcare services, and data from the current study indicates support in schools is rudimentary. Therefore, this suggests that an enhanced approach could be beneficial to YP with EDs.

Data from the present paper suggests a limited amount of prevention or intervention work focussed on EDs is being undertaken in schools, with only 15% reporting their school ran programmes (although none of the respondents named programmes). However, all participant groups highlighted the need for 'Early identification' through 'Preventative' work and 'Interventions'. When making a CAMHS referral, Knightsmith (2015, pg.132) suggests school should "provide details of any interventions" and evidence of their impact, as CAMHS are "more likely to work first with the more complete referral". It appears few programmes are being run in schools; therefore, it could be difficult for staff to discuss a

'Graduated response' when writing referrals. This may influence how quickly/if YP with EDs receive input from CAMHS, and their road to recovery.

School staff reported needing more 'Training' on EDs. Echoing this, EPs were not aware of any training offered to staff in this area, which they felt affected their 'Understanding' and 'Confidence'. Parents too believed 'School system's awareness, knowledge and understanding' required increasing. This is in parallel with Knightsmith et al. (2013) who suggested many staff do not possess a basic understanding of EDs. The present study found 60% of staff had not received training on EDs, which is less than figures (74%) found by Knightsmith, Treasure & Schmidt, (2014). As school staff are well placed to identify ED symptoms (Knightsmith, 2015) a lack of training reduces the chances of 'Early identification' of EDs. All three participant groups identified the need to increase knowledge and understanding of EDs, suggesting training could be a viable strategy. This could be facilitated by EPs by providing this input to 'Educators'.

Approximately half of the staff respondents reported their school had policies to address the needs of pupils with EDs. However, only 50% of them felt the policies were effective. In regard to this, areas such as 'Ethos' and 'Student knowledge' were discussed. These will be addressed in further detail in the subsequent section (RQ2).

Barriers influencing the effectiveness of the support provided by schools and the LA were stressed. School staff identified 'Funding' as a challenge, which was reiterated by EPs who felt this barrier could be influencing schools' ability to focus on the needs of YP with ED ('Schools have so much on their plates'). In addition, EPs identified the negative impact a lack of funding and resources was having on their practice ('EPs' role has shrunk'). EPs discussed how these barriers may contribute to schools' limited 'Understanding of the EP role', and not necessarily seeing EPs as being able to support MH needs. This reflects findings by Greig et al. (2019). Recent data exploring the current workforce in EPS' found that "93%...were experiencing more demand for EP services than could be currently met", which the PEPs reported was due to an "increase in statutory assessment work" and "a shortage of EPs in LAs" (DfE, 2019, pg.7). The estimated cost for ED treatment is between £3.9 and £4.6 billion for the NHS (BEAT, 2015), however, currently services are stretched financially (McIntosh, 2017). It could be argued that a focus on early identification/prevention of EDs, supported by EPs, could potentially save public services money further down the line, thus alleviating some pressures.

5.2 RQ2: What Are the Views of Parents and Carers of YP With EDs About the Support Being Provided for Their Child Within the School Setting?

Overall, there was agreement of parental views, most of which were echoed in responses of school staff and EPs. Only 16% of parents believed schools were providing adequate support for YP with EDs. Furthermore, 43% of parents felt the succour given by their child's school was ineffective, and 43% felt it was neither effective nor ineffective. This data suggests that parents may not be satisfied with the current level of support provided by schools for YP with EDs, and does not reflect findings by Schiele (2016) in American schools. Although schools in the USA may simply provide better support in this area, a possible explanation for this difference is that UK school staff may lack sufficient understanding of EDs due to limited training. This was also identified in the current study, with 68% of parents agreeing that school staff were not knowledgeable about EDs, concurring with findings by Knightsmith et al. (2013). Nevertheless, 74% of parents felt that staff were concerned about their child's wellbeing. This suggests that staff are empathetic towards pupils with EDs, yet perhaps are unaware how they can support pupils.

In response to increasing obesity rates amongst CYP, the government decided to focus on healthy eating in schools, both in lessons and food served (Healthy Schools, 2008). Nevertheless, some parents in the current study discussed the negative effects of 'Healthy eating talks', which was echoed by EPs ('Food isn't 'good' or 'bad''). Sadegholwad, Yeatman, Parrish and Worsley (2017) explored the views of food-related professionals on nutrition and food education programmes in Australia through interviews. One emergent theme was about nutrition messages, where participants discussed the need to increase awareness of the relationships between health and food groups. They raised the need to consume various main food groups in moderation, and the need to reframe negative and prohibiting views of food. Participants believed more positive messages around food may avoid the development of poor body image in pupils. It appears that further research on how healthy eating talks in UK schools are being delivered could be conducted. This may provide a better understanding of the messages around food which are being presented and construed by CYP, and whether specific professionals (e.g. dieticians or school nurses) are well placed to be delivering balanced information regarding food and health.

Both staff and parents understood the importance of effective communication between home and school ('Parents', 'Enhancing home-school collaboration'). Additionally, parents reported that school staff were rarely involved in MD meetings regarding their child,

however, 94% felt that they should be. Mirroring this was school staff, who discussed working with 'Professionals', and the EPs who identified key parties should be 'Working together' to provide effective support for EDs, as there was currently not enough 'Collaboration' between healthcare services and schools. Knightsmith (2015) highlighted the importance of positive relationships between key adults from all systems around a pupil with an ED, and a consistent and collaborative approach between school and external agencies. This MD working could incorporate a Common Assessment Framework (CAF), which is "a shared assessment and planning framework" aimed at early identification of needs and promotes "co-ordinated service provision" (Knightsmith, pg.133). Farrell et al. (2006) suggest that EPs' skills and psychological knowledge, ability to work with various agencies, and awareness of the provision available in LAs could enable them to have a key role in contributing to CAFs. Data in the current study reflects this, with EPs discussing 'Systems' work, and sharing psychology and evidence-based practice as part of them being 'Schoolologists'. Farrell (2009) suggested that for effective multi-agency work to occur, professional boundaries must be broken down and those involved should trust and place equal value on the opinions of everyone. In line with Farrell's views, boundaries between clinical and EPs were highlighted in the current study ('Understanding the EP role'), showing EPs are aware of the challenges MD working can present. EPs have been described as "the lynchpin between health and education" (Roffey, Hobbs & Kitching, 2018, pg.5). As YP with EDs are typically treated by healthcare professionals yet spend time in school, more joint work involving EPs, healthcare professionals, school staff, and parents could help improve communication across sectors, break down any existing barriers, encourage consistent support across home and school settings, and hopefully enable more effective support for pupils with EDs in schools. Additionally, this could address parents' views around involving staff in MD meetings and increasing home-school communication.

Another area some parents wanted advancement in was 'Reintegration' back to school. Although for 32% of respondents this was not applicable, for those whose child had been absent for an extended period, the effectiveness of the school support regarding the transition back varied. This again does not reflect findings by Schiele (2016). In contrast, 54% of staff felt that their school provided effective furtherance in YP's return to school. Knightsmith (2015) discussed how returning to school could cause intense fear for YP who have experienced inpatient care and could trigger relapse if handled incorrectly. Knightsmith highlighted several elements which should be considered during a reintegration, which include: a phased return; consideration of academic pressures, e.g.

undertaking fewer subjects; identifying triggers, e.g. bullying; awareness of signs of relapse; peer support; and "preparing staff and peers for the student's return" (pg.142). EPs felt that they have the appropriate skills to support the transition of YP with EDs back into school, as 'Reintegration' is already part of their role. Limited research exploring the effective reintegration of YP with EDs appears to exist. However, the use of models such as Ecological Model of Successful Reintegration (Nuttall & Woods, 2013) could allow EPs to facilitate successful transition of pupils back into school, and help schools understand how to increase effective practice in this area.

Parents raised concerns over 'Managing negativity of peers', and the need for schools to be 'A safe and positive place' for pupils. Within this, they discussed wider issues around MH and the need for specific policies on EDs. EPs reiterated this and suggested incorporating the voices of parents and YP to increase efficacy ('Policies'). The 'Transforming Children and Young People's Mental Health Provision: a Green Paper' highlights the importance of having policies to "tackle poor behaviour and bullying" (DfE & DoH, 2017, pg.43) and promoting a whole-school approach to MH. All three participant groups identified the need to include 'Teaching' about EDs in the 'Curriculum', to help increase 'Student knowledge'. EPs and school staff reflected this, by emphasising the importance of a 'Whole-school approach' and school 'Ethos'. Roffey et al. (2018, pg.5) discussed how EPs are "influencing policy and practice at other levels of the systems in which they work". Furthermore, Roffey (2016, pg.38) stated that EPs can influence whole-school wellbeing as they have the "knowledge and expertise", which could include promoting relational approaches, which are "effective across the school system". In summary, EPs could help schools develop effective policies and a whole-school approach. This could include focussing on positive 'Relationships' between staff and pupils, and addressing bullying through increasing pupil knowledge and understanding of EDs to encourage peer support.

5.3 RQ3: What Support Do School Staff and Parents/Carers Feel Is Necessary, and Would Like to Receive?

Parents and staff identified the need for an 'Identified key person' in each school who was knowledgeable about EDs, and who pupils could talk to ('Key person'). EPs shared this view, feeling that this would be useful ('Knowledge of EDs'). This is in line with the MH green paper (DfE & DoH, 2017, pg.4), which suggested that schools have a "Designated Senior Lead for Mental Health". The paper stated that this role could include: supporting the development of a whole-school approach, which would include polices, curriculum and

pastoral support; aiding early identification of YP experiencing MH difficulties; developing links with and knowledge of MH services; overviewing interventions; and supporting staff in raising awareness. If all schools had a MH lead undertaking this type of work this could address some of the possible ways forward discussed in the current paper so far. Furthermore, it has been proposed that school counsellors could be well suited to being ED leads in schools (Carney & Scott, 2012). The present research provides evidence supporting the need for a MH lead in school, as all participant groups felt that this would be an effective way to improve the support for pupils with EDs in schools.

Parents, school staff, and EPs identified that teaching pupils about EDs would be beneficial to help raise awareness and understanding of EDs ('Peers'*;* 'Student knowledge'*;* *'*Awareness'). Furthermore, parents and EPs felt that this knowledge could help pupils be supportive of individuals with EDs ('How do I help my friend?'; 'Support'). As peer groups can have both a negative and positive influence on YP's eating attitudes and behaviours (Scott, Haycraft & Plataeu, 2019) increasing their knowledge and awareness of EDs could help students identify symptoms that friends exhibit early. Secondly, this could increase empathy towards those with EDs and may encourage pupils to share concerns with adults (Damour, Cordiano and Anderson-Fye, 2015). Sessions aimed at increasing knowledge and awareness could be included as part of the 'Curriculum', which EPs, parents and teaching staff felt could be positive for all students ('Curriculum'; 'Student knowledge'; 'Peers').

EPs felt that 'Changes in eating at home' were likely to be how EDs are first identified. This highlights the need for parents to have increased knowledge and awareness of EDs to spot symptoms, which reflects findings by Schiele (2016). Furthermore, Goodier et al. (2014) found that a skill-based intervention programme for parents of YP with EDs is beneficial. Parents reported the workshop had led to more open communication with their child, improved family dynamics, externalisation of the ED, and helped parents set boundaries. Additionally, parents discussed positive emotional effects through sharing experiences with others in a similar position, such as normalisation of feelings, and a support network. This reflects findings from the present study, where EPs identified the difficulties experienced by parents ('They have needs too!'), and suggested 'Parent workshops' were possible ways EPs could support parents. EPs in the current study highlighted that 'We need to listen' to parents' voices to provide effective support for YP with EDs and their families. As research suggests that parents of YP with EDs want more support (McCormack & McCann, 2015),

this could be a viable strategy EPs could incorporate into their practice to meet the needs of parents and help them understand how to support their child.

5.4 RQ4: What Are the Views of Practising EPs About How the Profession Could Better Support Schools to Meet the Needs of YP With EDs?

As previously discussed, there are several ways EPs could work with schools supporting YP with EDs and their families. EPs also highlighted specific skills they possess which could be useful to improve ED support in schools, such as consultation, holistic assessment, and supervision. EPs also talked about the work surrounding EDs they had undertaken, and the limitations of this.

All three participant groups identified the 'Need for flexibility and bespoke' support ('Individualised support'; 'Flexible and bespoke'). To provide this individualised support, 'Holistic' assessment may be necessary, which EPs felt was a common approach used in the profession. Furthermore, EPs believed another distinct part of their role was the application and sharing of evidence-based practice and research when working at the 'Systems' level. This is in line with the guidance for EPs produced by The British Psychological Society (2015, pg.3), which stated that "the EP provides a unique perspective, based on holistic assessment and child-centred approach and rooted in psychological theory". This suggests that EPs could be well placed to identify the needs of individuals, and could have the skills to facilitate positive changes for YP in school.

The Health and Care Professions Council (HCPC) Code of Practice guidelines express that EPs must "continue to provide appropriate supervision and support to those you delegate work to" (2016, pg.7). Staff in the current study agreed that staff working with YP with EDs should receive support themselves (96%). EPs discussed how they could provide staff with 'Clear boundaries' and 'Supervision' to meet this need. EPs referred to the Emotional Literacy Support Assistant (ELSA) supervision model, where EPs train ELSAs and provide them with continual clinical supervision (Burton, 2011). Osborne and Burton (2014) explored ELSA's views on supervision run by EPs. The ELSAs reported that they found supervision useful for discussing cases, problem-solving, sharing ideas, and felt more able to support students. Future practice could include EPs providing supervision for school staff working with YP with MH difficulties, such as EDs, to help encourage reflective and reflexive practice, to improve the quality of support offered by staff.

Due to the complexity of EDs, EPs felt that it was important YP with EDs should receive 'Specialist' treatment. They also believed that 'Bespoke' support in school (e.g. ELSA) was a potential way for schools to meet the needs of YP with EDs, and their siblings too. EPs expressed possible negative effects having a brother/sister with an ED could have on 'Siblings', and how they should receive support. Reflecting this, 78% of staff and 87% of parents agreed, indicating the data concurs with findings by Jungbauer et al. (2016). Krause, Blackwell and Claridge (2019, pg.17) explored the impact of the ELSA programme on pupil wellbeing, and identified themes including 'Hopes and emotions', 'Engagement', 'Resilience', 'Hopes and aspirations', and 'Relationships'. The researchers concluded that ELSA had a positive impact on pupil wellbeing, which occurred through "strategies, talking, and forming close relationships" with the ELSA (pg.17). These findings support the views of the EPs in the current study regarding how bespoke support provided by ELSAs in schools could meet the needs of YP with EDs and/or their siblings. However, Krause et al. did highlight the risk of ELSA's being used in a one size fits all model. EPs could encourage schools to provide ELSA support yet reiterate 'Clear boundaries' and expectations so ELSAs work within their remit, and provide 'Supervision' to discuss cases with ELSAs.

EPs talked about the current work surrounding EDs that was 'Already being done', which included EHCPs and other training projects. Nevertheless, all EPs felt that as a profession they do not have enough knowledge yet, as 'EDs aren't part of EP training'. It was felt that 'Working together' with healthcare professionals with expertise about EDs could be (and for some already is) a positive way to provide effective support in schools. As discussed previously, there are many ways in which EPs could contribute to meeting the needs of YP with EDs. However, it appears that EPs want CPD for themselves to adhere to HCPC guidelines and "work within the limits" of their "knowledge and skills" (HCPC, 2016, pg.6). As EPs are working more with schools around MH difficulties (Greig et al., 2019) this could include support around EDs. Therefore, it arguably could be the duty of EPs to upskill themselves in this area, to provide effective input around MH needs in schools.

Consultation is a joint problem-solving approach which can be used by EPs (and as part of a model of service delivery), where individuals involved have "unique expertise that contributes" to identifying possible solutions to move forward (Wagner, 2017, pg.195). The framework is "determined by the theory and practice of the psychologies that inform it" (pg.201). EPs felt that their skills in 'Consultation' could be applied when working with YP with EDs. Within this, EPs discussed techniques such as reframing that they use to facilitate

change when working with key adults, which includes working with others to "consider and explore jointly some possible alternative ways" about a situation to "promote the process of change" (Gameson & Rhydderch, 2017, pg.137). Cameron (2006) explained that EPs can ask certain questions to understand people's views, which can help individuals consider others' perspectives in a situation. This skill could help staff have an alternative view of EDs, and increase parents, school staff, and healthcare professionals' understanding of each other's' views and roles. It could be argued that this may allow more realistic expectations of support provided in different systems, and how to work collaboratively. Despite EPs not feeling they have sufficient knowledge on EDs yet, when using a consultation framework EPs do not have to be the 'expert' to facilitate change (Wagner). Therefore, this could be an appropriate approach for EPs to use when undertaking work focussed on the needs of pupils with EDs.

5.5 Strengths and Limitations

Table 34*: Strengths and limitations of the current study.*

Strengths	Limitations
Participants who completed the questionnaire came from a wide range of locations in the UK. Therefore, this increases the extent to which the data can be generalised.	The questionnaire did not ask participants which ED/s their child/YP they work with had, and did not explicitly say in the poster the research was focussing on AN, BN, and BED. Therefore, it is unclear whether participants were referring to other feeding/EDs when completing the questionnaire, or whether this influenced the data. The validity of the results could hence be questioned.
School staff who completed the online questionnaire worked in a range of secondary schools, such as private, grammar, faith, academy and comprehensive schools. This enabled the identification of support for EDs from a range of different school systems to be identified, and therefore again increased	Low sample size in part one reduces the extent to which the data can be generalised.

the generalisability of the data. This is also the case for parents, regarding schools their children attended.	
The EPs involved in part two included one PEP, one senior EP, a newly qualified EP, and five maingrade EPs. There was, therefore, a range of roles and experiences of EPs, which increases the chances of gathering good quality data.	Only secondary school staff were asked to complete the online questionnaire. Therefore, information regarding work being undertaken in primary schools (e.g. preventative) may have been missed.
EPs from Welsh and English LAs were interviewed, thus providing more generalisable data in regard to EP practice and views within the UK context.	The EPs interviewed were from two Welsh and two English LAs. Therefore, this limits the generalisability of the results from part two.
The number of EPs interviewed was appropriate for a small research project (Braun & Clarke, 2013). This increases the trustworthiness of the results in part two.	All EPs involved in part two discussed knowing a family member, friend, or themselves who had been affected by an ED. There could therefore be a bias in the sample of EPs, and thus reduce the generalisability of the findings.
The inclusion criteria of EPs were not limited to those who had undertaken work with YP with EDS. This allowed a broader range of experience and ideas to be discussed, and thus quality of the qualitative data collected.	As a first-time researcher at the doctoral level, the researcher was less experienced in developing questionnaires, conducting interviews, and using TA.

5.6 Conclusion

The current study sought to investigate current practice in schools when working with YP with EDs and their families, and the potential role for EPs. It was composed of two parts: part one involved parents of individuals with EDs and secondary school staff in the UK completing questionnaires exploring the support for pupils with EDs in schools, and the support staff and parents felt is further required. The second part explored the potential contribution of the EP profession, through interviewing eight EPs and discussing possible services they could provide to schools working with YP with EDs and their families. In

summary, staff and parents felt that the current support schools offered YP with ED was not effective, and identified methods to rectify this. Four main themes emerged from the EP data: 'There is not enough', 'The Family', 'The ED friendly school', and 'The EP offer'. There were several ways which EPs could use their skills and knowledge as part of 'The EP offer' to enhance the input provided around EDs in schools, which included: 'Consultation', 'Training', 'Reintegration', 'Working with others', the use of a 'Holistic' approach, and working with 'Systems'. These findings suggest that EPs could have a role in supporting schools working with pupils with ED and their families. Areas for further research and dissemination will be explored further in part C.

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Part C: Critical Appraisal

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1.0 Overview

This critical appraisal will provide an evaluation of the current study, and a valuable opportunity for the researcher to engage in reflective and reflexive practice. It will be split into three parts, which includes the rationale for the thesis, a critical account of the development of the research practitioner, and the contribution to knowledge and dissemination. Various aspects will be discussed: the research position taken, methods, participants and recruitment, data analysis, and dissemination of the results. This will provide the reader with an insight explaining the researcher's decisions during the research process. Limitations and weaknesses of the study will also be addressed throughout to assess the validity and generalisability of the data. These will be discussed in conjunction with the three parts to ensure that the researcher is analytic throughout this section of the thesis.

The critical appraisal will be written in the first person, to ensure reflective and reflexive practice. This is supported by Pellegrini (2009, pg.272), who stated: "a direct consequence of self-reflexivity is the use of the first person to discuss the author's 'embedded' role in the case study, not as an 'objective' outsider but as a practitioner affecting, and being affected by, the system".

2.0 Rationale for the Research

2.1 Development of Research Topic

I have always had an interest in mental health (MH), and once I began training on the Doctorate of Educational Psychology course at Cardiff University it became apparent that this was an area Educational Psychologists (EPs) were increasingly becoming more involved in. This was reflected by recent literature around the EP role in MH (Price, 2017; Grieg, Mackay & Ginter, 2019), and legislation highlighting the importance of focussing on MH needs of pupils in schools (Department for Education [DfE], 2018). However, I realised that limited empirical evidence exploring the support available in schools for specific MH difficulties existed, such as eating disorders (EDs). Furthermore, the research on EDs appeared to be conducted through a healthcare lens, and very few explored EDs within educational settings. Bronfenbrenner's Ecological Systems Theory (1979) highlights the importance of acknowledging the influence all systems have on young people (YP). Therefore, I believed this could be applied to YP with EDs.

Through learning about systems working through the Constructionist Model of Informed and Reasoned Action (COMOIRA) framework (Gameson & Rhydderch, 2008), I began to understand the importance of working at a systemic level, and the impact various systems can have on the development of YP. Additionally, through my work on placement as a Trainee EP (TEP), the importance of increasing communication between various systems in the process of change was highlighted. As EDs are typically treated by professionals such as clinical psychologists in clinics/hospitals (National Health Service [NHS], 2018), yet YP spend so much time in schools, I was curious to discover what support was available within the school systems. Furthermore, I wondered about the families of individuals with EDs, and whether their voices had been explored in research. I started to reflect on the role of the EP, and whether this does or could include work around EDs. I felt that they could be well placed to provide input to schools and families. These questions led me to the research topic and overarching question, exploring what support was available to pupils with EDs, and identifying whether EPs could work with the family and school systems around these YP.

2.2 Rationale for the Research Topic and Questions

In order to develop my rationale, I completed a literature review. After one search on a database exploring the empirical evidence, I used the Preferred Reporting Items for

Systematic Reviews and Meta-Analysis (PRISMA) model to identify whether a systematic review would be suitable (Moher, Liberati, Tetzlaff & Altman, 2009. However, it quickly became apparent that a narrative literature review would be more suitable, firstly as there was limited data in the area, and secondly I became aware that I would need to synthesise literature from various sources, including health and education, to make sense of the current practice around supporting pupils with EDs (Green, Johnson & Adams, 2006). To reduce my subjective selection of articles in the literature and to consider inclusion/exclusion criteria (a possible weakness when using narrative literature reviews according to Green et al.), I formulated a list of appropriate search terms. Additionally, I explored the grey literature such as government legislation. I acknowledged that researcher bias may influence the literature selected; however, I adopted a critical stance, and hope that a rational review has been presented.

As ED onset is typically in school-age adolescents (Knightsmith, 2015) it could be argued that changes in secondary schools could provide some necessary support around EDs, as they are key elements in a YP's microsystem (Bronfenbrenner, 1979). This led me to consider my first research question around exploring the current practice offered by secondary schools in the United Kingdom (UK). As a final year TEP, I felt that EPs were well placed in these educational establishments, and became curious about what their role with EDs was or could be. After undertaking the literature review it became clear that both areas appeared to be gaps in the research. Therefore, I decided to undertake a two-part study and contemplated suitable methods to gather data.

In my practice, I like to work using a solution-focused approach. This approach is "future-focused", positive, and considers how "If it's not working, do something about it" (De Shazer & Dolan, 2012, pg.1). I wanted to incorporate this into the research and ask participants about how they would like areas of support to change/improve. I also understood the importance of listening to the voices of those involved, and not impose mine and/or professional's views on changes I assumed they would like. This was also viewed as an opportunity to discuss how EPs could utilise their skills to make positive changes by responding to the needs identified by participants in part one.

3.0 Critical Account of the Development of the Research Practitioner

3.1 Development of Methodology

I was first introduced to ontology and epistemology as a first year TEP. Before commencing on the doctoral training programme all the research I had previously undertaken had been based on a positivist paradigm. This is the assumption that "valid knowledge is obtained through the application of established scientific methods which control variables" (Braun & Clarke, 2013, pg.29). As I gained knowledge and experience in the 'real world', I reflected on my personal views. I did not think that it was as black and white as perhaps a positivist paradigm suggests. Through learning about social constructionism using the COMOIRA framework (Gameson & Rhydderch 2008), I started implementing this view in my practice as a practitioner and researcher. Social constructionism is the view that individuals have their own unique "knowledge of the world", which is influenced by factors such as culture, language, experiences, and interactions with others (Burr, 2015, pg.4). This led to the realisation that individuals have their own sets of beliefs. Furthermore, I began understanding how this perception would influence how I undertook research, and thus the importance of identifying my epistemological and ontological standpoint.

As much as I understood the importance of social constructionism, I also believed that there are 'truths' in the world, such as EDs exist (they occur worldwide, have diagnostic criteria, and are the focus of a vast amount of research). With this in mind, I chose to conduct my thesis using an ontological critical realist paradigm, which is the understanding that "a pre-social reality exists but we can only ever partially know it", as it is shaped by environmental factors such as language and culture (Braun & Clarke, 2013, pg.26).

My epistemological approach was contextualism, which "assumes that meaning is related to the context in which it is produced" (Braun & Clarke, pg.328). I wanted to understand what the practice around EDs was in the UK, however, realised that support in various locations and types of schools could differ. To explore what the overall 'truths' regarding work undertaken in schools were, I felt that I needed to gather data from as many individuals as possible from a cross-section of parents and school staff. A questionnaire was deemed the most appropriate method to achieve this, including both closed and open-ended questions. Secondly, to understand EPs' views on the 'truths' identified in part one I decided to conduct semi-structured interviews. Again, to gain a better idea of EP perspectives in the UK, exploring the voices of EPs from different Educational Psychology

Services (EPS') appeared necessary. My selection of critical realism and contextualism is therefore justified, as I sought to explore the 'objective' truth regarding the practice of how UK schools support YP with EDs, such as if they run intervention/prevention programmes and have specific policies; the views of EPs, from different local authorities (LAs) in Wales and England, on the 'truths' identified were then explored.

3.2 Development of Research Design

As discussed previously, the epistemological and ontological positions led me to choose a combined-methods approach involving two parts. This included collecting quantitative and qualitative data in part one using an online questionnaire, and conducting semi-structured interviews in part two. This is in line with Williams (2007, pg.70), who explained that researchers using a combined-methods approach to collect "a mixture of data…might distribute a survey that contains closed-ended questions to collect the numerical, or quantitative, data and conduct an interview using open-ended questions to collect the narrative, or qualitative, data".

3.2.1 Part One

One research question was around exploring the current situation regarding support for pupils with EDs in the UK school systems. Areas explored were based on those identified by Knightsmith (2015), and gaps in the literature such as sibling support. As discussed previously, it was felt that questionnaires could be used to identify this 'truth'. Online questionnaires were seen as superior compared to paper questionnaires as they: could reach a vast amount of people in a short period of time, over a wide geographical area; could access unique populations (e.g. parents of individuals with EDs); would not cost money e.g. in printing; and enable complete anonymity (Wright, 2005). However, I acknowledged that there could be bias in those who responded, which could affect the reliability of results (in line with Campos, Zucoloto, Sampaio, Jordani & Maroco, 2011). Nevertheless, on reflection, I wonder whether the questionnaires were able to capture the complexity of the research topic and participants' experiences. This mirrors weaknesses raised by Choy (2014). Although I tried addressing this by including open-ended questions, the responses were fairly short and perhaps did not fully elicit participants' full experiences. However, the purpose of part one was not to explore their experiences per se, but to identify current practices and views on support needed. Therefore, I feel that an online questionnaire was an appropriate method to collect the data I set out to gather.

Contextualism suggests that there is an underlying truth; however, participants will have their individual views on this (Braun & Clarke, pg.31). I saw part one as identifying the 'truth' about the current support provided in schools around EDs, and identifying ways forward. Nevertheless, on reflection, I realised that some of the questions arguably explore participants' constructs, such as how they felt and what they believed. Nonetheless, as it became clear that many participants felt a certain way (such as staff feeling schools need to increase their awareness of EDs, and parents feeling that their child's school did not provide them with adequate information on EDs), I felt that the data did highlight some sort of truth. Additionally, some of the questions included words such as 'sufficient' and 'adequate', which could be open to interpretation for individuals. This, therefore, influences the validity of the results. Other questions were more specific, such as asking the amount of training staff had undertaken, instead of asking them if they had received an 'adequate' amount of training. As part of reflective practice, when creating questions for research I will try to use words which elucidate the question at hand to increase validity.

3.2.2 Part Two

Part two involved semi-structured interviews to explore EPs' views on how they could support schools working with pupils with EDs and their families. This technique offered the flexibility to explore their experiences and perspectives and gather in-depth and rich data (McIntosh and Morse, 2015). As part of reflexive practice, I was aware of my own biases when going into interviews and was cautious not to let these influence the questions asked in the interviews. I was aware EDs could be an emotive topic for some participants and wanted to be empathetic to the EPs' needs should they require it during the interview. McIntosh and Morse (pg.2) stated that "the empathetic turn became a key catalyst in the diversification" for semi-structured interviews, as opposed to a structured interview. During the process, it became clear that this was a positive decision, as most of the EPs interviewed either had an ED themselves or had family members and/or friends with an ED, which they discussed to varying degrees. I acknowledge that is a possible bias and weakness of the study which could have implications, and thus may affect the generalisability of the data. Another potential limitation was social desirability, e.g. EPs may have talked about how they can offer parent workshops after they were presented with the data regarding the percentage of parents who would be interested in attending workshops, or issues regarding siblings. The EPs were also shocked at some of the findings

from the questionnaire (e.g. how few staff were involved in multi-disciplinary [MD] meetings), which also may have influenced their responses.

I had considered undertaking a focus group (FG) interview with EPs. Rabiee (2004, pg.656) argues "the type and range of data generated through the social interaction of the group are often deeper and richer than those obtained from one-to-one interviews". A FG could have allowed the development of participants' ideas by building on each other's, which may have identified creative ways EPs could provide support around EDs. I decided not to undertake a FG however, as data exploring the EP workforce in the UK found that "93% said that they were experiencing more demand for EP services than could be currently met" (DfE, 2019, pg.7). Therefore, I was concerned that there could be a number of barriers to recruiting EPs from various EPS' across Wales and England, such as time and travel. I was aware that a low sample size would influence the generalisability of the data gathered. Additionally, there are several disadvantages to the FG method which affect the validity of the data such as members dominating discussions, the influence of the moderator on the group dynamics and data collected, coordination difficulties which reduce the flow of ideas, and social desirability or conformism (Acocella, 2012). Undertaking individual interviews allowed me to be flexible and facilitate the process for the EPs, such as travelling to locations which were convenient for them. This allowed me to gather the views of eight EPs, which is the recommended number of interviews for "sufficient data for a small project" (Braun & Clarke, 2013, pg.50).

3.3 Inclusion and Exclusion Criteria of Participants

As I work in a person-centred way, my first view was to collect the views of YP who currently have or did have EDs. I realised, however, that there were a few barriers towards this which could influence my ability to answer the research question. Firstly, I wondered whether they would have an adequate understanding of various areas of support such as policies in their school. Secondly, individuals with EDs can be "very resistant to the idea of change" (Knightsmith, 2015, pg.212), due to factors including "negative attitudes towards seeking help" (Ali et al., 2017). I was aware that this could result in difficulty recruiting participants or potentially cause harm to pupils with EDs by asking questions which may be triggering. Based on ethical guidelines (British Psychological Society [BPS], 2014) and the current study is the first piece of research (to my knowledge) in this area within the UK, I decided to develop an understanding of the current situation first before including YP with EDs in research. Future research could explore the views of individuals with EDs.

3.3.1 Parents

Throughout the writing of the literature review, it became clear that the research exploring parent views on support for EDs mostly focused on the clinical treatment, and not the YP's school. This raised questions regarding YP's mesosystems, and parental perceptions of the support provided by schools to pupils with EDs (Bronfenbrenner, 1979). Parents are important figures in children's lives, and it is essential to listen to their views and empower them (Health Care Profession Council, 2016; UK Government, 2014). This influenced my decision to explore the voices of parents of YP with EDs using a questionnaire. To my knowledge, there is no other research exploring this area in the UK. The closest paper (to the present study) I found was an unpublished thesis by Schiele (2016) conducted in the United States of America, which possesses different education and health systems to the UK. Therefore, this supported the argument to undertake the current research.

3.3.2 School staff

There is limited research exploring school staff's views on the support for EDs in the school microsystem, and what they feel is required to improve this. The most relevant studies by Knightsmith, Treasure and Schmidt (2013 & 2014) identified the lack of knowledge about EDs in UK school staff. The current study gathered these views using an online questionnaire, the same method used by Knightsmith et al. (2014). However, the current research only had 39 members of staff complete the questionnaire, whereas Knightsmith et al. had 826. This could be explained by the present study only seeking views from secondary school staff, whereas Knightsmith et al. collected data from primary, secondary and special schools. Furthermore, the current study was unfunded and completed to tight deadlines as part of my doctorate. The data from the current paper is therefore not as generalisable as Knightsmith et al.'s study. Nevertheless, Knightsmith et al.'s questionnaire was sent to individuals from a database of staff who had expressed an "interest in mental health training" (pg.209). Therefore, there may be potential bias in the participants who completed the survey which could influence the data. On reflection of the current study, I should have included primary school staff in the data collection, as EDs are starting at a younger age (Anorexia and Bulimia Care, 2020). This may have also led to more respondents. Furthermore, preventative work could be occurring for younger children in primary schools, therefore I may have missed out on some data in this area. Should I conduct similar research in the future, I will include participants from primary and

secondary schools; however, ensure that the analysis of each sector is explored separately in addition to the overall picture.

3.3.3 EPs

One assumption I had coming into the research was that I believed that EPs were not undertaking a vast amount of work around EDs. I contemplated only including EPs who had undertaken work around EDs, however, I was concerned that firstly, this could possibly result in a limited sample size; and secondly, I was concerned that I could miss out on important information, and valuable ideas of EPs who have not undertaken work focused on EDs. A few of the EPs I interviewed had not worked around EDs. Nevertheless, I was surprised that a majority had undertaken a small amount of work in this area, which included preventative work and statutory work. In my future practice, I would like to link up with EPs who are involved with ED projects or share an interest in the topic. I would like to collaboratively explore how a more universal provision and support could be provided, as it appears that there are unequal opportunities for individuals with EDs to access support across the UK (McCormack and McCann, 2015). This could include organising workshops through various EP networks and hopefully encourage positive changes in the services EPS' can provide.

On reflection, I had not fully considered the possible differences between traded and non-traded services and LAs, and how this could influence the type of work EPs were engaging in. This issue was discussed by DfE (2019). The EPs interviewed worked in four LAs, which involved traded and non-traded services. Although I feel this is a sufficient cross-section for a small-scale project, I also understand that the generalisability was limited as EPs in other LAs may be undertaking other forms of work surrounding EDs. This could have been an area discussed more during the interviews. However, as I was focussed on gaining a better understanding of possible ways EPs could provide input on EDs in schools, I do not feel that this influenced the outcomes, and the views of EPs were generally in line. Future research could explore the differences and similarities of traded and non-traded services, and how barriers with each system could be overcome.

3.3.4 Types of EDs

As children from specialist provisions may have developmental disorders which influence their eating habits (American Psychiatric Association, 2013), I still feel the decision not to include specialist school staff views was justified. I realise that this may have been

influenced by my social construct of EDs. However, the view is mirrored by researchers such as Knightsmith (2015, pg.17) who stated that there are "three major types of eating disorder: anorexia nervosa, bulimia nervosa and binge eating disorder", and "what all three eating disorders have in common is that the sufferer is using their food intake, their weight or their shape as a way of coping with their day". Interestingly though, in Knightsmith's earlier research (Knightsmith et al., 2014) they included staff from special schools. A possible hypothesis is that Knightsmith's research highlighted (or reinforced) differences between anorexia, bulimia, and binge eating disorder and other feeding and EDs, so by 2015 Knightsmith's book only focused on three EDs. Nevertheless, one limitation of the current study is that the questionnaire did not ask which feeding and ED the children of parents had, yet did not explicitly state the research was focusing on anorexia, bulimia, and binge eating disorder. Therefore, it is unclear whether parents of YP with feeding and EDs other than the three highlighted completed the questionnaire, or if participants shared the social constructs discussed above. I am unsure whether the data was affected by this, thus the validity of the results in part one could be questioned. On reflection, I should have been more explicit about my inclusion and exclusion criteria in the poster and questionnaire introduction.

3.3.5 Summary

In summary, there was a gap in the empirical literature on EDs within school settings. Therefore, I had to be mindful of whose voices I wanted to explore to develop an accurate understanding of the current situation in UK schools, and the support that is required further. I decided that to get a more holistic view, whilst conforming to ethical boundaries, I needed to triangulate information from parents, school staff, and EPs. As part of reflective practice, I have identified weaknesses in the current study relating to inclusion and exclusion criteria of participants, and have discussed how this will influence my decisions in future research I undertake.

3.4 Recruitment and Difficulties Encountered

Recruitment for part one included sending Gatekeeper letters to head teachers of secondary schools. Although I attempted to do this randomly through searching schools in a number of areas around the UK (including private, comprehensive, faith, and grammar schools), there was a possible bias in which schools were sent letters based on which ones were identified from web searches. Once this was realised, I changed the recruitment

method and sent Gatekeeper letters to teachers' website/forums asking them to display my research poster on their website. For both methods, there were few responses and little support, which led to a limited sample size. A possible reason for this is perhaps that EDs (and engaging in research) may not be a priority for secondary school staff, possibly due to workload and a focus on academic achievement. This is supported by Shelemy, Harvey and Waite (2019, pg.106) who conducted a focus group with UK secondary school staff around MH. Researchers found the teachers "consider their role a purely academic one", felt that MH should be supported by "experts", and raised the issue of "time and work constraints". These barriers may explain the low response rate in the current study, despite the questionnaire being short and available to complete outside of term time. This may simply be a reflection of the challenge secondary school staff are experiencing in this current climate, and is an ongoing barrier researchers could consider.

Part of recruiting parent participants included sending Gatekeeper letters to some MH charities and ED clinics, asking them to share my research on their websites/with parents. However, very few were willing to support the research, and either ignored the request or informed me they could not help (yet omitted reasons). I am still unsure of a possible explanation, as sharing the research link and poster could not have been time-consuming. I was disappointed in their attitude, as my construct of the charities was that they would encourage research into increasing the understanding of ways to help individuals with EDs. Nevertheless, this was not the case. It is possible that there may have been significant ethical considerations informing the charities' decision not to disseminate my research. In an attempt to recruit more participants, I reapplied to Cardiff University's Ethics Committee regarding sharing my research on social media. I received a much better response with this method, and parents appeared appreciative of my research- a few even contacted me via email to share their experiences and reiterate that they felt more support is needed. This may have been because the study was 'closer' to their current situation and elicited more feelings. For me, this reinforced the importance of listening to parents' voices and highlighting ways to meet YP's and families' needs, and therefore the possible value of my thesis. However, this also raises questions around how Gatekeepers may be preventing the voices of specific groups of people being heard, and ensuring opportunities to raise awareness of research attempting to gather these views.

3.5 Ethical Issues

In line with the BPS guidelines (2014), a number of ethical considerations were considered for all three groups. Additionally, the research approval was gained from the Ethics Committee of Cardiff University School of Psychology. One factor I felt needed to be taken into account was the importance of doing no harm, as EDs could be an emotive topic. I tried to be sensitive with the questions in part one and ensured that there were signposting options in the debrief sheet. However, I did not expect the EPs to have been affected by EDs as much as they did. A majority of the EPs discussed knowing a close contact who had an ED and volunteered this information during the interview. Although it was positive that they felt comfortable enough to share this with me, on reflection I wonder whether I should have been more prepared for the experiences of participants. As the interviews were semi-structured this allowed me to respond empathetically (McIntosh and Morse, 2015), thus enabling me to adhere to ethical guidelines. In my future practice, I will strive to be increasingly aware of possible reasons why participants decide to partake in research, continue to try and create a safe environment for participants during interviews, and follow ethical guidelines.

3.6 Data Analysis

The quantitative data in part one was analysed using descriptive statistics. Walker (2005, pg.572) stated that this form of analysis "provides an account of the characteristics of individuals, groups or situations", and that "The overall aim is to discover new meaning, describe what exists, determine the frequency with which something occurs and categorize information". This, therefore, fit with my ontological and epistemological position, and hence was appropriate. Furthermore, the use of percentages could increase accessibility to individuals such as parents and school staff (should they wish to read the research), as percentages are "commonly used", "easy to interpret", and "are a good way to show relationships and comparisons" (Taylor-Powell, 2003, pg.35).

I chose to analyse the data using thematic analysis (TA) for the qualitative elements in part one and part two, as it fits with the ontological and epistemological paradigm of the research. Braun & Clarke (2013, pg.27) stated "A critical realist position underpins a number of qualitative approaches, including…thematic analysis". TA acknowledges how individuals interpret and make sense of their experiences and how their social context affects these, whilst considering the "reality" and the limitations of this (Braun & Clarke,

2006, pg.9). Interpretive Phenomenological Analysis (IPA) focusses on "the exploration of participants' experience, understandings, perceptions and views" of particular experiences (Brocki & Wearden, 2006, pg.3). This was considered as an option to analyse the data; however, it was not deemed suitable for the following reasons. Firstly, I wanted to identify the 'truth' of the current practice in schools, not experiences. Secondly, I did not know whether EPs had all had similar experiences working with pupils with EDs, and as discussed previously there were possible limitations to these inclusion criteria. Thirdly, I wanted to identify possible future practice, again, not solely on experiences. Furthermore, Brocki and Wearden (pg.5) stated that IPA is used to explore "subjective experiences, and helps us to describe and understand the respondent's account of the processes". Had a social constructionist paradigm been used IPA may have been more appropriate. Nevertheless, the paradigm used was a critical realist perspective; therefore, I concluded that TA was better suited to analyse the qualitative data in the current study. When undertaking research in the future, I will ensure that I have a sound understanding of why specific methods of data analysis are pertinent.

In summary, I believe that the methods which were chosen to analyse the data in parts one and two reflected my ontological and epistemological views. Furthermore, they enabled the data to be presented in a way which could be more accessible for a range of individuals.

4.0 Contribution to Knowledge and Dissemination

Throughout the process, it became apparent that the overarching research topic of the current study was under-studied. Furthermore, the research questions addressed several gaps, including identifying the current practice around EDs in UK schools, both from the perspective of parents' and school; establishing how support for YP with EDs and their families could be enhanced; and how EPs could be involved in providing this input, through the use of a number of skills they possess (e.g. consultation and working systemically). It is hoped that the findings from this piece of research may provide an increased understanding of the work in schools currently being undertaken, and how EPs could contribute to facilitating change through engaging with YP's key systems.

4.1 Current Support

This study sought to identify the 'reality' of what was happening in schools. This included whether schools had policies, whether they ran intervention/prevention programmes, reintegration, and if staff attended MD meetings. The data highlighted that parents and school staff generally do not feel the current support is sufficient, and identified a number of strategies to potentially ameliorate this. This information was presented to EPs, who discussed how they could meet the needs of various individuals within their role. As services such as Child and Adolescent Mental Health Services are experiencing some barriers which result in long waiting times (Beat Eating Disorders [BEAT], 2015), this is reducing the amount of early intervention and chances of recovery (Knightsmith, 2015). Joint working between health and education has been identified as an effective way to "increase capacity and share resources to deliver better care" (National Collaborating Centre for Mental Health, 2015, pg.3). Therefore, this highlights the possible need for increased MD working involving EPs and healthcare professionals. The findings from my thesis may contribute to the empirical evidence, and may lead to a better understanding of how EPs could work to enhance support for pupils with EDs.

A small yet interesting finding was that parents and EPs believed that healthy eating talks could have a negative effect on some YP. Sadegholwad, Yeatman, Parrish and Worsley (2017) discussed the need to reframe messages presented in healthy eating talks which could lead to poor body image. This highlights further research in this area could be undertaken in the UK, to explore how issues around diet and lifestyle are being shared with YP. As this finding was unexpected, I may have reflected on this area more; however, I am

aware of this bias and discussed this with an independent researcher who confirmed this was an emergent theme for parents and EPs. Nevertheless, as part of dissemination, it could be beneficial to share this information with professionals involved in healthy eating, such as LA healthy schools' workers. This could provide them with a better understanding of the importance of how key messages are shared with pupils, and identifying which professionals (e.g. dieticians) are best placed to undertake the healthy eating talks in UK schools to reduce the risk of triggering EDs.

4.2 Further Support Required

Parents, staff and EPs agreed that all schools should have a key staff member who is knowledgeable about EDs, and YP are able to talk to. This is in line with the 'Transforming Children and Young People's Mental Health Provision: a Green Paper' (DfE & DoH, 2017), which indicated that all schools and colleges should have a designated MH lead. I reflected on my experience as a TEP on placement and realised that none of the schools I worked with had a MH key person in place; funding cuts were resulting in redundancies in school staff. As financial barriers in the education system continue to take place (Britton, Farquharson & Sibieta, 2019), this suggests that it may be challenging for schools to employ MH leads in schools. If this need was shared with key persons at higher systemic levels (e.g. LAs, government), I wonder whether this could assist in the understanding of the benefit having a MH lead in schools could have, and possible changes regarding the prioritisation of MH needs as a result.

An interesting finding was that all participant groups felt that siblings should receive support, as having a brother/sister with an ED could have a negative impact on them. This is in line with Jungbauer, Heibach, and Urban (2016, pg.78), who described siblings of YP with ED as "the forgotten kin" and have been "overlooked by both researchers and clinicians". Although there are limited sample sizes in the current study, the data suggests this is an area that requires further research, possibly eliciting the voices of siblings. Secondly, this could influence my practice so that post-qualification I will consider the needs of this population within my work, and may consider alternative ways to meet their needs such as running support groups for siblings of YP with an ED. This idea was discussed by a few EPs in the sample, however, was not strong enough to be a sub-subtheme. EPs could have the skills to facilitate these groups and could, therefore, be part of supporting this 'forgotten' population of YP (Association of Educational Psychologists, 2016).

4.3 Dissemination

Dissemination allows an increased awareness of various research areas, and opportunities for findings to be implemented (Freemantle & Watt, 1994). Regarding the current study, this could be accomplished through publishing the study in EP related journals or sharing findings with EPS interested in this field. It is hoped that this may empower EPs to realise that they could have the ability to facilitate change by transferring several skills they already possess (e.g. consultation, reintegration work, and training). Furthermore, it could help highlight that there appears to be a need to increase support for pupils with EDs in the UK, and encourage EPs to enquire about these YP in their work (e.g. during planning meetings).

On my final placement, I was lucky to be involved in a body image project, aimed at the preventive level. This was done in conjunction with an ED psychiatrist and an EP from the LA. I learnt that the clinic the psychiatrist worked in was so over-subscribed that they were not seeing YP with EDs unless they had a BMI of 12. Hearing this criterion emphasised the need for early intervention and a graduated response. The psychiatrist and EP were applying for funding for another programme and asked to include data from my thesis in the application. I realised that part of the contribution to knowledge was possibly highlighting the need for support in this area, and share the voices of parents and school staff at a higher systemic level. Furthermore, the joint work between the EP and psychiatrist appeared to increase the understanding of the EP role regarding MH support from the healthcare perspective. I hoped that the project and my research helped the psychiatrist (and possibly others) recognise that increased working between health and education systems could be beneficial, which is line with the MH green paper (DfE & DoH, 2018). EPs acknowledged that healthcare professionals, such as clinical psychologists, are the 'expert' in EDs. However, they discussed how their skillset and knowledge regarding schools and the wider systemic influences could help UK schools improve support for EDs. This suggests that the data identified in the current paper could contribute to the practice of both EPs and healthcare professionals. As part of dissemination, sharing the findings with healthcare professionals could be beneficial. This could help them understand the EP role, consider and establish appropriate boundaries between systems and professionals, and recognise the value of joint working as part of a graduated response.

5.0 Conclusion

In conclusion, this critical appraisal set out to evaluate the choices I made throughout the undertaking of this research. This included my epistemological and ontological positions, and how these influenced other decisions such as the research methods and participant selection. Reasons for limitations were addressed, and what I would have done differently was identified. Publishing the findings in journals where EPs could access the current study, in addition to healthcare professionals, could encourage the development of areas explored. Furthermore, it may highlight how more joined-up working between health and education systems could facilitate change for YP with EDs. The critical appraisal provided a useful opportunity for me to engage in reflective and reflexive practice, and therefore develop my skills as a researcher and identify how I could incorporate the findings into my future practice.

6.0 References

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Appendices

Appendix 1: Search Terms for Literature Review

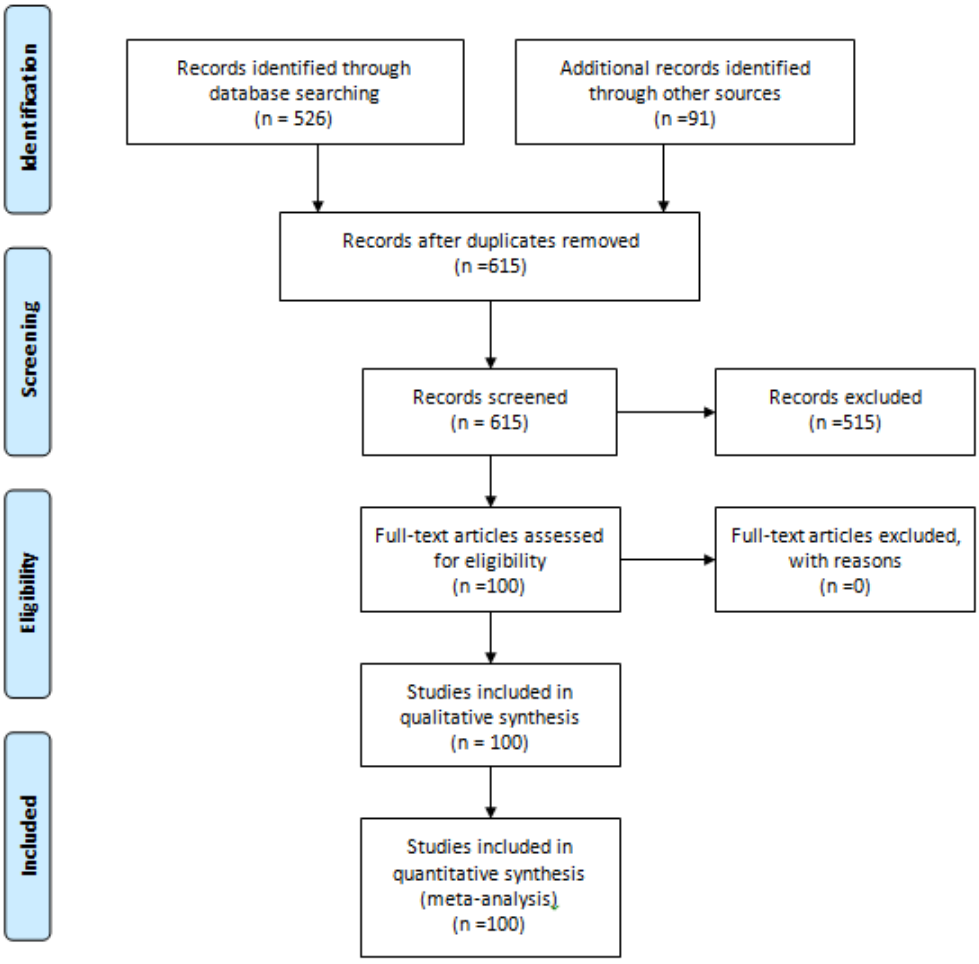
Literature searches were conducted between December 2018 and April 2020. Where possible, recent research from the last ten years (from 2010) was used. The table below shows the search terms used, either as a subject heading or keyword. The titles and abstracts were examined based on the relevance to the current study, and due to the size of the search returns not all literature was included unless it was relevant to the current study. The asterisk (*) was used with truncated words/phrases to broaden the search to find similar words/phrases (e.g. school*, schooling). The initial search included four concepts: Eating disorders (search terms including eating disorder*, anorexia nervosa, bulimia nervosa, binge eating disorder); support (intervention*, prevention, body project, treatment*, body image, programme*); schools (sixth form*, secondary school*, high school* students, pupils, college, secondary education, high school students, curriculum); and educational psychologists (EPs, educational psychologist*, educational psychology, school psychologist).

In addition to the database searches, general searches for 'grey literature' were conducted using Google Scholar as well as the Cardiff Library book search. Focussed online searches enabled access of relevant English and Welsh legislation, guidelines, and dissertations/doctoral level theses of relevance.

Database	Search terms	Results
PsycINFO 1806-2020	Eating disorder* OR anorexia nervosa OR bulimia nervosa OR binge eating disorder AND Schools OR secondary schools OR high schools OR students OR high school students OR secondary education OR college	526
	Eating disorder* OR anorexia nervosa OR bulimia nervosa OR binge eating disorder AND Educational psychologist* OR educational psychology OR educational programme	55

Education Resources Information Center (ERIC) 1911-2020	Eating disorders AND School	291
	Eating disorders AND Educational psychologists	12
British Education Index (BEI) 1952-2020	Eating disorders AND School	17
	Educational psychology AND Eating disorders	0
Web of Science 1900-2020	Eating disorders AND School	2064
	Eating disorders AND Educational psychologist	4

Appendix 2: PRISMA Flow Diagram



Appendix 3: Key References and Studies

Author	Country	Type	Participants	Technique	Outcome
American Psychiatric Association (2013)	USA	Diagnostic manual fifth edition	N/A	N/A	Diagnostic criteria for MH conditions are presented, including EDs.
Beat Eating Disorders (2015)	England, Scotland, Wales, and Northern Ireland	Online informative articles	N/A	N/A	Statistics on EDs was presented, and information focussed on the treatment available to individuals with EDs in the UK.
Bronfenbrenner (1979)	USA	Textbook	N/A	N/A	Discussion focussed on the Ecological Systems Theory.
Department for Education & Department of	England	MH Green paper	N/A	Proposal	Recognition of the need to increase the amount of joined-up working between the education and healthcare system. Discussions around the need to improve services offered to individuals with EDs, and suggestions focussed on achieving

Health (2017)					this were included. Input at various levels, reflecting a graduated response, was emphasised as a way to meet needs of YP with MH needs.
Greig, Mackay & Ginter (2019)	Scotland	Quantitative study	29 PEPs from 19 LAs	Online questionnaire	EPs see themselves as having a role in supporting MH needs in schools. They believed it was very important that EPs should be providing support in this area, and that they should be providing guidance for schools. Participants felt EPs had the skills to provide this support. Barriers influencing EPs ability to undertake this work included time/capacity, and the perception of the EP role in wider society.
Jungbauer, Heibach and Urban (2016)	Germany	Qualitative study	16 siblings of girls/women with AN	Semi-structured interviews	Siblings discussed how their relationship with their sister had changed, whereby they either became a confidant, or more distant. It was felt that their needs were neglected, as parental attention was focussed on their sister with AN. Other feelings experienced included fear, guilt, anger, sadness, and powerlessness. In addition, changes in the siblings' body image sometimes occurred. Siblings discussed not being included in the sisters' treatment, and negative experiences surrounding clinical professionals. It was felt by

					participants that siblings of individuals with EDs should receive support themselves.
Knightsmith, (2015)	UK	Textbook	N/A	N/A	Discussions focussed on strategies regarding how schools could meet the needs of pupils with EDs.
Knightsmith, Treasure & Schmidt (2013)	England	Qualitative study	63 school staff from 27 schools	Semi-structured focus groups	School staff do not have a basic understanding of EDs, and do not feel comfortable taking to pupils about them. EDs were seen as a taboo topic in the staffroom. Additional support is required to facilitate the development of positive home-school relationships. School staff would like to be given practical strategies they could implement to support the needs of pupils with EDs. Staff require more training on EDs.
Knightsmith, Treasure & Schmidt (2014)	England	Quantitative study	826 school staff	Online questionnaire	Key findings include: 74% had not received any training on EDs; 40% did not know how to follow up a concern regarding a pupils ED; 89% did not feel comfortable discussing EDs with pupils.
Lask & Bryant-	USA	Textbook	N/A	N/A	Diagnostic information about EDs are discussed, in addition

Waugh (2013)					to psychological theories explaining EDs.
McCormack & McCann (2015)	Republic of Ireland	Qualitative study	10 parents of YP with EDs	Semi-structured interviews	Parents reported having a lack of knowledge about EDs, which affected their ability to identify early symptoms. Feelings of isolation were highlighted, and reluctance to share their difficulties with others due to stigma around EDs. There was inconsistent support for YP with EDs based on geographical location. Furthermore, parents discussed negative experiences with healthcare professionals, such as a lack of awareness of treatment options. More profession led sessions were wanted by participants. Parents highlighted the need for parental support and felt that parent support groups should be available.
Mehler & Anderson (2017)	USA	Textbook	N/A	N/A	Medical information about EDs is discussed, including diagnosis and treatment.
Mitrofan et al. (2019)	England	Qualitative study	19 YP with EDs and 11 parents	Online focus group	Participants identified a number of difficulties YP with EDs experience when trying to receive treatment for their ED. This included a lack of individualised support, negative

					attitude of professionals, and lack of support for families
Murray, Quintana, Loeb, Griffiths, and Le Grange (2018)	USA	Meta-analysis	2524 ED patients	Examined 35 randomised control trials	Current specialised treatment is more effective than other interventions regarding weight-based changes in AN patients. However not at follow up. Treatment outcomes for individuals with AN has not improved since the 1980s.
Price (2017)	Wales	Mixed-methods doctoral thesis	6 EPs and 6 SENCos 17 EPs and 11 SENCos	Semi-structured interviews Online questionnaire	EPs support the needs of YP with MH difficulties in a number of ways, including consultation, assessment, systemic intervention (e.g. training), therapeutic intervention, and multi-agency work. A number of barriers were influencing the EPs ability to engage in work focussed on MH, such as schools' perception of the EP role, time and other restraints relating to the LA, other agencies being more suited to work involving MH interventions.
Priory Group (2018a, 2018b)	England, Scotland, Wales, and Northern Ireland	Online informative articles	N/A	N/A	Statistics on EDs were presented, and information focussed on the treatment available to individuals with EDs in the UK.

Schiele (2016)	USA	Mixed-methods doctoral thesis	8 YP recovering from an ED, and 6 mothers 561 SMH staff	Semi-structured interviews Online questionnaire	Support for pupils was generally seen as satisfactory, which included: individual therapy sessions, forums for pupils to increase their understanding of EDs, and input from external agencies. Parents felt that there was a lack of support from school staff, and felt staff could provide support for YP and their families. Participants felt that more staff training on EDs would be useful.

Appendix 4: Gatekeeper Letter to Head Teachers

Dear Sir/Madam,

I am a trainee educational psychologist studying at Cardiff University. As part of my course, I am looking to conduct my thesis on identifying ways educational psychologists can support schools working with young people with eating disorders.

I am writing to ask for permission to allow interested and willing members of your staff team to complete an online questionnaire. Questions will explore the current practices around eating disorders in schools, and support school staff feel would be beneficial.

Participation is voluntary, and will involve a short questionnaire (taking approximately 10 minutes to complete). The questionnaire is open to every member of the school team who work directly with students aged 13 -18 years old. The data collected will be anonymous; therefore, cannot be traced back to individuals or institutions. Participants have a right to withdraw their data at any time throughout the process, until they submit their data. The information obtained will be written up as part of my thesis, which is a course requirement.

Although there may not be any immediate benefit to participants, it is hoped that the research can inform future practice on how educational psychologists can work with schools to provide more effective support for young people with eating disorders. The research may be written up for publication or presented at a conference or workshop.

The project has been approved by the Cardiff University Ethics Committee, and there are very little risks of involvement. The data controller is Cardiff University and the Data Protection Officer is Matt Cooper (CooperM1@cardiff.ac.uk). The lawful basis for the processing of the data you provide is consent.

I would be very grateful if you could send an email to your staff members with the link to the
questionnaire https://cardiffunipsych.eu.qualtrics.com/jfe/form/SV_1zD66piR5RI4hMx . More information about the study will be presented at the beginning of the questionnaire.

To indicate your consent for the participation of your staff, or for further information, please email elmsb@cardiff.ac.uk or to speak with my research supervisor, Andrea Higgins, higginsa2@cardiff.ac.uk.

Thank you for taking the time to consider my request. I would be very grateful for your support and participation.

With kind regards,

Bethany Elms

	Researcher: Bethany Elms	Supervisor: Andrea Higgins
Address	School of Psychology, Cardiff University Tower Building Park Place Cardiff	School of Psychology, Cardiff University Tower Building Park Place Cardiff
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Position	Postgraduate student	Research supervisor
Email address	ElmsB@cardiff.ac.uk	HigginsA2@cardiff.ac.uk

The project has been reviewed and ethically approved by the School of Psychology's School Research Ethics Committee. If you have any concerns or complaints about this research, please contact:

Secretary of the Ethics Committee
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT

Tel: 029 2087 0360
Email: psychethics@cardiff.ac.uk

Appendix 5: Gatekeeper Letter to Secondary School Staff Websites/Forums

Dear Sir/Madam,

I am a trainee educational psychologist studying at Cardiff University. As part of my course, I am looking to conduct my thesis on identifying ways educational psychologists can support schools working with young people with eating disorders.

I am writing to ask for permission to post information about my study onto your website. Participants are being sought to complete an online questionnaire. Questions will explore views of staff currently working in schools on the current support for eating disorders, and what further support would be beneficial.

Participation is voluntary, and will involve a short questionnaire (taking approximately 10-15 minutes to complete). All secondary school staff who teach pupils 13 -18 years can complete the questionnaire. The data collected will be anonymous; therefore, cannot be traced back to individuals or institutions. Participants have a right to withdraw their data at any time throughout the process, until they submit their data. The information obtained will be written up as part of my thesis, which is a course requirement.

Although there may not be any immediate benefit to participants, it is hoped that the research can inform future practice on how educational psychologists can work with schools to provide more effective support for young people with eating disorders. The research may be written up for publication or presented at a conference or workshop.

The project has been approved by the Cardiff University Ethics Committee, and there are very little risks of involvement. The data controller is Cardiff University and the Data Protection Officer is Matt Cooper (CooperM1@cardiff.ac.uk). The lawful basis for the processing of the data you provide is consent**.**

I would be very grateful if you could post the poster (attached at the end of this letter) and the link to the questionnaire onto your website, so secondary school staff can choose to participate should they wish to do so.

To indicate your consent to post the research project, or for further information, please email elmsb@cardiff.ac.uk or to speak with my research supervisor, Andrea Higgins, higginsa2@cardiff.ac.uk.

Thank you for taking the time to consider my request. I would be very grateful for your support and participation.

With kind regards,
Bethany Elms

	Researcher: Bethany Elms	Supervisor: Andrea Higgins
Address	School of Psychology, Cardiff University Tower Building Park Place Cardiff	School of Psychology, Cardiff University Tower Building Park Place Cardiff
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Position	Postgraduate student	Research supervisor
Email address	ElmsB@cardiff.ac.uk	HigginsA2@cardiff.ac.uk

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Cardiff
CF10 3AT

Tel: 029 2087 0360
Email: psychethics@cardiff.ac.uk

Post for the website

Are you a member of staff in a secondary school?

If the answer is yes, then you could contribute to research which is looking to identify ways educational psychologists could support schools working with young people with eating disorders. This research is exploring parents' and school staff's views on the current support available for young people with eating disorders in schools, and seeks to identify what support they feel is needed.

Educational psychologists work with young people, families and schools; identifying ways they can specifically provide support around eating disorders will hopefully inform future practice around how to effectively support young people with eating disorders in schools.

If you are interested in expressing your views based on your experience, you are invited to complete an online questionnaire. This should take approximately 10-15 minutes, and will be anonymous, meaning that the data cannot be traced back to you individually. All

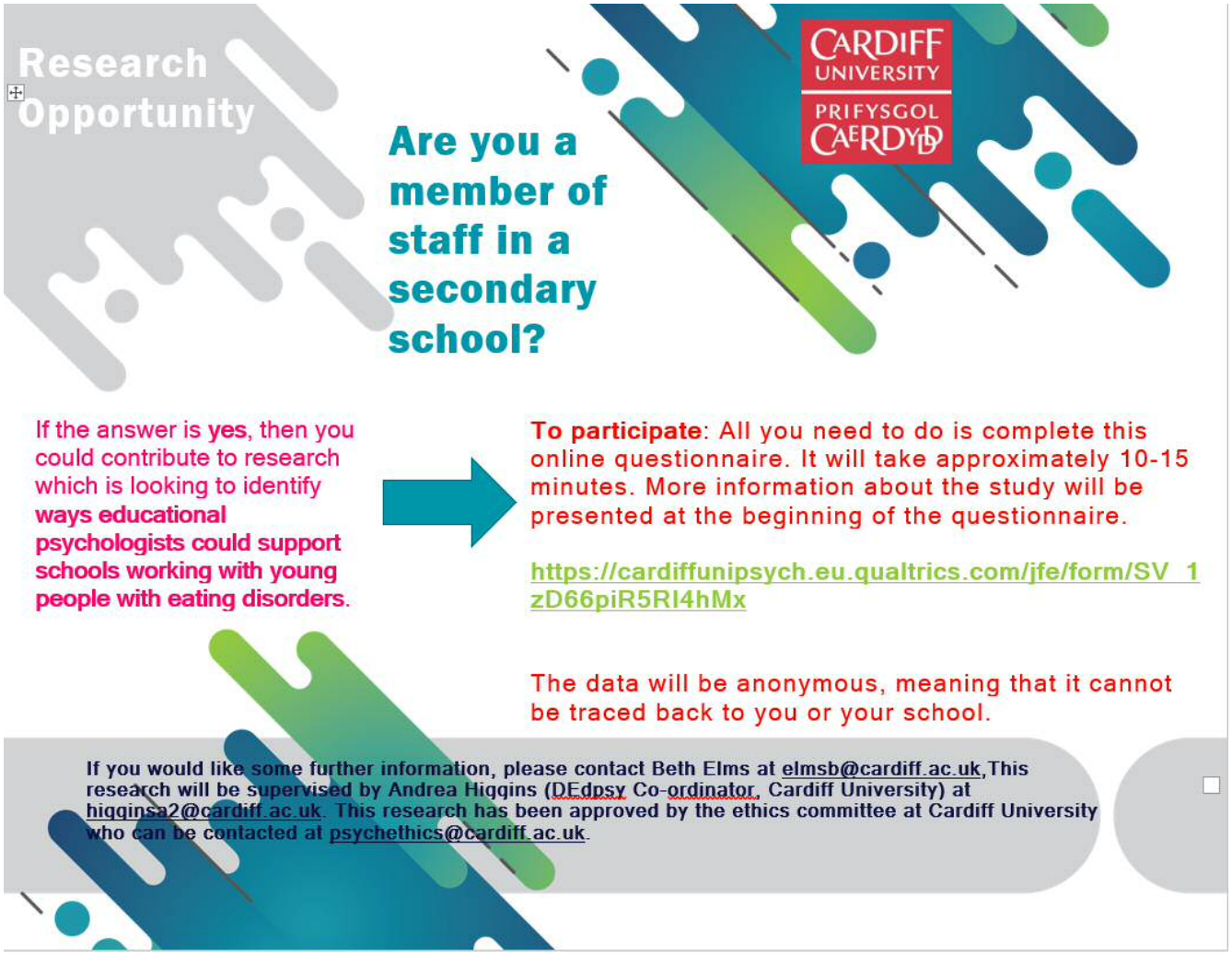
participating members of school staff must work with young people ages 13-18 years. You will be provided with more information at the beginning of the questionnaire, and asked to give your consent before completing it.

To participate in this research, please click on the link provided, and complete the online questionnaire (insert link).

If you would like further information, please contact Bethany Elms at elmsb@cardiff.ac.uk. This research will be supervised by Andrea Higgins (DEdpsy Co-ordinator, Cardiff University) at higginsa2@cardiff.ac.uk. This research has been approved by the ethics committee at Cardiff University who can be contacted at psychethics@cardiff.ac.uk.

Sample rationale: Why must I be a member of school staff in a secondary school? This research will focus on the support in schools for young people with eating disorders. As the typical age of onset for an eating disorder is between the ages of 13 and 18 (whilst the young person is in secondary school), staff working with this age group are more likely to have a better understanding of the current support available, and what support is required.

Appendix 6: Website Poster for Secondary School Staff



Appendix 7: Gatekeeper Letter for Online ED Websites

Dear Sir/Madam,

I am a trainee educational psychologist studying at Cardiff University. As part of my course, I am looking to conduct my thesis on identifying ways educational psychologists can support schools working with young people with eating disorders.

I am writing to ask for permission to post information about my study onto your website, and allow parents who have/have had a child with an eating disorder to complete an online questionnaire. Questions will explore their views on the current support available in school around eating disorders, and what support they feel would be beneficial.

Participation is voluntary, and will involve a short questionnaire (approximately 10-15 minutes). Parent who have/have had a child with an eating disorder can complete the questionnaire. The data collected from the questionnaires will be collected anonymously; therefore cannot be traced back to individuals. Participants have a right to withdraw their data at any time throughout the process, until they submit their data. The information obtained will be written up as part of my thesis, which is a course requirement. Although there may not be any immediate benefit to you, it is hoped that the research can inform future practice on how educational psychologists can work with schools to provide more effective support for young people with eating disorders. The research may be written up for publication or presented at a conference or workshop.

The project has been approved by the Cardiff University Ethics Committee, and there are very little risks of involvement. The data controller is Cardiff University and the Data Protection Officer is Matt Cooper (CooperM1@cardiff.ac.uk). The lawful basis for the processing of the data you provide is consent**.**

I would be very grateful if you could post the poster (attached at the end of this letter) and the link to the questionnaire onto your website, so parents can choose to participate should they wish to do so.

To indicate your consent to post the research project, or for further information, please email elmsb@cardiff.ac.uk or to speak with my research supervisor, Andrea Higgins, higginsa2@cardiff.ac.uk.

Thank you for taking the time to consider my request. I would be very grateful for your support and participation.

With kind regards,
Bethany Elms

	Researcher: Bethany Elms	Supervisor: Andrea Higgins
Address	School of Psychology, Cardiff University Tower Building Park Place Cardiff	School of Psychology, Cardiff University Tower Building Park Place Cardiff
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Position	Postgraduate student	Research supervisor
Email address	ElmsB@cardiff.ac.uk	HigginsA2@cardiff.ac.uk

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CF10 3AT

Tel: 029 2087 0360
Email: psychethics@cardiff.ac.uk

Post for the website

Do you have a child who has suffered, or currently is suffering from an eating disorder?

If the answer is yes, then you could contribute to research which is looking to identify ways educational psychologists could support schools working with young people with eating disorders. This research is exploring parents' and school staff's views on the current support available for young people with eating disorders in schools, and seeks to identify what support they feel is needed.

Educational psychologists work with young people, families and schools; identifying ways they can specifically provide support around eating disorders will hopefully inform future practice around how to effectively support young people with eating disorders in schools.

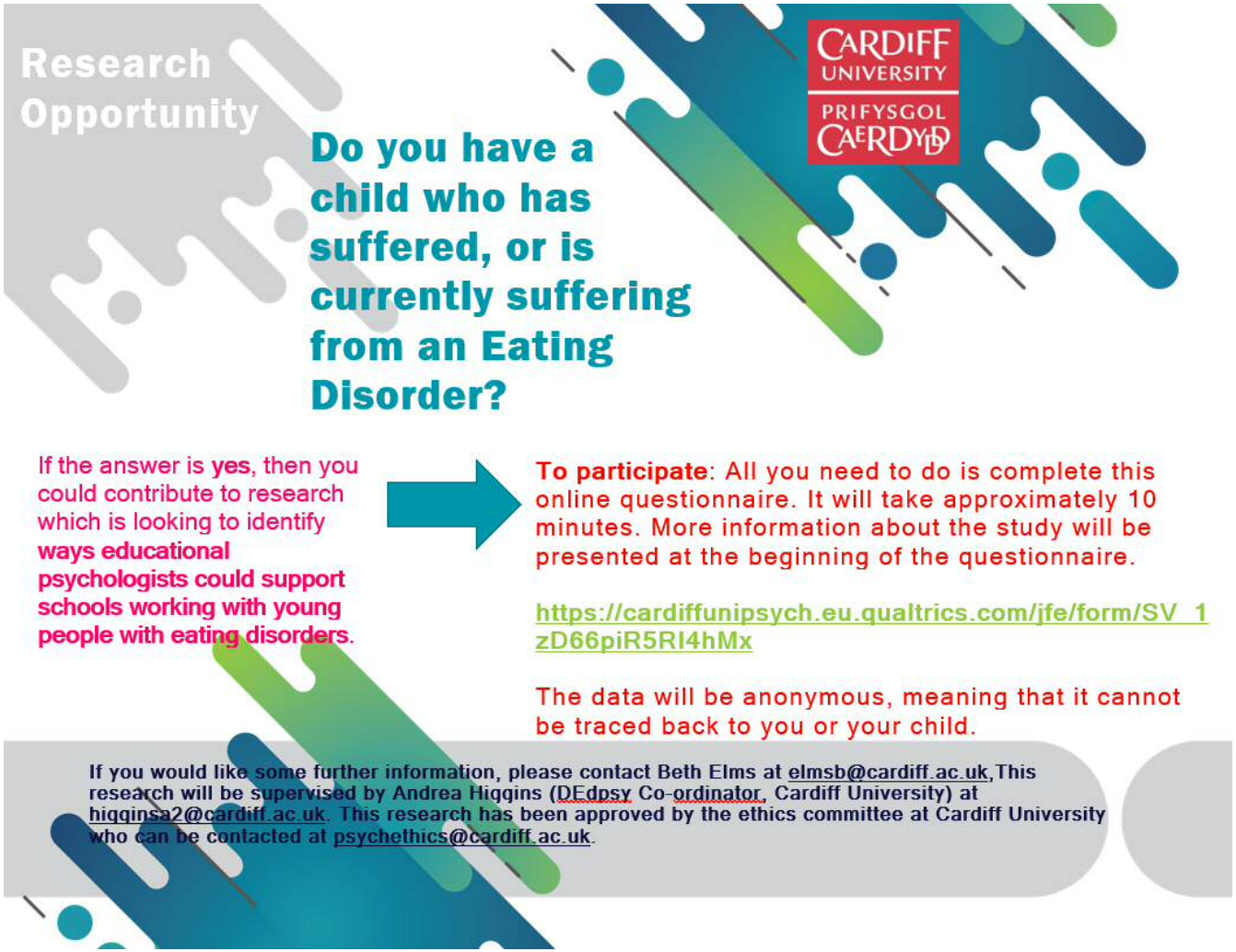
If you are interested in expressing your views based on your experience, you are invited to complete an online questionnaire. This should take approximately 10-15 minutes, and will be anonymous, meaning that the data cannot be traced back to you individually. All participating parents must have had/has a child with an eating disorder. You will be provided with more information at the beginning of the questionnaire, and asked to give your consent before completing it.

To participate in this research, please click on the link provided, and complete the online questionnaire (insert link).

If you would like further information, please contact Bethany Elms at elmsb@cardiff.ac.uk. This research will be supervised by Andrea Higgins (DEdpsy Co-ordinator, Cardiff University) at higginsa2@cardiff.ac.uk. This research has been approved by the ethics committee at Cardiff University who can be contacted at psychethics@cardiff.ac.uk.

Sample rationale: Why must I be a parent of a child who has/has had an eating disorder? This research will focus on the support in schools for young people with eating disorders; therefore parents who have experienced this first hand will provide a better understanding of the practice in schools in this area.

Appendix 8: Poster for ED Websites



Appendix 9: Gatekeeper Letter for EPS'

Dear Sir/Madam,

I am a trainee educational psychologist studying at Cardiff University. As part of my course, I am looking to conduct my thesis on identifying ways educational psychologists could support schools working with young people with eating disorders.

I am writing to ask for permission to collect the views of the educational psychologist's in your Educational Psychology Service.

The overall project is in two parts. Phase one will include an online questionnaire completed by school staff, and parents of young people who have/have had an eating disorder. Information elicited from this will be used to create interview questions for educational psychologists that forms Phase two. This will involve interviewing educational psychologists.

I would be most grateful if you could send the Information sheet to all practising educational psychologists in your team. Those who wish to be involved can contact me to organise the interview time, date and venue that is more suitable for them (contact information is provided on the information sheet). The interview will be short (taking approximately 30-45 minutes), conducted by myself. Interviews will be recorded on an encrypted device, stored in a secure, password protected file to ensure confidentially. They will be transcribed and then made anonymous within two weeks at which point the recording will be destroyed. Participants have a right to withdraw their data at any time throughout the process, until their data is anonymised.

The information obtained will be collated and analysed, forming part of my final research report. You may have a summary of the research findings if you wish. The research may be written up for publication or presented at a conference or workshop.

If you are happy for your service to be involved, I would be very grateful if you could send the information sheet to the educational psychologists working in your team, inviting them to participate in my research, should they wish to do so.

The project has been approved by the Cardiff University Ethics Committee, and there are very little risks of involvement. The data controller is Cardiff University and the Data Protection Officer is Matt Cooper (CooperM1@cardiff.ac.uk). The lawful basis for the processing of the data you provide is consent**.**

If you would like further information, please email myself elmsb@cardiff.ac.uk or contact

	Researcher: Bethany Elms	Supervisor: Andrea Higgins
Address	School of Psychology, Cardiff University Tower Building Park Place Cardiff	School of Psychology, Cardiff University Tower Building Park Place Cardiff
Post code	CF10 3AT	CF10 3AT
Position	Postgraduate student	Research supervisor
Email address	ElmsB@cardiff.ac.uk	HigginsA2@cardiff.ac.uk

my research supervisor, Andrea Higgins, higginsa2@cardiff.ac.uk.

Thank you for taking the time to consider my request. I would be very grateful for your support and participation.

With kind regards,

Bethany Elms

The project has been reviewed and ethically approved by the School of Psychology's School Research Ethics Committee. If you have any concerns or complaints about this research, please contact:

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Park Place
Cardiff
CF10 3AT

Tel: 029 2087 0360
Email: psychethics@cardiff.ac.uk

Appendix 10: Information Sheet for School Staff and Parents (presented before the questionnaire)

Dear Sir/Madam,

I am a trainee educational psychologist studying at Cardiff University. As part of my course, I am looking to conduct my thesis on identifying ways educational psychologists can support schools working with young people with eating disorders.

I am writing to enquire whether you would be willing to participate in this research.

Title: Identifying ways educational psychologists can support schools working with young people with eating disorders.

About the study: This research seeks to identify how educational psychologists can support schools in working with students who have an eating disorder. It will initially focus on the current practice in UK secondary schools, and the support schools and parents would like to receive. This will be followed by interviews with educational psychologists about how they could provide this support.

Participation is voluntary, and will involve a short questionnaire (approximately 10-15 minutes). Please could you answer the questions as fully as possible, as this will provide more ideas and information about the topic. You can choose not to answer any questions. You will be able to withdraw from the survey at any point up until the point it is submitted.

Anonymity: The data from the questionnaires will be collected anonymously; therefore cannot be linked back to any individuals, or institutions.

Use of data: The data collected will be used to understand how educational psychologists could work with schools to support students with an eating disorder. It is hoped that this information could help to inform the future practice of educational psychologists. The research may be written up for publication or presented at a conference or workshop.

Ethics: The project has been approved by the Cardiff University Ethics Committee. The data controller is Cardiff University and the Data Protection Officer is Matt Cooper (CooperM1@cardiff.ac.uk). The lawful basis for the processing of the data you provide is consent. In order for you to participate I will need to gain informed consent through asking you to show that you understand what I will be asking of you; this will be at the beginning of the questionnaire, and achieved through clicking the 'agree' option.

To participate: To participate in this research, please complete the questionnaire. The link has been sent to the school's head teacher or relevant websites, and is included in this sheet (input link for questionnaire). For further information, please email elmsb@cardiff.ac.uk or my research supervisor, Andrea Higgins, higginsa2@cardiff.ac.uk.

Thank you for taking the time to consider my request. I would be very grateful for your support and participation.

With kind regards,
Bethany Elms

	Researcher: Bethany Elms	Supervisor: Andrea Higgins
Address	School of Psychology, Cardiff University Tower Building Park Place Cardiff	School of Psychology, Cardiff University Tower Building Park Place Cardiff
Post code	CF10 3AT	CF10 3AT
Position	Postgraduate student	Research supervisor
Email address	ElmsB@cardiff.ac.uk	HigginsA2@cardiff.ac.uk

The project has been reviewed and ethically approved by the School of Psychology's School Research Ethics Committee. If you have any concerns or complaints about this research, please contact:

Secretary of the Ethics Committee
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT

Tel: 029 2087 0360
Email: psychethics@cardiff.ac.uk

Appendix 11: Debrief Sheet for Parents and School Staff (at the end of the questionnaire)

Thank you for participating in this study. Here is some information about the research I am undertaking.

Title: Identifying ways educational psychologists can support schools working with young people with eating disorders.

About the study: The current research seeks to explore ways educational psychologists can work with young people, families and schools around eating disorders.

An online questionnaire was sent school staff, and parents of children who have/have had an eating disorder; participants were asked about the current practice in schools, and what support would be beneficial for schools. Information from the questionnaire was used to inform interviews with educational psychologists, to explore and how they could address the areas highlighted.

Use of data: The data collected will be used to further understand how educational psychologists could work with schools in supporting young people with eating disorders, so informing future practice of the profession.

Anonymity: The data from the questionnaires will be collected anonymously; therefore the information cannot be traced back to individuals, or institutions. Participants have a right to withdraw their data at any time throughout the process, until they submit their data, as it will be impossible to identify an individual's data.

Signposting: If you are finding that you would benefit from further support in this area, you can gather more information on websites around eating disorders such as https://www.beateatingdisorders.org.uk/support-services/online-groups.

Contact details: If you wish to contact me or my supervisor, our contact details are below.

	Researcher: Bethany Elms	Supervisor: Andrea Higgins
Address	School of Psychology, Cardiff University Tower Building Park Place Cardiff	School of Psychology, Cardiff University Tower Building Park Place Cardiff
Post code	CF10 3AT	CF10 3AT
Position	Postgraduate student	Research supervisor
Email address	ElmsB@cardiff.ac.uk	HigginsA2@cardiff.ac.uk

Thank you once again for taking the time to participate in this piece of research.

The project has been reviewed and ethically approved by the School of Psychology's School Research Ethics Committee. If you have any concerns or complaints about this research, please contact:

Secretary of the Ethics Committee
School of Psychology
Cardiff University
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Appendix 12: Informed Consent and Online Questionnaire

Identifying ways that educational psychologists could support schools in working with young people with eating disorders

Please note: There are two separate sets of questions, based on whether participants are school staff or parents. School staff will be directed to questions 3-32. Parents will be directed to questions 33-59.

Start of Block: Default Question Block

Q1

Thank you for agreeing to take part in this research.

Please read the Statements below, and click 'submit' if you agree to all of the following:

1. I understand that my participation in this project will involve completing an online questionnaire (taking approximately 10-15 minutes) about my views on the current practice in schools in the management of eating disorders, and support that I may feel is needed.

2. I understand that participation in this study is entirely voluntary and that I can withdraw at any time up until I submit my information.

3. I understand that can refuse to answer any questions.

4. I understand that the information provided by me will be collected anonymously.

5. I also understand that at the end of the study I will be provided with additional information and feedback about the purpose of the study.

- ○ Agree, and submit (1)
- ○ Do not agree (2)

Skip To: End of Block If Thank you for agreeing to take part in this research. Please read the Statements below, and... = Do not agree

Display This Question:

If Thank you for agreeing to take part in this research. Please read the statements below, and... = I agree

Q2 Please identify your role

- ○ I am a member of staff in a school
- ○ I am a parent /carer of a child who had/has an eating disorder

---

Display This Question:

If Please identify your role = I am a member of staff in a school

Q3 The gender I identify most with is:

- ○ Male
- ○ Female
- ○ Transgender Female
- ○ Transgender Male
- ○ Gender Variant/Non-conforming
- ○ Not listed _____

Display This Question:

If Please identify your role = I am a member of staff in a school

Q4 Where is your school located?

- ○ Wales
- ○ Scotland
- ○ East of England
- ○ East Midlands
- ○ London (Greater London)
- ○ North East England
- ○ North West England
- ○ South East England
- ○ South West England
- ○ West Midlands
- ○ Yorkshire and the Humber
- ○ Other _____

Display This Question:

If Please identify your role = I am a member of staff in a school

Q5 What type of school do you work in?

- ○ Private
- ○ Comprehensive
- ○ Grammar
- ○ Faith
- ○ Academy/Free school
- ○ Other _____

Display This Question:

If Please identify your role = I am a member of staff in a school

Q6 What is your role in school?

- ○ Teacher
- ○ Teaching assistant
- ○ Head /deputy head teacher
- ○ Pastoral
- ○ School nurse
- ○ House/boarding parent
- ○ Other _____

Display This Question:

If Please identify your role = I am a member of staff in a school

Q7 How long have you worked in a secondary school setting?

- ○ Less than 5 years
- ○ 5-10 years
- ○ More than 10 years

Display This Question:

If Please identify your role = I am a member of staff in a school

Q8 Are you aware of any young people in your school with eating disorders? Tick all answers that apply:

- ○ Yes, currently
- ○ Yes, previously
- ○ Unsure
- ○ No

Display This Question:

If Please identify your role = I am a member of staff in a school

Q9 In your view, do you consider that it is part of the school's role to support any pupil who has an eating disorder?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a member of staff in a school

Q10 How important do you feel it is for school staff to have an understanding of the potential impact of eating disorders on the education of a young person?

- Very important
- Somewhat important
- Not at all important
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a member of staff in a school

Q11 Staff in my school are sympathetic towards young people with an eating disorder.

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

Display This Question:

If Please identify your role = I am a member of staff in a school

Q12 Staff in my school are aware of the support needs of young people with eating disorders:

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

Display This Question:

If Please identify your role = I am a member of staff in a school

Q13 The support that my school gives young people with eating disorders is:

- Effective
- Neither effective not ineffective
- Not effective at all
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a member of staff in a school

Q14 The types of support offered include (tick all that apply):

- Counselling services
- Sign-posting to relevant services
- Well-being sessions
- Pastoral
- Reasonable adjustments
- Other (please state) _____

Display This Question:

If Please identify your role = I am a member of staff in a school

Q15 Are intervention programs around eating disorders being run in the school?

- ○ Yes
- ○ No
- ○ Not at the present time but they have been in the past
- ○ If you wish, please add a comment:

_____

Display This Question:

If Are intervention programs around eating disorders being run in the school? = Yes

Q16 Please name the programmes.

- ● 1 _____
- ● 2 _____
- ● 3 _____

Display This Question:

If Please identify your role = I am a member of staff in a school

Q17 Does your school organise individual therapy sessions for pupils with eating disorders?

- ○ Yes
- ○ Occasionally
- ○ No

Display This Question:

If Please identify your role = I am a member of staff in a school

Q18 Does your school have policies that address the needs of a young person with an eating disorder e.g attendance, well-being and /or additional needs?

- ○ Yes
- ○ No
- ○ Unsure

Display This Question:

If Please identify your role = I am a member of staff in a school

Q19 How effective are these policies in ensuring that young people with eating disorders are able to engage actively in day to day school life?

- ○ Effective
- ○ Neither effective nor ineffective
- ○ Ineffective
- ○ If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a member of staff in a school

Q20 How effectively does your school support the reintegration of pupils with eating disorders, who have been absent for an extended period of time (e.g. due to hospitalization)?

- Effectively
- Neither effectively nor ineffectively
- Ineffectively
- Not applicable
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a member of staff in a school

Q21 Do you think that educating pupils about eating disorders would be beneficial as a preventative measure?

- Definitely
- Possibly
- Unlikely
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a member of staff in a school

Q22 How much preventative work on eating disorders does your school do?

- A lot
- A little
- None at all
- It has not been considered
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a member of staff in a school

Q23 Do you think that schools should support siblings of young people who have an eating disorder?

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a member of staff in a school

Q24 I have received training on eating disorders within the last five years

- ○ More than the equivalent of one day
- ○ Less than a day of training
- ○ Less than a half day
- ○ None

Display This Question:

If Please identify your role = I am a member of staff in a school

Q72 I have had information on eating disorders, within the last five years.

- ○ Minimal
- ○ Sufficient
- ○ A lot
- ○ None

Display This Question:

If Please identify your role = I am a member of staff in a school

Q25 I feel that receiving training/ information about eating disorders would be useful in my role.

- Extremely useful
- Very useful
- Moderately useful
- Not useful
- If you wish, please add a comment:
_____

Display This Question:

If Please identify your role = I am a member of staff in a school

Q26 What training/ information would you like to receive?

- Awareness training about identification/ causes and risk factors for eating disorders
- The impact of an eating disorder for young people e.g on well-being
- Effectively supporting pupils with eating disorders
- Other (please state) _____

Display This Question:

If Please identify your role = I am a member of staff in a school

Q27 Some people have suggested that the topic of eating disorders appears to be regarded as a 'taboo' subject by school staff. Do you:

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a member of staff in a school

Q28 I feel confident discussing concerns about an eating disorders with parents of pupils.

- Clearly describes my feelings
- Slightly describes my feelings
- Does not describe my feelings
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a member of staff in a school

Q29 How important is it for school staff and parents to work collaboratively to help the pupil with an eating disorder?

- ○ Very important
- ○ A little important
- ○ Neither important nor not important
- ○ Not at all important
- ○ Unsure

Display This Question:

If Please identify your role = I am a member of staff in a school

Q30 As professionals working with young people with an eating disorder, staff should be supported.

- ○ Agree
- ○ Neither agree nor disagree
- ○ Disagree

Display This Question:

If As professionals working with young people with an eating disorder, staff should be supported. = Agree

Q31 What form of support do you feel may be useful?

_____

Display This Question:

If Please identify your role = I am a member of staff in a school

Q32 I believe that the three most important ways to support a young person with an eating disorder in school are:

- 1 _____
- 2 _____
- 3 _____

Skip To: End of Survey If Condition: I believe that the three mo... Is Equal to. Skip To: End of Survey.

Questions for parents begin at Q33.

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q33 I am a

- Mother
- Father
- Carer
- Other _____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q34 Where is/was your child's school located?

- ○ Wales
- ○ Scotland
- ○ East of England
- ○ East Midlands
- ○ London (Greater London)
- ○ North East England
- ○ North West England
- ○ South East England
- ○ South West England
- ○ West Midlands
- ○ Yorkshire and the Humber
- ○ Other _____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q35 What type of a school does/did your child attend?

- ○ Private
- ○ Comprehensive
- ○ Grammar
- ○ Faith
- ○ Academy/Free school
- ○ Other _____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q36 How important do you feel it is for schools to support pupils with eating disorders?

- ○ Very important
- ○ A little important
- ○ Neither important nor not important
- ○ Not at all important

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q37 I think that most schools are currently providing adequate support for young people with eating disorders.

- Strongly Agree
- Some what agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly Disagree
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q38 My child's school did/does try to actively prevent the onset of eating disorders.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly Disagree
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q39 The staff in my child's school are/were knowledgeable about eating disorders.

- Strongly Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly Disagree
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q40 My child's school provided me with information about eating disorders.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q41 The support from school received by my child regarding his/her eating disorder was:

- Effective
- Neither effective nor ineffective
- Ineffective
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q42 My child's school were/are concerned for my child's well-being.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q43 My child's school is supporting/supported my child with the management of his/her eating disorder.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q44 My child's school organised/provided an opportunity for my child to receive individual support (e.g. from a practitioner psychologist).

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q45 Staff from my child's school were involved in multi-disciplinary meetings (meetings involving other professionals)

- Always
- Most of the time
- Sometimes
- Never
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q46 If your child had a period of absence from school due to his /her eating disorder (e.g. due to hospitalization), the level of support provided by the school to manage his /her reintegration was:

- A lot
- A moderate amount
- A little
- None at all
- Not applicable
- If you wish, please add a comment

_____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q47 It is important for schools to support families of young people with eating disorders.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q48 I feel that my child's school has/had a positive attitude towards me as a parent

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q49 How effective is/was your child's school in supporting you/your family?

- Effective
- Neither effective nor ineffective
- Ineffective
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q50 I believe that siblings of a young person with an eating disorder should receive support.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q51 What ways could schools support siblings of young people with eating disorders?

_____

_____

_____

_____

_____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q52 As a parent, I feel that I should/could have received better support from my child's school.

- Clearly describes my feelings
- Neither does or does not describes my feelings
- Does not describe my feelings
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q53 What support would you like/liked to have had as a parent?

- 1 _____
- 2 _____
- 3 _____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q54 I would be/would have been interested in attending workshops/talks around supporting young people with an eating disorder.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q55 School staff should be involved in multi-disciplinary meetings around eating disorders (meeting involving professionals working to support a child).

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q56 Schools need to increase awareness of the challenges faced by young people with eating disorders.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q57 It is important for schools to ensure that the curriculum addresses eating disorder prevention.

- Very important
- A little important
- Neither important nor not important
- Not at all important
- If you wish, please add a comment:

_____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q58 How could schools better support pupils to reduce the risks of eating disorders developing? Tick all that apply:

- Supporting students in managing stress and anxiety
- Healthy eating information
- Introducing Mindfulness
- Building resilience
- Work on positive body image
- Learning how to manage social media
- Other _____

Display This Question:

If Please identify your role = I am a parent / carer of a child who had/has an eating disorder

Q59 I believe that the most effective ways to support a young person with an eating disorder in school are:

- 1 _____
- 2 _____
- 3 _____

End of Block: Default Question Block

Appendix 13: Information Sheet for Educational Psychologists

Dear Sir/Madam,

I am a trainee educational psychologist studying at Cardiff University. As part of my course, I am looking to conduct my thesis on identifying ways educational psychologists can support schools in working with young people with eating disorders.

I am writing to enquire whether you would be willing to participate in this research.

Title: Identifying ways that Educational psychologists could support schools in working with young people with eating disorders.

About the study: This research seeks to identify how educational psychologists can support schools in working with students who have an eating disorder. It will initially focus on the current practice in UK secondary schools, and the support schools and parents would like to receive. This will be followed by interviews with educational psychologists about how they could provide this support.

The research will involve a short interview (approximately 30-45 minutes), conducted by myself. Questions will be based on what type of support educational psychologist could provide in schools, working around young people with eating disorders. Participation is voluntary. Should you agree to being interviewed please contact me using the contact details included at the end of this sheet. Interviews will take place at a time, date and location which is convenient for you.

Confidentiality: Interviews will be recorded on an encrypted device, and the data will be stored in a secure, password protected file to ensure confidentiality. Interviews will be transcribed within two weeks at which point they will be made anonymous, and the recording will be destroyed. Participants have a right to withdraw their data up until the point that their data is anonymised.

Use of data: The data collected will be used to understand how educational psychologists could work with schools in supporting students who have an eating disorder. It is hoped that this information could help inform future practice. The research may be written up for publication or presented at a conference or workshop.

Ethics: The project has been approved by the Cardiff University Ethics Committee. The data controller is Cardiff University and the Data Protection Officer is Matt Cooper (CooperM1@cardiff.ac.uk).

The lawful basis for the processing of the data you provide is consent**.** In order for you to participate I will need to gain informed consent through asking you to sign a form showing you understand what I will be asking of you.

To participate: To indicate your consent to participate in this research, please email elmsb@cardiff.ac.uk . For further information, contact myself or speak with my research supervisor, Andrea Higgins, higginsa2@cardiff.ac.uk.

Thank you for taking the time to consider my request. I would be very grateful for your support and participation.

With kind regards,
Bethany Elms

	Researcher: Bethany Elms	Supervisor: Andrea Higgins
Address	School of Psychology, Cardiff University Tower Building Park Place Cardiff	School of Psychology, Cardiff University Tower Building Park Place Cardiff
Post code	CF10 3AT	CF10 3AT
Position	Postgraduate student	Research supervisor
Email address	ElmsB@cardiff.ac.uk	HigginsA2@cardiff.ac.uk

The project has been reviewed and ethically approved by the School of Psychology's School Research Ethics Committee. If you have any concerns or complaints about this research, please contact:

Secretary of the Ethics Committee
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT

Tel: 029 2087 0360
Email: psychethics@cardiff.ac.uk

Appendix 14: Consent Form for Educational Psychologists

Please read each of the following statements carefully and tick to indicate your agreement.

Statement	**Tick here if you agree**
I understand that my participation in this project will involve taking part in an interview, discussing my views on how educational psychologists can support young people, families and schools around eating disorders that will last for approximately 30-45 minutes.	
I understand that participation in this study is entirely voluntary and I can withdraw from the study at any time before the data is anonymised, without giving a reason. Also, I understand that I can refuse to answer any questions.	
I understand that I am free to ask any questions at any time and I am free to withdraw or discuss my concerns with Beth Elms, or Andrea Higgins, project supervisor at Cardiff University.	
I understand that the interviews will be recorded on an encrypted device, and the data will be stored in a secure, password protected file to ensure confidentiality until the point of transcription. Once transcribed the original recording will be destroyed. Also, I understand that the data will be transcribed and then made anonymous, so that information cannot be traced back to me individually.	
I understand that this information may be retained indefinitely.	
I also understand that at the end of the study I will be provided with additional information and feedback about the purpose of the study.	

If you agree to all of the above statements, please complete the declaration below.

I, _____(NAME) consent to participate in the study conducted by Bethany Elms, School of Psychology, Cardiff University with the supervision of Andrea Higgins.

Signed: _____

Date: _____

Thank you very much for your time.

	Researcher: Bethany Elms	Supervisor: Andrea Higgins
Address	School of Psychology Cardiff University Tower Building Park Place Cardiff CF10 3AT	School of Psychology Cardiff University Tower Building Park Place Cardiff CF10 3AT
Position	Postgraduate student	Research supervisor
Email address	ElmsB@cardiff.ac.uk	HigginsA2@cardiff.ac.uk

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Appendix 15: Inductive Interview Questions

Preamble

Thank you for agreeing to meet with me, and participate in my research.

As you are aware, this study is exploring way Eps can support schools in working with young people with eating disorders.

The work is in two parts. For part one, I have collected data from both parents of young people with eating disorders, and UK secondary school staff; this has identified views about what is currently being done, what the strengths are and where areas could be further developed. I am now undertaking part two, and am hoping to interview six educational psychologists. The purpose is to consider where there is potential for EP input to be further developed. I am hoping you will be able to support me with this.

I would like to remind you that you do not have to answer every question if you do not wish to do so. Furthermore, there are no right or wrong answers, as I am just exploring your thoughts and views.

Before we start, do you have any questions?

Warm up

To begin, **have you had any personal experience in this area?**

Have you been involved in a case with a young person with an eating disorder?

(If yes, please could you tell me about this involvement?)

Knowledge and awareness

The first area that I would like to talk to you about is the knowledge and awareness of those who work in schools regarding eating disorders:

Are you aware of any training in your schools for staff?

(If so, how much training did they have?)

(Do you think this is something that should be developed further?)

(How could this be done?)

What do you think staff should know?

(Why?)

(Could EPs deliver or be involved with this?)

A particular challenge that emerged was the importance of awareness of the challenges faced by pupils with ED and possibly the need for greater levels of more sympathy by school staff?

What are your thoughts/ experiences about this?

82% of parents indicated they would like to attend workshops/talks around supporting young people with eating disorders, also that they would have liked more information from schools about EDs, both prevention and management.

Would you see this as a role for an EP?

(Could you explain this a little)

<u>Prevention</u>

All school staff felt that educating pupils about eating disorders could be beneficial as a preventative measure, but that a very limited amount of preventative work around eating disorders was being completed in schools.

What have you found schools to do regarding prevention of ED?

(Do you think it is important?)

(What do you think schools could do and how could EPs help them with it?)

<u>Support</u>

The majority of teachers felt that those who **work** with a young person with an eating disorder should receive support such as: continual professional development, counselling or being given information.

What is your view about this?

(How do you feel it could be achieved?)

Another area identified as being inadequate at present was the effectiveness of the support offered to young people.

Could EPs work with schools and parents to improve this?

Parents and school staff acknowledged that siblings of YP with ED should be supported too.

Do you consider this an area that needs to be considered more?

The types of support parents reported they would have liked included: better communication with school staff, monitoring/supporting the pupil in school, listening and understanding concerns of parents, and increased information within schools (e.g. having policies).

Do you know of any programmes currently run by EPs which support parents and/or families of children with additional needs/mental health difficulties?

(Do you think EPs could facilitate development in these areas?)

Intervention

According to school staff, the types of support offered to young people with eating disorders include: mindfulness, sign-posting to relevant services, counselling services, and reasonable adjustments.

What are your views in regards to these types of support for eating disorders?

(Is there any support you feel EPs could offer at an individual level?)

Many people in this survey, reported that there were no interventions for eating disorders being run in their schools.

Are you aware of any specific interventions for eating disorders?

What do you feel is important for an intervention to be useful/successful in schools?

Reintegration

Just under half the school staff and many of the parents involved in this survey, did not feel that their school had effectively supported the reintegration of pupils with eating disorders

who had been absent for an extended period of time (for example they had been in in-patient care).

Could / should this be a role for EPs?

(Why/ why not? What could Eps do?)

Policies

Although over half of school based respondents reported that there were policies in their school which address the needs of young people with eating disorders, they were described as being 'neither effective or ineffective'.

What needs to be considered in developing an effective policy for schools in working with young people with eating disorders?

(How could EPs work with schools to help them develop effective policies around eating disorders?)

Work with external agencies

An interesting finding from my survey was that 64% of parents reported that school staff were never involved in multi-disciplinary meetings; however, 96% felt that they should be.

Why do you think this discrepancy exists, and do you think EPs could or should encourage the involvement of school staff in multi-disciplinary meetings?

Conclusion

Thank you for participating in my research. Before we end the interview, is there anything else you feel is important but have not had the chance to discuss today?

Appendix 16: Debrief Form for Educational Psychologists

Thank you for participating in this study. Here is some further information about the research I am undertaking.

Title: Identifying ways that educational psychologists could support schools in working with young people with eating disorders.

About the study: The current research seeks to explore how educational psychologists can work with schools in working with young people with eating disorders.

An online questionnaire was sent to school staff, and parents with children who have/have had an eating disorder; participants were asked about the current practice in schools, and what support would be beneficial for schools. Information from the questionnaires was used to inform interviews with educational psychologists, exploring how they could address the areas.

Use of data: The data collected will be used to further understand how educational psychologists could work with schools in supporting young people with eating disorders, so informing the future practice of the profession.

Confidentiality: Interviews will be recorded on an encrypted device, and the data will be stored in a secure, password protected file to ensure confidentiality. Interviews will be transcribed within two weeks at which point they will be made anonymous. Participants have a right to withdraw their data up until the point that their data is anonymised.

Signposting: If you are finding that you would benefit from further support in this area, you can gather information on websites around eating disorders such as https://www.beateatingdisorders.org.uk/support-services/online-groups.

Contact details: If you wish to contact me or my supervisor, our contact details are below.

	Researcher: Bethany Elms	Supervisor: Andrea Higgins
Address	School of Psychology, Cardiff University Tower Building Park Place Cardiff	School of Psychology, Cardiff University Tower Building Park Place Cardiff
Post code	CF10 3AT	CF10 3AT
Position	Postgraduate student	Research supervisor
Email address	ElmsB@cardiff.ac.uk	HigginsA2@cardiff.ac.uk

If you have any queries regarding the ethical approval for this study, please feel free to contact the School of Psychology Research Ethics Committee at the above address or via telephone (029 208 70360) or email (psychethics@cardiff.ac.uk)

Thank you once again for taking the time to participate in this piece of research.

The project has been reviewed and ethically approved by the School of Psychology's School Research Ethics Committee. If you have any concerns or complaints about this research, please contact:

Secretary of the Ethics Committee
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT

Tel: 029 2087 0360
Email: psychethics@cardiff.ac.uk

Appendix 17: Personal Data Research Form

Researcher responsible for the data: Bethany Elms

Research project name or SREC code: Identifying ways Educational Psychologists could support schools working with young people with eating disorders.

Date: 11/02/19

Description of personal data held or processed. Provide a narrative description of what the data are.	No personal data will be held, apart from participants' names will be provided on the consent form in phase two. The data in phase one is collected anonymously. Data in phase two will be collected in the form of audio recordings of interviews, will be transcribed anonymously after two weeks of the interview.
Information that is being held or processed. Indicate the nature of the data: how could the person be identified and what information is stored alongside that identity.	Recordings of the interviewed participants will be held in a secure, password protected files; however will be destroyed once transcribed (within two weeks of the interview).
When is data collection likely to begin and be completed?	It is anticipated data collection will start in March 2019 and will be completed by January 2020
Number of individuals for whom information will be held.	Between 6 and 10 participants are expected to take part in phase two.
Lawful basis for processing. This will probably be 'Public Interest' or 'Consent'.	Consent
Does the data include special category data (or Criminal offence data)? Special categories include: race, ethnicity, politics, religion, trade union membership, genetics, biometrics, health, sex life or sexual orientation. If yes then is specific consent used to process this information?	No
Length of time personal data will be kept. Personal data should only be kept for as long as necessary. Research data should be anonymised as soon as possible and the length of time before this happens should be communicated to the participant.	Personal data will be held from the time of the interview for one week to allow transcription. As soon as the interviews have been completed and transcribed, identifying data will be destroyed and content will then be held anonymously
What are the data security procedures? Ensure all personal data is kept secure.	All personal data will be stored on password protected computers and transferred using

	encrypted USBs
List CU (Cardiff University) staff who have access to the personal data.	None
Indicate whether all people listed above have completed their mandatory information security training. Available here: https://intranet.cardiff.ac.uk/staff/news/view/211993-information-security-training-when-will-you-complete-yours	
List CU students who have access to the personal data.	I The researcher will be the only one with access to the data
What guidance or training have/will the students receive concerning data security?	The researcher has received training GDPR training whilst on placement in Monmouthshire local authority.
List people external to CU who have access to the personal data. Provide their affiliation	None
What agreements are in place for data security outside of CU?	n/a
Justification for not anonymising these data. Explain why the data are not or cannot be anonymised.	Data in phase one is collected anonymously. Data in phase two will be transcribed anonymously; participants can withdraw their data up until this point.

Appendix 18: Hierarchy of Themes

Theme, subthemes and sub-subthemes are shown using the fading of a particular colour.

Appendix 19: Development of Themes - School Staff

Initial codes Phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
Lack of funding	'the counselling is being cut next year due to funding cuts.'	But need more…	Support	But need more/ funding	Support	But need more/ funding	Support
	'Schools are in crisis in the support they can offer due to massive funding cuts- sadly this would be a step too far'	But need more…	Support	But need more/ funding	Support	But need more/ funding	Support
Working with parents	Alerting families when school identify a problem'	Families	Working together	Families	Working together	Families	Working together
	'Excellent relationship with parents/carers/professionals to all work together to help and support he young person'	Being joined up	Working together	Being joined up	Working together	Professionals	Working together
	'Engagement with parents'	families	Working together	Families	Working together	Families	Working together
	'Communication with families and external agencies'	Being joined up	Working together	Being joined up	Working together	Professionals	Working together
	'to liaise with parents.'	families	Working together	Families	Working together	Families	Working together
	'Work with doctors, parents'	Being joined up	Working together	Being joined up	Working together	Professionals	Working together
	'Individual tailored support with all adhesives, student and families working towards same goal'	Flexible and bespoke	Support	Flexible and bespoke	Support	Flexible and bespoke	Support
	'Working with the individual, their family & friends to help the individual that everyone has their well being at heart.'	Flexible and bespoke	Support	Flexible and bespoke	Support	Flexible and bespoke	Support
	'Family involvement'	families	Working together	Families	Working together	Families	Working together
	'Effective communication between school and parents'	families	Working together	Families	Working together	Families	Working together
Working with external agencies	'Excellent relationship with parents/carers/professionals to all work together to help and support he young person'	Being joined up	Working together	Being joined up	Working together	Families	Working together
	'Communication with families and external agencies'	Being joined up	Working together	Being joined up	Working together	Families	Working together
	'Outside agency involvement'	Professionals	Working together	Professionals	Working together	Professionals	Working together
	'Work with doctors, parents'	Professionals	Working together	Professionals	Working together	Professionals	Working together
	'Working with the individual, their family & friends to help the individual that everyone has their well being at heart.'	Being joined up	Working together	Being joined up	Working together	Young people	Working together
	'Outside agence specialist support,'	Professionals	Working together	Professionals	Working together	Professionals	Working together
	'Camhs sharing information'	Professionals	Working together	Professionals	Working together	Professionals	Working together
	'support from a psychologist/medical	Professionals	Working together	Professionals	Working together	Professionals	Working together

Initial codes Phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
	professional'						
	'make sure they know who to contact to get professional help'	Interventions / signposting	Support	Interventions	Support	Interventions	Support
Supporting pupils in school	'our curriculum is unique to every learner, we support them mentally and physically'	Teaching	School systems	teaching	school systems	Student knowledge and understanding	school systems
	'Every effort is made to accommodate the needs and recommendations - Depending on the individual and their progress, the success rate can vary.'	Flexible and bespoke	Support	Flexible and bespoke	Support	Flexible and bespoke	Support
	'We teach healthy eating and wellbeing but at a basic KS1 SEN level. I'm not sure what KS2 teach around this topic'	Teaching	School systems	teaching	school systems	Student knowledge and understanding	school systems
	'changes to school day/timetable. Flexible learning'	Flexible and bespoke	Support	Flexible and bespoke	Support	Flexible and bespoke	Support
	'learning coach to help facilitate learning and support academically'	Interventions	Support	Interventions	Support	Interventions	Support
	'Allow for modifications to the curriculum as appropriate'	Flexible and bespoke	Support	Flexible and bespoke	Support	Flexible and bespoke	Support
	'Having a safe place to go in school'	Flexible and bespoke	Support	Flexible and bespoke	Support	Flexible and bespoke	Support
	'Individual tailored support'	Flexible and bespoke	Support	Flexible and bespoke	Support	Flexible and bespoke	Support
	'Adapted timetable'	Flexible and bespoke	Support	Flexible and bespoke	Support	Flexible and bespoke	Support
	'School ethos is a welcoming safe space that here to listen and not judge'	Ethos	School systems	Ethos	school systems	Ethos	school systems
	'well planned reintegration'	Interventions	Support	Interventions	Support	Interventions	Support
	'Change and adapt timetable to meet the needs of the young person.'	Flexible and bespoke	Support	Flexible and bespoke	Support	Flexible and bespoke	Support
	supportive staff and pupils	Ethos	School systems	Ethos	school systems	Ethos	school systems
	'Individual tailored support with all adhesives, student and families working towards same goal'	Flexible and bespoke	Support	Flexible and bespoke	Support	Flexible and bespoke	Support
	'Whole school support'	Ethos	School systems	Ethos	school systems	Ethos	school systems
	'Positive role model'	Ethos	School systems	Ethos	school systems	Ethos	school systems
	'Academic and pastoral support'	Teaching	School systems	teaching	school systems	Student knowledge and understanding	school systems
	'Working with the individual, their family & friends to help the individual that everyone has their well being at heart.'	Flexible and bespoke	Support	Flexible and bespoke	Support	Flexible and bespoke	Support

Initial codes Phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
	‘Adaptation’	Flexible and bespoke	Support	Flexible and bespoke	Support	Flexible and bespoke	Support
	‘healthy living examples’	Peers	Support	Peers	Support	Student knowledge and understanding	school systems
	‘In PSHE lessons’	Teaching	School systems	teaching	school systems	Student knowledge and understanding	school systems
	‘Learning needs’	Teaching	School systems	teaching	school systems	Student knowledge and understanding	school systems
Working involving peers	engaging the whole friendship group’	Peers	Support	Peers	Support	Student knowledge and understanding	school systems
	‘Peers aware of eating disorders cause and effects’	Peers	Support	Peers	Support	Student knowledge and understanding	school systems
	‘Friends of the individual who are concerned that there may be a problem, must feel they can raise their fears with adults in their school knowing that they will be taken seriously’	Peers	Support	Peers	Support	Student knowledge and understanding	school systems
	‘Social needs’	Peers	Support	Peers	Support	Student knowledge and understanding	school systems
	‘Making all students aware in signs in others’	Peers	Support	Peers	Support	Student knowledge and understanding	school systems
	‘Working with the individal, their family & friends to help the individual that everyone has their well being at heart.	Young people	Support	Young people	working together	Young people	working together
Individual therapy	‘Counselling’	Interventions	Support	Interventions	Support	Interventions	Support
	‘Medical help’	Interventions	Support	Interventions	Support	Interventions	Support
	‘Diagnosis’	Interventions	Support	Interventions	Support	Interventions	Support
	‘Counselling’	Interventions	Support	Interventions	Support	Interventions	Support
	‘Counselling’	Interventions	Support	Interventions	Support	Interventions	Support
	‘Open sessions’	Interventions	Support	Interventions	Support	Interventions	Support
ED are complex	‘Some may be helped. It will depend on the severity of the mental health/anxiety/circumstances of the individual.’	Can't use this. Not a theme but a one off	?				
Lack of awareness/experience	‘I'm not sure’	Awareness, knowledge and understanding	Support	Awareness, knowledge and understanding	Support	But need more/ 'Effective training'	Support
	‘I'm not sure I'm newly qualified so have not come across of anyone with a eating disorder as of yet’	Can't use this. Not a theme but a one off	?	Awareness, knowledge and understanding	Support	But need more/ 'Effective training'	Support
	‘I'm not sure’	Awareness, knowledge and	Support	Awareness, knowledge and	Support	But need more/ 'Effective training'	Support

Initial codes Phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
		understanding		understanding			
	‘Im not sure. We teach healthy eating and wellbeing but at a basic KS1 SEN level. I’m not sure what KS2 teach around this topic’	Teaching	School systems	teaching	school systems	Student knowledge and understanding	school systems
	‘Awareness’	Awareness, knowledge and understanding	Support	Awareness, knowledge and understanding	Support	But need more/ 'Effective training'	Support
	‘Awareness’	Awareness, knowledge and understanding	Support	Awareness, knowledge and understanding	Support	But need more/ 'Effective training'	Support
Need for empathy/meeting CYP’s emotional needs	‘Tolerance’	Awareness, knowledge and understanding	Support	Awareness, knowledge and understanding	Support	But need more/ 'Effective training'	Support
	‘Acceptance’	Awareness, knowledge and understanding	Support	Awareness, knowledge and understanding	Support	But need more/ 'Effective training'	Support
	‘Emotional needs’	Awareness, knowledge and understanding	Support	Awareness, knowledge and understanding	Support	But need more/ 'Effective training'	Support
	‘Passive support’	Awareness, knowledge and understanding	Support	Awareness, knowledge and understanding	Support	But need more/ 'Effective training'	Support
	‘Help the child deal with causes behind disorder’	Awareness, knowledge and understanding	Support	Awareness, knowledge and understanding	Support	But need more/ 'Effective training'	Support
	‘Encouragement’	Awareness, knowledge and understanding	Support	Awareness, knowledge and understanding	Support	But need more/ 'Effective training'	Support
	‘Patience’	Awareness, knowledge and understanding	Support	Awareness, knowledge and understanding	Support	But need more/ 'Effective training'	Support
	‘building confidence and self esteem’	Awareness, knowledge and understanding	Support	Interventions	Support	Interventions	Support
	‘make sure they know they are valued’	Flexible and bespoke	Support	Young people	Working together	Young people	Working together
Lack of knowledge/confidence	‘How to approach the topic in our current situation between teacher and student while maintaining confidentiality without unknowingly breaching it’	But need more…	Support	But need more/ training	Support	But need more/ 'Effective training'	Support
	'Information,strategies for support.’	But need more…	Support	But need more/ training	Support	But need more/ 'Effective training'	Support

Initial codes Phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
	‘Advice on correct course of action. Liason with an SLT member’	But need more…	Support	But need more/ training	Support	But need more/ 'Effective training'	Support
	‘Regular CPD’	But need more…	Support	But need more/ training	Support	But need more/ 'Effective training'	Support
	‘Information- to effectlily support the student- needs all parties working collaboratively to be successful’	But need more…	Support	But need more/ training	Support	But need more/ 'Effective training'	Support
	‘Inform staff’	But need more…	Support	But need more/ training	Support	But need more/ 'Effective training'	Support
	‘Understand causes behind disorder’	But need more…	Support	But need more/ training	Support	But need more/ 'Effective training'	Support
	‘Understanding’	But need more…	Support	But need more/ training	Support	But need more/ 'Effective training'	Support
	‘Identifying’	But need more…	Support	But need more/ training	Support	But need more/ 'Effective training'	Support
	‘Training in all schools’	But need more…	Support	But need more/ training	Support	But need more/ 'Effective training'	Support
	‘More training / discussion on the subject’	But need more…	Support	But need more/ training	Support	But need more/ 'Effective training'	Support
	‘Counselling. Being trained in mental health first aid’	But need more…	Support	But need more/ training	Support	But need more/ 'Effective training'	Support
	‘Training’	But need more…	Support	But need more/ training	Support	But need more/ 'Effective training'	Support
	‘A ‘specialist’ among the staff’	But need more…	Support	Identified key person	School systems	Identified key person	School systems
	‘Effective training’	But need more…	Support	But need more/ training	Support	But need more/ 'Effective training'	Support
Emotional support for staff	‘Counselling’	But need more…	Support	Interventions	Support	Interventions	Support
	‘support/Counselling or staff who are liaising with support in place’	But need more…	Support	Interventions	Support	Interventions	Support
	‘Counselling. Being trained in mental health first aid’	But need more…	Support	Interventions	Support	Interventions	Support
	‘Counselling’	But need more…	Support	Interventions	Support	Interventions	Support
Relationships with pupils	‘Developing a relationship where they feel able to come and talk to you about their thoguhts and concerns.’	Young people	Working together	Young people	working together	Young people	working together
	‘Talk’	Young people	Working together	Young people	working together	Young people	working together
	‘Making them feel like they have support without guilt’	Young people	Working together	Young people	working together	Young people	working together
	‘Providing opportunities for open frank discussion with the individual & a member of staff	Young people	Working together	Young people	working together	Young people	working together

Initial codes Phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
	they trust'						
	'School ethos is a welcoming safe space that is here to listen and not judge'	Ethos	School systems	Ethos	school systems	Ethos	school systems
	'give them opportunity to talk about the reasons for their problem'	Young people	Working together	Young people	working together	Young people	working together
	'Friends of the individual who are concerned that there may be a problem, must feel they can raise their fears with adults in their school knowingthat they will be taken seriously'	Peers	Support	Peers	Support	Student knowledge and understanding	school systems
	'provide a base/link person for support for the individual and to liaise with parents.'	But need more…	Support	Identified key person	School systems	Identified key person	School systems
	'make sure they know who to contact to get professional help'	Being joined up	Working together	Being joined up	Working together	Professionals	Working together
Communication/support between staff members	'Information- to effectlily support the student- needs all parties working collaboratively to be successful'	But need more…	Support	Being joined up	Working together	But need more/ 'Effective training'	Support
	'Having a staff emllmember to talk to'	identified key person	?	Identified key person	school systems	Identified key person	school systems
	'Form tutor'	identified key person	School systems	Identified key person	school systems	Identified key person	school systems
	'Pastoral staff'	identified key person	School systems	Identified key person	school systems	Identified key person	school systems
	'Support from senior management'	identified key person	School systems	Identified key person	school systems	Identified key person	school systems
	'Senior leader link'	identified key person	School systems	Identified key person	school systems	Identified key person	school systems
	'Advice on correct course of action. Liason with an SLT member'	identified key person	School systems	Identified key person	school systems	Identified key person	school systems
	'Senior managements support'	identified key person	School systems	Identified key person	school systems	Identified key person	school systems
	'A 'specialist' among the staff'	identified key person	School systems	Identified key person	school systems	Identified key person	school systems
Anxiety for kids	'children…who have issues with food and if I didn't consider this it would cause massive anxiety for the child'	Not sure where to put these.	?	Awareness, knowledge and understanding	Support	Young people	Working together
	'Some may be helped. It will depend on the severity of the mental health/anxiety/circumstances of the individual.'	Not sure where to put these.	?	Awareness, knowledge and understanding	Support	Young people	Working together
Not enough	funding cuts make this difficult	But need more…	Support	But need more/ funding	Support	But need more/ funding	Support
	Support for staff	But need more…	Support	Ethos	School systems	Ethos	School systems
Data collected	Knowledge and understanding	Awareness,	Support	Awareness,	Support	But need more/	Support

Initial codes Phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
following initial coding	of ED	knowledge and understanding		knowledge and understanding		'Effective training'	
	More home-school communication (with parents)	Families	Working together	Families	Working together	Families	Working together
	Support/communication from external agencies	Professionals	Working together	Professionals	Working together	Professionals	Working together
	More staff training	Awareness, knowledge and understanding	Support	But need more/ training	Support	But need more/ 'Effective training'	Support
	More support for school staff	Ethos	School systems	Ethos	school systems	Ethos	school systems
	More curriculum modifications/flexibility	Teaching	School systems	teaching	school systems	Student knowledge and understanding	school systems
	Support between school staff	being joined up	Working together	Ethos	School systems	Ethos	School systems
	Whole school approach	Ethos	School systems	Ethos	school systems	Ethos	school systems
	Better relationships between staff and pupils	Young people	Working together	Ethos	school systems	Ethos	school systems
	Funding is the issue	But need more…	Support	But need more/ funding	Support	But need more/ funding	Support
	main person who knows about eating disorders	identified key person	School systems	Identified key person	school systems	Identified key person	school systems

Appendix 20: Development of Themes - Parents

Initial code phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
Inconsistent support	'My daughters school was excellent but parents at support group had varied experiences'	Falls short of what is needed / inconsistency	School and support offered	falls short/ inconsistent	Schools and support offered	falls short/ limited	The needs of YP with an ED
	'Found support at my child's school for ED variable.'	Falls short of what is needed / inconsistency	School and support offered	falls short/ inconsistent	Schools and support offered	falls short/ limited	The needs of YP with an ED
	No specific ED support however good response if I contacted them regarding specific situations. e.g. lots of food available at revision sessions'	Falls short of what is needed / inconsistency	School and support offered	falls short/ inconsistent	Schools and support offered	falls short/ limited	The needs of YP with an ED
	'We had good support during her reintegration to school'	Reintegration	School and support offered	reintegration	Schools and support offered	reintegration	The needs of YP with an ED
Not enough support	'As much as we talk about it there isn't enough support for people dealing with one	Falls short of what is needed / limited	School and support offered	Falls short/ limited	Schools and support offered	falls short/ limited	The needs of YP with an ED
	'Support with bullying which led to anxiety andthe eating disorder'	Falls short of what is needed / managing peers	School and support offered	falls short/ managing peers	Schools and support offered	falls short/ managing peer negativity	The needs of YP with an ED
	'a school policy on supporting a child with an ED - they have them for bullying so why not?'	Policy	School and support offered	policy	Schools and support offered	a safe and positive place	The needs of YP with an ED
	'Support integration back to school'	Reintegration	School and support offered	reintegration	Schools and support offered	reintegration	The needs of YP with an ED
	'Help once back at school'	Reintegration	School and support offered	reintegration	Schools and support offered	reintegration	The needs of YP with an ED
	'Help reintergrating my child after hospitalisation'	Reintegration	School and support offered	reintegration	Schools and support offered	reintegration	The needs of YP with an ED
	'Her current school (sixth form) took her off the school roll while in hospital for anorexia'	Policy	School and support offered	policy	Schools and support offered	a safe and positive place	The needs of YP with an ED
	'More support around mealtimes'	The need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ meal times	Schools and support offered	Individualised support	The needs of YP with an ED
	'Support networks to include meals and snacks when children are struggling'	The need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ academic subjects	Schools and support offered	Individualised support	The needs of YP with an ED
	'More regular and	Falls short of what is	School and support	falls short/ inconsistent	Schools and support	falls short/ limited	The needs of YP with

Initial code phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
	structured support'	needed / inconsistency	offered		offered		an ED
	''Not really, they [school] have attended one CPA meeting whilst she has been in hospital over a period of 6 months'	Falls short of what is needed / inconsistency	School and support offered	falls short/ inconsistent	Schools and support offered	falls short/ limited	The needs of YP with an ED
	'limited to getting child to therapy and weighing'	Falls short of what is needed / limited	School and support offered	Falls short/ limited	Schools and support offered	falls short/ limited	The needs of YP with an ED
	'I had to organise everything apart from transport'	Falls short of what is needed / limited	School and support offered	Falls short/ limited	Schools and support offered	falls short/ limited	The needs of YP with an ED
	'clamp down on any bullying related to the child's eating disorder'	Peers / negativity	People	Peers/ negativity	People	falls short/ managing peer negativity	The needs of YP with an ED
	'Stopping bullying regarding thin shaming as well as general bullying'	Peers / negativity	People	Peers/ negativity	People	falls short/ managing peer negativity	The needs of YP with an ED
Need for more flexibility/individualised support	'Not to be grumbled at that my daughter could not participate in PE'	The need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ academic subjects	Schools and support offered	Individualised support	The needs of YP with an ED
	'Changes in eating times to be more flexible'	The need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ meal times	Schools and support offered	Individualised support	The needs of YP with an ED
	'School could have sent GCSE work to hospital school (as most other schools were doing). This would have meant my daughter was less likely to fall behind her school work and fail exams.'	The need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ academic subjects	Schools and support offered	Individualised support	The needs of YP with an ED
	'To not have had to ring into school when my daughter couldn't attend school - that they understood and not sent stupid text messages'	The need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ academic subjects	Schools and support offered	Individualised support	The needs of YP with an ED
	'work set to enable her to keep up during her various appoinments'	The need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ academic subjects	Schools and support offered	Individualised support	The needs of YP with an ED
	'Taste sessions of new foods'	The need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ meal times	Schools and support offered	Individualised support	The needs of YP with an ED
	'Support only from ED clinic but child released from lessons in order to attend whenever needed'	The need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ academic subjects	Schools and support offered	Individualised support	The needs of YP with an ED

Initial code phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
	‘Provide a safe alternative place to eat if canteen environment is stressful’	the need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ meal times	Schools and support offered	Individualised support	The needs of YP with an ED
	‘Somewhere they can eat with not everyone watching’	the need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ meal times	Schools and support offered	Individualised support	The needs of YP with an ED
	‘allow extra time to eat	the need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ meal times	Schools and support offered	Individualised support	The needs of YP with an ED
	‘accept that the child possibly cannot take part in PE whilst acutely unwell’	the need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ academic subjects	Schools and support offered	Individualised support	The needs of YP with an ED
Having a safe place to go	‘Provide a safe alternative place to eat if canteen environment is stressful’	the need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ meal times	Schools and support offered	a safe and positive place	the needs of YP with an ED
	‘Somewhere they can eat with not everyone watching’	the need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ meal times	Schools and support offered	a safe and positive place	the needs of YP with an ED
	‘Having well-being centres’	the need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ meal times	Schools and support offered	a safe and positive place	the needs of YP with an ED
	‘Have a place for them to go when they are having a bad day’	the need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ academic subjects	Schools and support offered	a safe and positive place	the needs of YP with an ED
	‘Safe space with non-judgemental teacher support’	the need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ academic subjects	Schools and support offered	Individualised support	The needs of YP with an ED
Lack of knowledge in school/ need for more knowledge and understanding	‘School didn’t know how to deal with this’	AK and U / not knowing what to do	People	Falls short/ limited	Schools and support offered	falls short/ limited	The needs of YP with an ED
	‘Counselling Teachers aware of situation’	AK and U/ Some know things are good	People	awareness, knowledge and understanding/ need to be better informed	People	School system’s knowledge, understanding and awareness/ Staff	The needs of YP with an ED
	‘Train teachers to understand what is involved and how they can help	AK and U/ need to be better informed	People	awareness, knowledge and understanding/ need to be better informed	People	School system’s knowledge, understanding and awareness/ Staff	The needs of YP with an ED
	‘The school could have been more informed about the onset of an eating disorder’	AK and U/ Early identification	People	awareness, knowledge and understanding/ early identification	People	Early identification	The needs of YP with an ED
	‘Understanding’	AK and U / understanding	People	awareness, knowledge and understanding/ need to be better informed	People	School system’s knowledge, understanding and awareness/ Staff	The needs of YP with an ED

Initial code phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
	a policy for staff to know how to support a child with an eating disorder	Policy	School and support offered	policy	Schools and support offered	a safe and positive place	The needs of YP with an ED
	'Knowledge'	AK and U/ need to be better informed	People	awareness, knowledge and understanding/ need to be better informed	People	School system's knowledge, understanding and awareness/ Staff	The needs of YP with an ED
	'Education on eating disorders and how to beat support and understand the signs'	AK and U/ Early identification	People	awareness, knowledge and understanding/ early identification	People	Early identification	The needs of YP with an ED
	'More understanding of the mental health aspect'	AK and U / understanding	People	awareness, knowledge and understanding/ need to be better informed	People	School system's knowledge, understanding and awareness/ Staff	The needs of YP with an ED
	'Understanding what they are'	AK and U / understanding	People	awareness, knowledge and understanding/ need to be better informed	People	School system's knowledge, understanding and awareness/ Staff	The needs of YP with an ED
	'Would comment on and ask her about her lowest weight and would use a very unhelpful approach due to lack of knowledge on the illness. Triggered her to relapse countless times due to unecessary comments.'	AK and U / behaviour	People	Awareness, knowledge and understanding/ staff behaviour	People	School system's knowledge, understanding and awareness/ Staff	The needs of YP with an ED
	'Some welfare staff were unaware of the impact of ED and made very triggering comments whilst trying to help.'	AK and U / behaviour	People	Awareness, knowledge and understanding/ staff behaviour	People	School system's knowledge, understanding and awareness/ Staff	The needs of YP with an ED
	'General support from school had been amazing. ED knowledge less so.'	AK and U/ need to be better informed	People	awareness, knowledge and understanding/ need to be better informed	People	School system's knowledge, understanding and awareness/ Staff	The needs of YP with an ED
	'Including spotting the signs but also that an ED is not always about body image and is often a way of taking control when life feels unmanageable'	AK and U/ Early identification	People	awareness, knowledge and understanding/ early identification	People	Early identification	The needs of YP with an ED
	'if school staff attending are knowledgeable'	AK and U/ need to be better informed	People	awareness, knowledge and understanding/ need to be better informed	People	School system's knowledge, understanding and awareness/ Staff	The needs of YP with an ED

Initial code phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
	‘Mental health first aid trained staff’	AK and U/ need to be better informed	People	awareness, knowledge and understanding/ need to be better informed	People	School system’s knowledge, understanding and awareness/ Staff	The needs of YP with an ED
	‘Education on what is an eating disorder and what are the signs and symptom and where to get support’	AK and U/ need to be better informed	People	awareness, knowledge and understanding/ need to be better informed	People	School system’s knowledge, understanding and awareness/ Staff	The needs of YP with an ED
	‘There was no information at all’	AK and U/ need to be better informed	People	awareness, knowledge and understanding/ need to be better informed	People	School system’s knowledge, understanding and awareness/ Staff	The needs of YP with an ED
	‘Have a risk assessment done for the individual chid so that if the child is very unwell that all staff know what to do’	The need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ academic subjects	Schools and support offered	a safe and positive place	the needs of YP with an ED
	‘The best way to support a child is through those involved having a shared understanding and a clear plan. It’s important they don’t give conflicting advice’	AK and U / understanding	People	awareness, knowledge and understanding/ need to be better informed	People	School system’s knowledge, understanding and awareness/ Staff	The needs of YP with an ED
	‘For staff to be alert to indicators and to know how to act on these’	AK and U/ Early identification	People	awareness, knowledge and understanding/ early identification	People	Early identification	The needs of YP with an ED
	‘increase awareness, not to stigmatise them, or make them feel they are a nuisance, stupid or selfish’	AK and U / understanding	People	awareness, knowledge and understanding/ need to be better informed	People	School system’s knowledge, understanding and awareness/ Staff	The needs of YP with an ED
	‘Including spotting the signs but also that an ED is not always about body image and is often a way of taking control when life feels unmanageable’	AK and U/ Early identification	People	awareness, knowledge and understanding/ early identification	People	Early identification	The needs of YP with an ED
	Teachers who understand the disease’	AK and U / understanding	People	awareness, knowledge and understanding/ need to be better informed	People	School system’s knowledge, understanding and awareness/ Staff	The needs of YP with an ED
	A watchlist of symptoms for teachers to be aware of’	AK and U/ need to be better informed	People	awareness, knowledge and understanding/ need to be better informed	People	School system’s knowledge, understanding and awareness/ Staff	The needs of YP with an ED
	‘The school have never had	AK and U / behaviour	People	Awareness, knowledge	People	School system’s	The needs of YP with

Initial code phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
	any experience of this before' *EMAIL FROM PARENT			and understanding/ staff behaviour		knowledge, understanding and awareness/ Staff	an ED
Staff awareness	'also the staff to be aware'	AK and U/ need to be better informed	People	awareness, knowledge and understanding/ need to be better informed	People	School system's knowledge, understanding and awareness/ Staff	The needs of YP with an ED
	'staff to be aware they may be struggling themselves that they have a sibling with an ED and very worried'	Siblings/ empathy	People	supporting families/ siblings/ being empathetic	People	siblings	needs of the family
	'Make sure all staff who work with my child are aware of her difficulties, so they are mindful of actions'	AK and U / behaviour	People	Awareness, knowledge and understanding/ staff behaviour	People	School system's knowledge, understanding and awareness/ Staff	The needs of YP with an ED
	'Open communication & reducing the stigma'	Communication	People	communication/ with parents	People	enhancing home-school collaboration	needs of the family
	'The staff only realised there was a problem when I contacted them about how serious it was'	Communication	People	Communication/ early on	People	listening to parents' concerns	needs of the family
	'To ensure all information is passed onto other teachers regarding the illness'	Communication/ sharing information	People	communication/ sharing information	People	enhancing home-school collaboration	needs of the family
	'at least as a way of giving awareness'	?	?	Awareness, knowledge and understanding/ staff behaviour	People	School system's knowledge, understanding and awareness/ Staff	The needs of YP with an ED
	'increase awareness, not to stigmatise them, or make them feel they are a nuisance, stupid or selfish'	AK and U / behaviour	People	Awareness, knowledge and understanding/ staff behaviour	People	School system's knowledge, understanding and awareness/ Staff	The needs of YP with an ED
Early intervention	'Early intervention is required, staff are more bothered about results and targets'	Act early	School and support offered	Act early	Schools and support offered	Early identification	The needs of YP with an ED
	'Set up regular meetings and ensure they intervene early'	Act early	School and support offered	Act early	Schools and support offered	Early identification	The needs of YP with an ED
	'Better communication with parents with issues at school so parents can get early mental health care.'	Communication/ early on	People	communication/ early on	People	Early identification	The needs of YP with an ED
	'Better communication surrounding early	Communication/ early on	People	communication/ early on	People	Early identification	The needs of YP with an ED

Initial code phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
	symptoms recognised by teachers'						
	'For staff to be alert to indicators and to know how to act on these'	AK and U/ Early identification	People	awareness, knowledge and understanding/ early identification	People	Early identification	The needs of YP with an ED
	'Early intervention and recognition that there is a problem'	Act early	School and support offered	Act early	Schools and support offered	Early identification	The needs of YP with an ED
	'Including spotting the signs'	AK and U/ Early identification	People	awareness, knowledge and understanding/ early identification	People	Early identification	The needs of YP with an ED
	'I appreciate that schools have been asked to take on more and more in recent years but these are serious mental health illnesses and school staff may be key to identifying early indicators and take action.'	AK and U/ Early identification	People	awareness, knowledge and understanding/ early identification	People	Early identification	The needs of YP with an ED
ED not a priority	'Early intervention is required	Act early	School and support offered	Act early	Schools and support offered	Early identification	The needs of YP with an ED
	'a school policy on supporting a child with an eating disorder'	Policy	School and support offered	policy	Schools and support offered	a safe and positive place	The needs of YP with an ED
	'Just because the child is doing well and most anorexics are high achievers it doesn't mean everything is ok'	?	?	awareness, knowledge and understanding/ need to be better informed	People	School system's knowledge, understanding and awareness/ Staff	The needs of YP with an ED
	'For general mental health not ED. However when ED was at its worst my child was not in school and then admitted to hospital to begin recovery.'	Wider issues	School and support offered	wider issues/ mental health support	Schools and support offered	a safe and positive place	the needs of YP with an ED
	'To understand school comes second to the child's health'	AK and U / understanding	People	awareness, knowledge and understanding/ need to be better informed	People	School system's knowledge, understanding and awareness/ Staff	The needs of YP with an ED
	'They see their role as teachers and safeguarding, but this seems to be a tick box exercise, and no feedback was provided after we requested a meeting'	AK and U / understanding	People	awareness, knowledge and understanding/ need to be better informed	People	School system's knowledge, understanding and awareness/ Staff	The needs of YP with an ED
	'There wasn't any preventative work	Act early	School and support	Act early	Schools and support	Early identification	The needs of YP with

Initial code phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
	undertaken by the school'		offered		offered		an ED
	'Having realistic targets for pupils not aspirational targets which are stressful and unobtainable for pupils and lead to them to feel like failures'	the need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ academic subjects	Schools and support offered	Individualised support	The needs of YP with an ED
	'It is important but I'm not sure what this would look like or who would deliver this'	?	?	need for flexibility and bespoke support/ academic subjects	Schools and support offered	Individualised support	The needs of YP with an ED
	'only one teacher was' (concerned for child's wellbeing)	?	?	wider issues/ mental health support	Schools and support offered	a safe and positive place	The needs of YP with an ED
Supporting children with ED	'We were able to come in to supervise her at lunch times and teachdrs were not to allow her to the toilets in lessons after lunch.'	the need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ meal times	Schools and support offered	Individualised support	The needs of YP with an ED
	'General mental health support good. No specific ED support however good response if I contacted them regarding specific situations. e.g. lots of food available at revision sessions'	Wider issues	School and support offered	wider issues/ mental health support	Schools and support offered	a safe and positive place	The needs of YP with an ED
	'Space to be heard.'	Communication/ being listened to	People	Communication/ being listened to	People	listening to parents' concerns	needs of the family
	'Not to be grumbled at that my daughter could not participate in PE	The need for flexibility and bespoke support	school and support offered	need for flexibility and bespoke support/ academic subjects	Schools and support offered	Individualised support	The needs of YP with an ED
	'Changes in eating times to be more flexible'	The need for flexibility and bespoke support	school and support offered	need for flexibility and bespoke support/ meal times	Schools and support offered	Individualised support	The needs of YP with an ED
	'Help coming back to school'	Reintegration	school and support offered	reintegration	Schools and support offered	reintegration	The needs of YP with an ED
	'Patience'	AK and U / behaviour	People	Awareness, knowledge and understanding/ staff behaviour	People	School system's knowledge, understanding and awareness/ Staff	The needs of YP with an ED
	'Help reintergrating my child after hospitalisation'	Reintegration	School and support offered	reintegration	Schools and support offered	reintegration	The needs of YP with an ED
	'More support around mealtimes'	The need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ meal times	Schools and support offered	Individualised support	The needs of YP with an ED

Initial code phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
	'Support networks to include meals and snacks when children are struggling'	The need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ meal times	Schools and support offered	Individualised support	The needs of YP with an ED
	'Promoting positive images'	The wider issues / self identity	School and support offered	the wider issue/ self-identity	Schools and support offered	Individualised support	The needs of YP with an ED
	'Involvement/reintegration'	Reintegration	School and support offered	reintegration	Schools and support offered	reintegration	The needs of YP with an ED
	'Knowing that her school place was secure and that there was a plan made her feel valued when she left school for inpatient treatment.'	The wider issues / belonging	School and support offered	The wider issue/ belonging	Schools and support offered	a safe and positive place	The needs of YP with an ED
	'Support integration back to school'	Reintegration	school and support offered	reintegration	Schools and support offered	reintegration	The needs of YP with an ED
	'Monioring/support how much/little she's eating'	The need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ academic subjects	Schools and support offered	Individualised support	The needs of YP with an ED
	'Self image and self perception work.'	The wider issues / self identity	School and support offered	the wider issue/ self-identity	Schools and support offered	Individualised support	The needs of YP with an ED
	'To provide a safe space available in case of crisis, where a young person can go'	the need for flexibility and bespoke support	school and support offered	need for flexibility and bespoke support/ academic subjects	Schools and support offered	a safe and positive place	the needs of YP with an ED
	'Mindfulness if done properly'	The wider issues / mindfulness	School and support offered	wider issues/ mental health support	Schools and support offered	a safe and positive place	The needs of YP with an ED
	'Building resilience'	The wider issues / resilience	School and support offered	wider issues/ mental health support	Schools and support offered	Individualised support	The needs of YP with an ED
	'One staff member visited my daughter in hospital and attended a meeting and my daughter felt supported on starting college.'	The wider issues / belonging	School and support offered	The wider issues / belonging	Schools and support offered	a safe and positive place	The needs of YP with an ED
	'not just prevention but management'	Act early	school and support offered	Act early	Schools and support offered	Early identification	The needs of YP with an ED
	'Make sure work is given to children to catch up on'	the need for flexibility and bespoke support	school and support offered	need for flexibility and bespoke support/ academic subjects	Schools and support offered	Individualised support	The needs of YP with an ED
Having a 'specialist'' 'go to person' in school	'Offer school nursing support or a named teacher who could make themselves available during school hours for pupils who have extra responsibilities such as siblings with ED's'	Identified and /or Specialist support	School and support offered	specialists in school/ key person	Schools and support offered	key member of staff	The needs of YP with an ED

Initial code phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
	'By providing them with a named person to go to if necessary. By offering support from a school nurse who could also sign post to other services. By offering support from a school counsellor if necessary- provided that is a resource school has or can access.'	Identified and /or Specialist support	School and support offered	specialists in school/ key person	Schools and support offered	key member of staff	The needs of YP with an ED
	'To have a member of staff who has an understanding of the home environment and the stress this puts on the whole family and can specifically support the sibling.'	Identified and /or Specialist support	School and support offered	specialists in school/ key person	Schools and support offered	key member of staff	The needs of YP with an ED
	'to be able to discuss their sibling with professionals in a safe place'	Working together	People	supporting families/ siblings/ supporting their needs	People	siblings	needs of the family
	'Someone to encourage her to eat'	Identified and /or Specialist support	School and support offered	specialists in school/ key person	Schools and support offered	key member of staff	The needs of YP with an ED
	'Provide a key member of staff who understands'	Identified and /or Specialist support	School and support offered	specialists in school/ key person	Schools and support offered	key member of staff	The needs of YP with an ED
	'To have someone they can talk too'	Identified and /or Specialist support	School and support offered	specialists in school/ key person	Schools and support offered	key member of staff	The needs of YP with an ED
	'A teacher assigned to check in with the child and offer pastoral care'	Identified and /or Specialist support	School and support offered	specialists in school/ key person	Schools and support offered	key member of staff	The needs of YP with an ED
	'To make the young person aware of a named person they can go to when necessary'	Identified and /or Specialist support	School and support offered	specialists in school/ key person	Schools and support offered	key member of staff	The needs of YP with an ED
	'Let them know who they can talk to'	Identified and /or Specialist support	School and support offered	specialists in school/ key person	Schools and support offered	key member of staff	The needs of YP with an ED
	'To preserve confidentiality a named staff should be involved rather than lots of staff'	Identified and /or Specialist support	School and support offered	specialists in school/ key person	Schools and support offered	key member of staff	The needs of YP with an ED
	'To have a named staff that has some insight & personal understanding of ED's available at key points during the school week'	Identified and /or Specialist support	School and support offered	specialists in school/ key person	Schools and support offered	key member of staff	The needs of YP with an ED
Supporting families, listening to parents voice	'I think families should be supported by involved mental health	Families / support / specialist	People	supporting families/ specialists	People	multi-disciplinary support	needs of the family

Initial code phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
	professionals. It was helpful when a teacher contacted me to discuss how they could support my daughter.'						
	'To have a member of staff who has an understanding of the home environment and the stress this puts on the whole family and can specifically support the sibling.'	Families / support /school staff	People	Families / support /school staff	People	listening to parents' concerns	needs of the family
	'My concerns to be taken seriously'	Communication/ being listened to	People	communication/ being listened to	People	listening to parents' concerns	needs of the family
	'Understanding'	Families / support / specialist	People	supporting families/ specialists	People	multi-disciplinary support	needs of the family
	'Professional guidance about the clinical side'	Families / support / specialist	People	supporting families/ specialists	People	multi-disciplinary support	needs of the family
	'To not have had to ring into school when my daughter couldn't attend school - that they understood and not sent stupid text messages'	the need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ academic subjects	Schools and support offered	Individualised support	The needs of YP with an ED
	'Rather than being seen as an over anxious parent staff should have been able to take my concerns seriously'	Families / support/ school staff	People	Supporting families/ school staff	People	listening to parents' concerns	needs of the family
	'Education on eating disorders and how to beat support and understand the signs'	Families / support / specialist	People	supporting families/ specialists	People	multi-disciplinary support	needs of the family
	'Support for own stress and anxiety'	Families / support	People	Supporting families/ school staff	People	listening to parents' concerns	needs of the family
	'Reassurance that the school are working with us to help my child'	Families / support/school staff	People	Supporting families/ school staff	People	listening to parents' concerns	needs of the family
	'Member of senior leadership team and welfare team allocated to help us.'	Families / support/school staff	People	Supporting families/ school staff	People	listening to parents' concerns	needs of the family
	'General support from school had been amazing. ED knowledge less so.	Families / support/ school staff	People	Supporting families/ school staff	People	listening to parents' concerns	needs of the family
	'We were lucky to have this via the ED clinic.'	Families / support / specialist	People	supporting families/ specialists	People	multi-disciplinary support	needs of the family
	'no feedback was provided	Communication/ Trust	People	communication/ trust	People	enhancing home-	needs of the family

Initial code phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
	after we requested a meeting'					school collaboration	
	'There was no information at all'	Communication/ sharing information	People	communication/ sharing information	People	enhancing home-school collaboration	needs of the family
	'I have been in contact with [name] from Seed who has been very supportive but thy are based in Hull and my daughter has been in Sheffield so I haven't been able to attend any, perhaps if there were more locally I would have'	Families / support / specialist	People	supporting families/ specialists	People	multi-disciplinary support	needs of the family
	'I didn't see this as a school staff role. I didn't ask them for support. We were supported as a family by Tier 4 CAMHS.'	Families / support / specialist	People	supporting families/ specialists	People	multi-disciplinary support	needs of the family
	to feel les isolated, less scared, less helpless'	Families / support	People	Supporting families/ school staff	People	listening to parents' concerns	needs of the family
Home-school communication	'Information about my daughter's behaviour at school e.g. not eating, upset, self harming. This would have meant we could have pushed for better mental health care sooner.'	Communication / early on	People	Communication/ early on	People	Early identification	The needs of YP with an ED
	'To know if my daughter is not feeling well my child would have been given support and that they involved me in this straight away.'	Communication/ Trust	People	communication/ trust	People	enhancing home-school collaboration	needs of the family
	'Interaction with teachers about my child's care plan'	Communication/ with parents	People	communication/ with parents	People	enhancing home-school collaboration	needs of the family
	'Monitoring/support how much/little she's eating'	Communication/ with parents	People	communication/ with parents	People	enhancing home-school collaboration	needs of the family
	'Better communication with parent on how things are at school.'	Communication/ with parents	People	communication/ with parents	People	enhancing home-school collaboration	needs of the family
	'More information on how she was getting on'	Communication/ with parents	People	communication/ with parents	People	enhancing home-school collaboration	needs of the family
	'Open communication'	Communication/ with parents	People	communication/ with parents	People	enhancing home-school collaboration	needs of the family
	'More contact with the school'	Communication/ with parents	People	communication/ with parents	People	enhancing home-school collaboration	needs of the family

Initial code phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
	'Talk to parents'	Communication/ with parents	People	communication/ with parents	People	enhancing home-school collaboration	needs of the family
	'In formed. They thought there was a problem but didn't tell me'	Communication / early on	People	Communication/ early on	People	Early identification	The needs of YP with an ED
	'More info on what she was missing out on so I could support at home'	Communication/ with parents	People	communication/ with parents	People	enhancing home-school collaboration	needs of the family
	'Communicate with parents'	Communication/ with parents	People	communication/ with parents	People	enhancing home-school collaboration	needs of the family
	'For me not to have to tell members of staff every year about the issues'	Communication/ sharing information	People	communication/ sharing information	People	enhancing home-school collaboration	needs of the family
	'Reassurance that the school are working with us to help my child'	Communication/ Trust	People	communication/ trust	People	enhancing home-school collaboration	needs of the family
	'Better communication surrounding early symptoms recognised by teachers'	Communication / early on	People	Communication/ early on	People	Early identification	The needs of YP with an ED
	'More communication'	Communication/ with parents	People	communication/ with parents	People	enhancing home-school collaboration	needs of the family
	'The staff only realised there was a problem when I contacted them about how serious it was'	communication/ early on	People	Communication/ early on	People	enhancing home-school collaboration	The needs of YP with an ED
	'Set up regular meetings and ensure they intervene early'	Communication / early on	People	Communication/ early on	People	Early identification	The needs of YP with an ED
	'Better communication with parents with issues at school so parents can get early mental health care.'	Communication / early on	People	Communication/ early on	People	Early identification	The needs of YP with an ED
External support	'Professional guidance about the clinical side'	Specialist support	School and support offered	Specialists in school/ external 'experts'	Schools and support offered	multi-disciplinary support	needs of the family
	'It was much appreciated that school attended MDT meeyintgs'	Working together	People	working together	People	multi-disciplinary support	needs of the family
	'Signposting'	Specialist support	School and support offered	Specialists in school/ external 'experts'	Schools and support offered	multi-disciplinary support	needs of the family
	'Signposting for support'	Specialist support	School and support offered	Specialists in school/ external 'experts'	Schools and support offered	multi-disciplinary support	needs of the family
	'Get ed specialists in'	Specialist support	School and support offered	Specialists in school/ external 'experts'	Schools and support offered	multi-disciplinary support	needs of the family
	'I have been in contact with [name] from Seed who has been very supportive but	Specialist support	School and support offered	Specialists in school/ external 'experts'	Schools and support offered	multi-disciplinary support	needs of the family

Initial code phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
	thy are based in Hull'						
	'Link students with a local voluntary ED agency that will provide education about stresses, triggers & how to prevent development of ED'	Peers/ support	People	peers/ support	People	school system's knowledge, understanding and awareness/ peers	The needs of YP with an ED
School is a big part of a child's life	'young people are at school for a huge part of their lives'	Wider issues	School and support offered	wider issues/ self-identity	Schools and support offered	a safe and positive place	The needs of YP with an ED
Involving other pupils	'Offer education to students about eating disorders. Offer peer mentoring.'	Peers/ support	People	peers/ support	People	school system's knowledge, understanding and awareness/ peers	The needs of YP with an ED
	'Educating other children'	Peers/ teaching	People	peers/ teaching	People	school system's knowledge, understanding and awareness/ peers	The needs of YP with an ED
	'at least a talk to the children about EDs - they have them for sex so why not?'	Peers/ teaching	People	peers/ teaching	People	school system's knowledge, understanding and awareness/ peers	The needs of YP with an ED
	'To provide space and support to eat with peers'	Peers/ support	People	peers/ support	People	school system's knowledge, understanding and awareness/ peers	The needs of YP with an ED
	'peer support'	Peers/ support	People	peers/ support	People	school system's knowledge, understanding and awareness/ peers	The needs of YP with an ED
	'Try to get friends closely involved'	Peers/ support	People	peers/ support	People	school system's knowledge, understanding and awareness/ peers	The needs of YP with an ED
	'Link students with a local voluntary ED agency that will provide education about stresses, triggers & how to prevent development of ED'	Peers/ support	People	peers/ support	People	school system's knowledge, understanding and awareness/ peers	The needs of YP with an ED
	'Actively encouraging self esteem by increasing peer support groups'	Peers/ support	People	peers/ support	People	school system's knowledge, understanding and awareness/ peers	The needs of YP with an ED
	'Education on consequences of eating	Peers/ teaching	People	peers/ teaching	People	school system's knowledge,	The needs of YP with an ED

Initial code phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
	disorders'					understanding and awareness/ peers	
	'Educating other children'	Peers/ teaching	People	peers/ teaching	People	school system's knowledge, understanding and awareness/ peers	The needs of YP with an ED
	'Discussing it openly'	Peers/ support	People	peers/ support	People	school system's knowledge, understanding and awareness/ peers	The needs of YP with an ED
Siblings	'Be aware of the situation and understanding when and if the siblings need support.'	Siblings/ being empathetic	People	supporting families/ siblings/ being empathetic	People	siblings	needs of the family
	'help with normal eating patterns and reassurance'	School life	People	supporting families/ siblings/ supporting their needs	People	siblings	needs of the family
	'Counselling Teachers aware of situation'	?	People	supporting families/ siblings/ being empathetic	People	siblings	needs of the family
	'Indivual therapy Providing information on behaviours of sufferers so that siblings can recognise when they are interacting with the disorder.'	Siblings/ Supporting their needs	People	supporting families/ siblings/ supporting their needs	People	siblings	needs of the family
	'Understand when a child is upset late or missing from school'	The need for flexibility and bespoke support	People	need for flexibility and bespoke support/ academic subjects	Schools and support offered	Individualised support	The needs of YP with an ED
	'Support their emotions and understand that it affects their behaviour too, so they may require emotional support.'	Siblings/ Being empathetic	People	supporting families/ siblings/ being empathetic	People	siblings	needs of the family
	'By appreciating the amount of stress having a sibling with an eating disorder can cause and that this might impact on school work etc at times.'	Siblings/ being empathetic	People	supporting families/ siblings/ being empathetic	People	siblings	needs of the family
	'CBT, counselling, peer support, education around eating disorders and supporting them to support their sibling.'	Siblings/ supporting their needs	People	supporting families/ siblings/ supporting their needs	People	siblings	needs of the family
	'Offer time out and support for a sibling to talk About	Siblings/ being empathetic	People	supporting families/ siblings/ being	People	siblings	needs of the family

Initial code phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
	how the ED is affecting them and the family'			empathetic			
	For all of the siblings teacher's to have an awareness that the child is under enormous pressure, even if they do not know details. For them to be aware that children cope in different ways at different times and they may be pushing themselves very hard in school as a way of distracting from home. They may also be extremely tired and sometimes emotional just with the effort of coping. Understanding from school staff is vital. The sibling does not need any more pressure than they are already under.'	Siblings	People	supporting families/ siblings/ supporting their needs	People	siblings	needs of the family
	'Look out for signs of anxiety. Be supportive if the sibling needs time off school too.'	Siblings/ supporting their needs	People	supporting families/ siblings/ supporting their needs	People	siblings	needs of the family
	staff to be aware they may be struggling themselves that they have a sibling with an ED and very worried....'	Siblings	People	supporting families/ siblings/ being empathetic	People	siblings	needs of the family
	'My daughter is an only child, but I would recommend this'	Siblings	People	supporting families/ siblings/ being empathetic	People	siblings	needs of the family
Healthy eating talks	'Not give talks on healthy eating and put a lot of focus on obesity but consider information if remaining healthy and positive body image'	Healthy eating talks	school and support offered	healthy eating talks	Schools and support offered	healthy eating	The needs of YP with an ED
	'Help with recovery not just cbt-so to lose weight safely, or to put on weight safely'	Working with YP / support	People	healthy eating talks	Schools and support offered	healthy eating	The needs of YP with an ED
	'Definitely Not healthy eating'	Healthy eating talks	school and support offered	healthy eating talks	Schools and support offered	healthy eating	The needs of YP with an ED
	'Learning about healthy eating and exercise'	healthy eating talks	school and support offered	healthy eating talks	Schools and support offered	healthy eating	The needs of YP with an ED

Initial code phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
	‘Ensuring balance in discussing obesity and the dangers of being too thin - on how bodies need food for fuel to exercise ..’	Healthy eating talks	school and support offered	healthy eating talks	Schools and support offered	healthy eating	The needs of YP with an ED
	‘My 10 year old daughter has recently been diagnosed with anorexia. This started following a healthy eating talk at school…I have heard a lot of children who have been triggered by the same talks or similar’	Healthy eating talks	school and support offered	healthy eating talks	Schools and support offered	healthy eating	The needs of YP with an ED
Separating the pupil and the ED	‘Check in with the child on their school work (not the disorder).’	the need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ academic subjects	Schools and support offered	Individualised support	The needs of YP with an ED
	‘Just because the child is doing well and most anorexics are high achievers it doesn't mean everything is ok’	the need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ academic subjects	Schools and support offered	Individualised support	The needs of YP with an ED
	‘Indivual therapy Providing information on behaviours of sufferers so that siblings can recognise when they are interacting with the disorder.’	the need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ academic subjects	Schools and support offered	Individualised support	The needs of YP with an ED
Multi-disciplinary meetings	‘Our daughter hated when school came to camhs meetings and woyld not talk at all’	Working together	People	working together	People	multi-disciplinary support	needs of the family
	‘It was much appreciated that school attended MDT meeyings’	Working together	People	working together	People	multi-disciplinary support	needs of the family
	‘If it is appropriate to the stage of illness, age of child, and if school staff attending are knowledgeable’	Working together	People	working together	People	multi-disciplinary support	needs of the family
	‘Not really, they [school] have attended one CPA meeting whilst she has been in hospital over a period of 6 months’	Working together	People	working together	People	multi-disciplinary support	needs of the family

Initial code phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
	'Definitely, I wish they had been involved with Camhs meetings, which were dreadful, they could have saved us many stressful journeys by letting my daughter have meetings at school, but it was never convenient, the school I am sure would have approved this were present'	Working together	People	working together	People	multi-disciplinary support	needs of the family
	'The 6th form college my child was moving on to attended 1 meeting prior to discharge from hospital'	Working together	People	working together	People	multi-disciplinary support	needs of the family
	'The best way to support a child is through those involved having a shared understanding and a clear plan. It's important they don't give conflicting advice'	Working together	People	working together	People	multi-disciplinary support	needs of the family
	'For staff to seek information from parents and other involved professionals so that the support offered in school is appropriate for that particular young person'	Working together	People	working together	People	multi-disciplinary support	needs of the family
	'only I was in contact with therapist and nutritionist'	Working together	People	working together	People	multi-disciplinary support	needs of the family
There is not enough	knowledge about Eating disorders at schools	AK and U/ need to be better informed	People	awareness, knowledge and understanding/ need to be better informed	People	School system's knowledge, understanding and awareness/ Staff	The needs of YP with an ED
	Understanding of the dangers of healthy eating talks at schools currently	Peers/ teaching	People	peers/ teaching	People	school system's knowledge, understanding and awareness/ peers	The needs of YP with an ED
	outside support	Specialist support	School and support offered	Specialists in school/ external 'experts'	Schools and support offered	multi-disciplinary support	needs of the family
	Early identification	AK and U/ Early identification	People	awareness, knowledge and understanding/ early identification	People	Early identification	The needs of YP with an ED
Data collected following initial coding	Support for parents (being listened to)	Families / support	People	Supporting families/ school staff	People	listening to parents' concerns	needs of the family
	support for siblings	Siblings	People	supporting families/	People	siblings	needs of the family

Initial code phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
				siblings/ supporting their needs			
	work with all pupils	Peers/ teaching	People	peers/ teaching	People	school system's knowledge, understanding and awareness/ peers	The needs of YP with an ED
	collaborative working between home, school, and other professionals	Working together	People	working together	People	multi-disciplinary support	needs of the family
	specialist member of staff in school	Specialist support	School and support offered	specialists in school/ key person	Schools and support offered	key member of staff	The needs of YP with an ED
	schools to be a safe place	Falls short of what is needed / limited	School and support offered	Falls short/ limited	Schools and support offered	falls short/ limited	The needs of YP with an ED
	Flexibility	the need for flexibility and bespoke support	School and support offered	need for flexibility and bespoke support/ academic subjects	Schools and support offered	Individualised support	The needs of YP with an ED
	Bulling and relationship work'	Falls short of what is needed/managing peers	school and support offered	falls short/ managing peers	Schools and support offered	falls short/ managing peer negativity	The needs of YP with an ED
	provide a 'safe' place for the child to go to - my daughter's school did provide that.	The need for flexibility and bespoke support	school and support offered	need for flexibility and bespoke support/ academic subjects	Schools and support offered	A safe and positive place	The needs of YP with an ED
	General mental health support was very good.'	The wider issues/ mental health support	school and support offered	the wider issues/ mental health support	Schools and support offered	A safe and positive place	The needs of YP with an ED
	'General mental health support good.	The wider issues/ mental health support	school and support offered	the wider issues/ mental health support	Schools and support offered	A safe and positive place	The needs of YP with an ED
	no support given'	falls short of what is needed	school and support offered		Schools and support offered	Fall short/limited	The needs of YP with an ED
	staff are more bothered about results and targets'	falls short of what is needed	school and support offered	Falls short/ limited	Schools and support offered	Fall short/limited	The needs of YP with an ED
	'To have a member of staff who has an understanding of the home environment and the stress this puts on the whole family and..... can specifically support the sibling.	Siblings	People	supporting families/ siblings/ being empathetic	People	siblings	needs of the family
	'counselling to make sure they understand the type of ED and to be able to discuss their sibling with professionals in a safe	Siblings	People	supporting families/ siblings/ supporting their needs	People	siblings	needs of the family

Initial code phase 1	Participant quotes	Subthemes/Sub-subthemes Phase 1	Themes Phase 1	Subthemes/Sub-subthemes Phase 2	Themes Phase 2	Subthemes/Sub-subthemes Phase 3	Themes Phase 3
	place...also the staff to be aware that they are not being bullied etc that they have a sibling with an ED...						

Appendix 21: Example of Transcript

Please see additional submission – Full Interview Transcripts

EP8 – Lines 201 to 336

Researcher: Do you think educational psychologists could work at that individual level and therapeutically with young people with eating disorders?

EP 8: Yeah, definitely. I mean, as you know we've got the CBT element of the doctorate, So you know, we've definitely got that as an approach that could be used. So for her is that, certainly sort of thinking about that and even, you know, either one to one or again, supporting I suppose ELSA's, trained pastoral workers to kind of use some of those techniques in terms of maybe, maybe just the graded exposure element to it perhaps, so for this particular girl, um, she's going to start coming to lessons, first she's going to the lessons that she feels the most calm in, and then it's being built up and she's, you know, gradually going to go into lessons, which she feels that her level of anxiety is a little bit high. Interestingly, she herself hadn't really, and hadn't worked with anyone yet on grading it, so I did quickly do a thermometer thing with her and just see where she put the different subjects and different parts of the school day. And actually that really helped her. And I gave her it, I said, you could take that to your Camhs appointment, because what happened was the camhs worker had said, 'Oh I think you should, you should give English a go', and actually she was quite petrified about that, but didn't feel that she could say that. I suspect it's because she thought that the camhs worker thinks she can do it, so therefore she should be able to do it. I suspect that that's what happened. So, um, when I, when I kind of asked her to rate going to English, it was like a nine out of 10, 10 being the highest. So we then came up with some other subjects and parts of school, and the school day, that are above the five, I think she said she's a six, six or seven just coming into school, so I'm like, well, what's a seven then actually maybe you need to work on something that's the seven and not the nine yet. So that, I mean that's definitely an example of something that I quickly did with her using my, I suppose EMICP, CBT knowledge and is practical, and is something

that, you know, school staff could do with her as well, helping her to understand where her anxiety levels are.

Researcher: So is that, it sounds to me like you sort of really listened to her voice and you had a good understanding as to what, um, what she was feeling in terms of each individual subject. What, what I guess what skills do educational psychologists have that mean that we could work and support the children and young people in schools as opposed to maybe the camhs professionals?

EP 8: Well, I think it may, well firstly, camhs, they don't tend to go into school anyway. I think we've got the, not necessarily skills, but it's more about the fact of how we're positioned so that we have got relationships with the teachers. We also understand the school systems, so we will know the set up, and the pastoral support that's available, and the training that they've got, and whether they would be able to do it, whether I'd be able to train them up, or whether I need to do it myself, I suppose. So I think that's the really important bit. Um, I think we've got an understanding of what the school day really looks like, what the lessons are really like, what the environment is really like. And again, I think that sets us apart from our, you know, clinicians where it is going into the clinic. And again, we kind of understand that there's a messiness about the environment of school, the level or all the systems that are going on as well. So, and I think understanding that and the different layers can kind of help to be a little bit more practical maybe. Um, so we would use the evidence based interventions, but I think we can adapt and be flexible around which bits to use maybe or which ones do you use that fits the school more.

Researcher: Hmm. Yeah. It's interesting you mentioned interventions cause um, according to school staff, the types of support offered to young people with eating disorders include mindfulness, signposting to relevant services, counselling services, and reasonable adjustments. Um, so I'm just wondering what are your views in regards to these types of support specifically for eating disorders?

EP 8: Okay. Um, I suppose they feel quite limited. Mindfulness is just one simple element that could help in one moment. Um, the counselling could be really beneficial. It just depends doesn't it really on what has led to the eating disorder, you know, what's going on behind it or what's the purpose of it, what, what's going on. You know, all of the bits that you would kind of want to know. Really. Um, so therefore there may need to be changes, you know, thought different thought processes. Again, so I talked about CBT, that's because that's what I know, but there are other kind of approaches. And again, going back to the girl I worked with, she did also say that she, she always thinks that the worst about what people think of her. Every time she goes to say something, she sort of thinks, am I going to get laughed at what they're going to think of me for saying it, so obviously there's something there about wanting to change those thoughts. I think want to work that feels like a bit of root cause to me, you know? So you'd want to kind of see if you could make any changes in that really.

Researcher: Mm. Um, many people in the survey reported that there were no interventions for eating disorders being run in their schools. Are you aware of any specific interventions for eating disorders?

EP 8: No, and I don't actually know if there are any. What I do know, having spoken to people, and I don't know if it is local, but it does feel to be quite a behaviourist, very sort of physical approach currently. And actually, and I don't know that, so this, this 12 week program she was doing, I don't really know what that is and I don't know if that was more about getting used to physically eating again. And I think there is a real gap. I'm not sure, cause I don't know enough about, it whether they're an eating disorders or psychological intervention is what's needed or whether it needs to be, you know, the, the cause understood and broken down and then you put you're intervention in that, that kind of fits with the cause. And I think, I think maybe because there was so many different kind of root causes that, that, yeah, so there's a gap isn't there? So you get the medical support and you get your time in hospital, you get your weight checks, you get this that and you see the dietician, but then there is like this gap then with, what

about the psychological kind of input and who's doing that? I mean, luckily this girl has got family therapy. Um, yeah. So that, yeah.

Researcher: What do you feel is important for an intervention to be successful or useful in schools?

EP 8: I suppose from my experience, firstly that whoever delivers it needs to feel comfortable and confident with it, and they need to feel that they can kind of manage it and then it's within their role. Um, and I guess it definitely needs to have a kind of purpose, what is the aim, what we're trying to achieve by the end of it, because I'm guessing it's not going to be that you're going to be eating more because that is what the health professionals will be looking at. It might, it might be something around, yeah, um, they, if you've identified that like this girl is anxious about what people are thinking, actually she's going to be able to challenge that a little bit. Um, and that, that's, that's the outcome you're looking at.

Researcher: So are you sort of saying making sure that the person feels comfortable and has got enough knowledge to do it, to run the intervention and to make sure there's some sort of a purpose with an aim. Is there anything else that you think would be useful for an intervention? For example, for an eating disorder?

EP 8: Mmm. I'm not sure I know enough about or have enough experience with different people. You know, something around control. So I'm not, again, I'm not sure. I think, I think it's about understanding where it's coming from. I think that that would be our rock, the psychology of it, because I think the kind of dietician person gives the psychoeducation in terms of healthy, you know, what is healthy eating. I think that helps with that. And obviously you've got, you've got the checks and that physical stuff. I'm just trying to think here, there is a draw and talk intervention which I think is quite quite good, so that could be obviously for the young people that find it difficult to express themselves verbally. So I think if that gets picked up, I mean for this, this girl, she very much said she doesn't tell people how she's feeling, she just kind of goes quiet and just tells everyone she's fine. And I think that all of that pressure and that and all of that, keeping that in

has led to the eating disorder. So perhaps if she had had a way to express herself and perhaps, yeah. So perhaps nonverbal intervention as might be something to think about. I say like draw and talk. Um, yeah. Simple things, they just like somebody, I suppose asking them how things are off them. So maybe not just, you know, how are you? But maybe again, I don't know, even doing scaling things with them, you know, or not as kind of what was your day like today? Maybe even just in the way that you ask that young person how things are going and um, you know, perhaps you, if you would notice for example, that you think there might be something going on for them, you might not notice eating actually, but you might just notice something then you'd probably want to do that just with them. And I'm getting quite a lot of the time it's done just in the hall. You know, you're looking a bit down and out in front of people and they're never going to say anything at that point. So I think those little things.

Researcher: Do you think schools prioritise those young people who may be struggling like that when, for example, when they're talking to an educational psychologist in a planning meeting, do you think will prioritise those needs?

EP 8: No, I don't think so, and as I said, this girl had never been brought to my attention. But I tell you why because in a secondary school, most of the time you've got so many different people that are dealing with different types of young people. So the SENCo tends to only get cases obviously with learning that she has got, there are a lot of autistic young people as well. And then you've got someone else that deals with non attendance, which actually some of the ones that I should have seen if we're falling under her. So I think some, the system in secondary school is really difficult to navigate and it's making sure that you are getting the right people knowing and coming to you and kind of, so I'm, I'm trying to work it out still with this particular school that I've got. Um, but at least I've highlighted it now and I think, yeah, more aware. I just don't think they think, I think still there's quite a bit of misconception about what an EP can do. Yeah. They will concentrate more on learning, not even behaviour either.

Researcher: Do you think mostly they will see the EP role as very much learning or possibly behaviour, but might maybe not so much around supporting mental health?

EP 8: Yeah, definitely. Yeah.

Appendix 22: Development of Themes – EPs

Please see additional submission – Full Development of Themes - EPs

Cross-Section of Development of Themes

Initial codes Phase 1	EP quotes	Subtheme/Sub-subtheme Phase 2	Theme Phase 2	Subtheme/Sub-subtheme Phase 3	Theme Phase 3	Subtheme/Sub-subtheme Phase	Theme Phase 4
Secondary schools don't notice eating behaviours	EP 1 'a lot of our high schools have these um, these card systems don't they where parents can see what has actually been consumed as well, by their young, by their children. But they're open to some manipulation as I've heard.'	Awareness and Knowledge/ Early identification	Not enough	Understanding/ lack of staff training	Not enough	Understanding/ staff training	Not enough
ED not a priority	EP 2 'Yes, it potentially should [in response to should EPs be part of the reintegration into schools]. But again, I wonder whether that would come to us whether the schools would prioritise that for us'.	Awareness and Knowledge/ prioritisation	Not enough	Capacity/ school have so much on their plates	Not enough	Capacity/ school have so much on their plates	Not enough
Not wanting to do the wrong thing	EP 4 'I mean from my experience going back to the college scenario, I could almost see college panic when it, I was kind of saying, well this sounds to me like there might be quite a complex eating disorder going on.'	awareness and knowledge/ information	Not enough	Confidence/ 'Too scary' for schools	Not enough	Confidence/ 'Too scary' for schools	Not enough
The invisible MH difficulty?	EP 3 'Typically its more behaviour which causes concern to the schools, and eating disorders are a more hidden mental health problem'.	Awareness and Knowledge/ early identification	Not enough	Understanding/ lack of staff training	Not enough	Understanding/ staff training	Not enough
Whole school approach	EP 1 'I think if schools are really living and breathing what they, what they're saying through their policies that, you would see a very strong sort of um, there'd be a very good understanding of	Policies	The ED friendly school	Whole school approach/ policies	The ED friendly school	Whole school approach/ policies	The ED friendly school

Initial codes Phase 1	EP quotes	Subtheme/Sub-subtheme Phase 2	Theme Phase 2	Subtheme/Sub-subtheme Phase 3	Theme Phase 3	Subtheme/Sub-subtheme Phase	Theme Phase 4
	the wellbeing needs of the school community.'						
Ways forward	EP 5 'because I do think even about the sort of healthy eating agenda that can create some anxiety for some children. You know, when they hear that foods are either good or bad that you know'.	Positive messages around healthy eating	Not enough	Understanding/ food isn't 'good' or 'bad'	Not enough	Understanding/ food isn't 'good' or 'bad'	Not enough
Pupils' understanding and awareness	EP 1 'a few selected trusted friends for instance…could be part of that young person's journey to recovery. Um, obviously that's led by the child that you're talking to whether one could do that.'	Pupil/ peer support	The ED friendly school	Pupils/ how do I help my friend?	The ED friendly school	Pupils/ how do I help my friend?	The ED friendly school
School staff's understanding and awareness	EP 3 'And so having someone in school aware of the difficulties and the struggles they're facing would be extremely beneficial.'	Key staff	The ED friendly school	Staff/ Knowledge of EDs	The ED friendly school	Staff/ Knowledge of EDs	The ED friendly school
Pupils' concern about their weight	EP 8 'So what about all the other girls that may just be having difficulties, or boys, around eating?'	Support for weight related concerns	Not enough	Understanding/ food isn't 'good' or 'bad'	Not enough	Understanding/ food isn't 'good' or 'bad'	Not enough
Greater awareness	EP 1 'within a school I think the key ingredients are sort of strong pastoral support where there's an awareness amongst the key staff involved in their child's education of what's going on for that young person, and a sensitivity towards it as well.'	Empathy	The ED friendly school	Whole school approach/ wellbeing	The ED friendly school	Staff/ knowledge of Eds	The ED friendly school
Supporting schools	EP 4 'and I also need to remember as an ex teacher how it feels when you feel like, Oh my God, this is another thing that I need to be aware of.'	Supporting staff/ space to talk	The ED friendly school	Staff/ space to talk	The ED friendly school	Systems/ supervision	The EP offer
Views on current support	EP 6 'and to get better understanding of what they think reasonable adjustments would be. It's all very well	Voice of the YP/family	Family	We need to listen	Family	They have needs too!/ we need to listen	Family

Initial codes Phase 1	EP quotes	Subtheme/Sub-subtheme Phase 2	Theme Phase 2	Subtheme/Sub-subtheme Phase 3	Theme Phase 3	Subtheme/Sub-subtheme Phase	Theme Phase 4
	putting in place reasonable adjustments, but as adults we can make lots of plans but unless the young person's bought into it and signed up to it, it's unlikely to work.'						
Intervention/prevention programs	EP 8 'I think with the training that we've got and um, the continuing information and CPD opportunities that we have as well, then obviously we could be really bringing in and I suppose providing and recommending specific interventions, effective intervention'	Clear role for EP	The ED friendly school	Understanding the EP role	The EP offer	Understanding the EP role	The EP offer
Communication	EP 5 'I've known of numerous cases where a child has been involved with camhs or some kind of clinical psychologist, and that feedback and never got back to school.'	Communication between health and school	Not enough	Collaboration	Not enough	Collaboration	Not enough
Good practice	EP 1 'some schools where I've seen really good practice of being one, there's been very strong multi-agency meetings that take place and um, the pastoral system within the school, if it's strong, if it's a strong pastoral system that they'll know their children, they'll have good communication going on with the families and the families will feel confident enough to come to the school staff to share that information.'	Multidisciplinary working	The ED friendly school	Support offered/ working together	The ED friendly school	Support offered/ working together	The ED friendly school
Key staff member	EP 8'if they have a lead person particularly in their schools, that do a lot of work with eating disorders'	Key staff	The ED friendly school	Staff/ Knowledge of EDs	The ED friendly school	Staff/ Knowledge of EDs	The ED friendly school
Joint working health/ working with our clinical colleagues	EP 3'maybe clinical and educational psychologist could be working together in	Collaborative work with health	The EP offer	Facilitators/ working with others	The EP offer	Facilitators/ working with others	The EP offer

Initial codes Phase 1	EP quotes	Subtheme/Sub-subtheme Phase 2	Theme Phase 2	Subtheme/Sub-subtheme Phase 3	Theme Phase 3	Subtheme/Sub-subtheme Phase	Theme Phase 4
	schools.’						
Current work around ED EPs are undertaking	EP 8‘I've got a secondary school and there's one particular year nine student who I've just had to do some work with in order to apply for an EHCP, but in order to do that I've obviously met her, and I've had to kind of read through all her information and notes and basically she's, um, sort of recovering from anorexia at the moment.’	ED/ current work	The EP offer	Already being done	The EP offer	Already being done	The EP offer
Don’t feel we have the knowledge on ED	EP 4‘are EPs well placed to support that, yeah, I think that's a really tricky one because, and we're not taught anything about eating disorders well with my experience and my training I wasn't, and it wasn't an undergrad either. So in terms of my baseline knowledge, I would have to go and seek that information for myself before sharing it or before being able to feel like I could support others’	Don't feel we have enough knowledge on ED yet	The EP offer	Confidence/ EDs aren’t part of EP training	Not enough	Confidence/ EDs aren’t part of EP training	Not enough
EP’s know the school systems	EP 5 ‘I think the difference between us and other professionals, so maybe health-based professionals, is actually we do know how schools work, and we know the pressures that schools are under. And that's really real. You cannot, you know, for all the will in the world you cannot expect schools to drop everything.’	Systemic work/ Eps know the school systems	The EP offer	Systems/ 'schoolologists'	The EP offer	Systems/ 'schoolologists'	The EP offer
Wider systemic level	EP 1‘I think at local authority level we need to be thinking about when we're chasing schools and that young	Systemic work/ wider systemic influences	The EP offer	Systems/ 'schoolologists'	The EP offer	Systems/ 'schoolologists'	The EP offer

Initial codes Phase 1	EP quotes	Subtheme/Sub-subtheme Phase 2	Theme Phase 2	Subtheme/Sub-subtheme Phase 3	Theme Phase 3	Subtheme/Sub-subtheme Phase	Theme Phase 4
	person for attendance issues, we need to be considerate of what's going on in terms of their, their eating needs.'						
Specialist support/treatment	EP 4'I think we all very much viewing something like an eating disorder as that sits within camhs, it's a clinical psychologists role in treating that.'	specialist support	the ed friendly school	Support offered/ Specialist	The ED friendly school	Support offered/ Specialist	The ED friendly school
Transferring of EP skills	EP 2 'we've done transitioning either back to school or into school in the past it's things like it's a gradual transition, or is it better to just come straight back. And that partly depends on the individual. Um, either what do they say to their friends, and what's the questions might they be asked, talking through that, either with the individual or with people supporting individual. Things like setting up a go to person in school who they can go and talk to when they need to, but it's not like a really obvious thing. Um, simple things like that, that those are sort of principles that would apply to any sort of reintegration or transition.'	reintegration	The EP offer	Facilitators/reintegration	The EP offer	Facilitators/reintegration	The EP offer
Voice of the YP/parents	Ep 7 'gain going back to the work you're doing, that this is what the young person has said has helped them cause they interview X number of young people with an eating disorders that gives the school more confidence.'	Research/ undertaking	The EP offer	We need to listen	Family	We need to listen	Family
Transferring of EP skills	EP 6 'Educational psychologists might be well placed to provide that sort of	Training/ schools	The EP offer	Training/ educators	The EP offer	Training/ educators	The EP offer

Initial codes Phase 1	EP quotes	Subtheme/Sub-subtheme Phase 2	Theme Phase 2	Subtheme/Sub-subtheme Phase 3	Theme Phase 3	Subtheme/Sub-subtheme Phase	Theme Phase 4
	input to schools, input in terms of training, training for particular pastoral staff in particular.'						
Future role for EPs	EP 1'we talked about it in the future, whether we could deliver, um, youth mental health first aid, uh, courses to families if they were interested in being involved in that'	Training /parent workshops	The EP offer	Training/ Parent workshops	The EP offer	Training/ Parent workshops	The EP offer
'Traditional'/ current role of the EP	EP 1'it makes me think of the, um, the Tommy McKay paper… I don't think traditionally we've always been involved in this, this type of work to the full potential that we could be'.	Awareness and knowledge/ understanding of the EP role	Not enough	Understanding the EP role	The EP offer	Understanding the EP role	The EP offer
Parents/ They're there at meal times	Ep 3 'for parents mostly cause parents would see it more, parents are there at meal times.'	Changes in eating at home	Family	They have needs too!/ changes in eating at home	Family	They have needs too!/ changes in eating at home	Family
Supporting siblings-emotionally	Ep 4 'It might be almost, you could be almost traumatic for that sibling at home. If there's, um, you know, lots of kind of emotion and arguments about food or eating and it's becoming a real negative association in that family unit'	Supporting siblings/ Emotionally	Family	What about their needs?	Family	It's 'almost traumatic'	Family
EPs are well placed to support parents/families	'ep 5I do definitely see it as a role for EPs, but I do wonder when you sort of talk about workshops for parents and things like that, whether that is something that, yeah, maybe that comes from another source as well as EPs or in partnership with health.'	Training /parent workshops	The EP offer	Training/ Parent workshops	The EP offer	Training/ Parent workshops	The EP offer
Link between parents/home and school	Ep 3'we are involved with this, and are often the link between parents and school'	Joint home/school approach	The EP offer	Facilitators/ working with others	The EP offer	Facilitators/ working with others	The EP offer
Voice of parents and	Ep 5 'I think it's being the	Voice of the YP/family	Family	we need to listen	Family	they have needs too!/	Family

Initial codes Phase 1	EP quotes	Subtheme/Sub-subtheme Phase 2	Theme Phase 2	Subtheme/Sub-subtheme Phase 3	Theme Phase 3	Subtheme/Sub-subtheme Phase	Theme Phase 4
young people	advocate for the child, you know, really get into the bottom of the child's views’					we need to listen	