

Body Image & Eating Disorders - Views of Children & Young People in Blackburn with Darwen



Report Author

Saliha Bax, Healthwatch Blackburn with Darwen



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About Healthwatch Blackburn with Darwen

Healthwatch gives people a powerful voice locally and nationally. At the local level, Healthwatch BwD helps local people get the best out of their local health and social care services. Whether it's improving them today, or helping to shape them for tomorrow, Healthwatch BwD is all about local voices being able to influence the delivery and design of local services.

Healthwatch was created under Health and Social Care Act, 2012. We are part of a network of local Healthwatch organisations which help to ensure that the views and feedback from patients and carers are an integral part of the design and delivery of local services.

Find out more at: www.healthwatchblackburnwithdarwen.co.uk

Amplify

Amplify is Healthwatch Blackburn with Darwen's dedicated Young Person's Project, designed and delivered by young people to allow them to share their views and experiences on the things that keep them happy, healthy and feeling good in order to shape local health and social care provision.



Healthwatch Blackburn with Darwen have received the Investing in Children Award for their work with the Amplify Project.

Disclaimer

Please note this report relates to the findings from 250 children and young people in Blackburn with Darwen. Our report is therefore not a representative portrayal of the experience and views of children in Blackburn with Darwen, only an account of what was represented at the time.



Date of Project

Engagement activity took place **December 2017 - March 2018**

Acknowledgements

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- **Abigail Kearney**
- **Katy Mayoh**
- **Megan Samuels**
- **Tia Clarke**
- **James Read**

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- **Darwen Enterprise Studio School**
- **Darwen Vale High School**
- **Blackburn Youth Zone**
- **St James Lower Darwen Primary School**
- **Blackburn with Darwen Council Young People's Service**
- **SWITCH**
- **Blackburn with Darwen Healthy Living**
- **NHS East Lancashire Clinical Commissioning Group**

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- **Megan Samuels**
- **Amir Ellahi**
- **James Read**
- **Tia Clarke**
- **Abigail Kearney (also providing graphic design throughout the report)**



Executive Summary

- Healthwatch Blackburn with Darwen has worked to find out the views and experiences of young people aged 8 to 18 on body image and eating disorders, which will allow us to influence local health and social care provision to best meet their needs.
- A task group was formed consisting of young people with lived experiences together with professionals working closely within the eating disorder support sector.
- Using community engagement and questionnaires designed by the task group, 343 young people engaged in the project with 250 young people sharing their views by completing a questionnaire.

From the findings we found the following themes:

- 59% of children and young people were happy with their bodyweight.
- 41% of participants felt they were underweight, overweight or unsure how they felt about their bodyweight and shape.
- The majority of children and young people are more likely to speak to family members, friends and youth organisations if they felt unconformable in their body or thought they had an eating disorder than to a GP or school.
- There is a small percentage of children and young people that would go and see a GP if they or a friend felt uncomfortable with their body weight and size.
- There is a perception that girls are more likely to be worried about their body weight and size.
- Participants felt bullying, social media, fashion and celebrities have a huge impact on negative body image.
- Children and young people identified various methods of what will help to promote positive body image and what can be done for those who have developed eating disorders.

A clear area of development would be to raise awareness of eating disorders widely. From GPs to schools, families to youth organisations, it is everyone's responsibility to spot the signs of negative body image and eating disorders. We need to ensure effective public education on the topic so that children and young people are aware of where to go if they are struggling and so that they are supported by people who have the appropriate knowledge and skills to support them.



Introduction

- Eating disorders are serious mental illnesses that involve disordered eating behaviour. “There are over 700,000 individuals in the UK with an eating disorder (Beat , 2015), with numbers increasing since reported figures in 2015. The number of cases identified are increasing as medical professionals are becoming more aware of eating disorders as well as individuals with these disorders accessing support more readily. However, many cases remain unidentified. Individuals with eating disorders experience poor quality of life which in effect contributes to a high mortality rate. The risk of early death is amongst the highest amongst patients with psychiatric disorders, arising from physical complications or mental health illness. Together with the prevalence of negative body image and eating disorders locally and nationally, this topic was recommended by the Amplify Champions following their findings in ‘The Views and experiences of children and young people in Pennine Lancashire project.’ (Healthwatch Blackburn with Darwen, 2017)
- Between December 2017 and March 2018, Healthwatch Blackburn with Darwen undertook engagement work focusing on children and young people aged 8 to 18 years old. The aim of the project was to explore the views and experiences of children and young people on body image and eating disorders. We have worked with a range of schools and youth organisations, to access children and young people. This project will allow us to influence local health and social care provision to best meet their needs.
- This report pulls together the voices and experiences of children and young people in Blackburn with Darwen. It offers a perspective on their experiences on positive and negative body image, eating disorders as well as suggestions on what works well and what could be improved from a service provision perspective.
- The report also highlights good practice from UK’s leading National Eating Disorder Service; Beat together with guidelines from The National Institute for Health and Care Excellence (NICE).



To fulfil the aim of the project, we aim:

- To explore children and young people's views and experience of positive and negative body image and eating disorders.
- To identify various sources of support young people are accessing for body image and eating disorders.
- To gain a greater understanding of what type of support young people would like to see when it comes to having a positive body image, preventing eating disorders and support for those that have developed an eating disorder.





Research Methods and Design

The Task Group

The task group which consisted of Healthwatch Blackburn with Darwen Amplify champions was responsible for designing a questionnaire that could be used to gather the views and experiences of children and young people around body image and eating disorders.

Community Engagement

The Amplify Champions and staff from Healthwatch BwD gathered the views and experiences of children and young people in various schools and youth organisations. The Amplify champions designed and produced a PowerPoint presentation to show in schools and youth organisations to introduce the topic.

Questionnaire

A questionnaire was devised with the support of the project task group which included young people with lived experience and professionals.





Who we spoke to?

- We engaged with 364 children and young people in Blackburn with Darwen over the course of the project.
- 250 children and young people in Blackburn with Darwen completed a questionnaire sharing their experiences and views.

Demographics of Participants

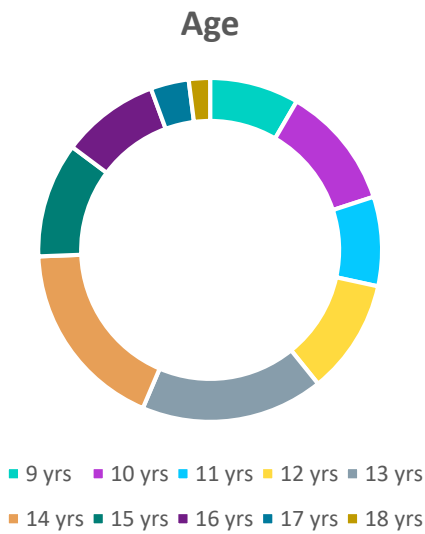


Figure 1

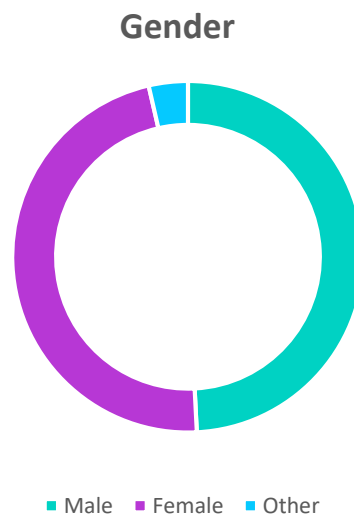


Figure 2

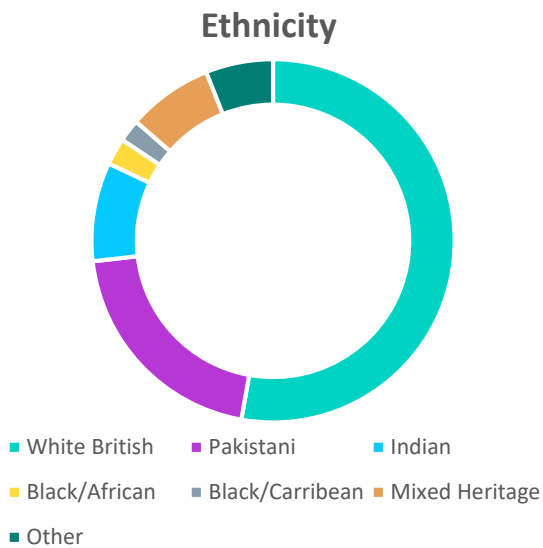


Figure 3

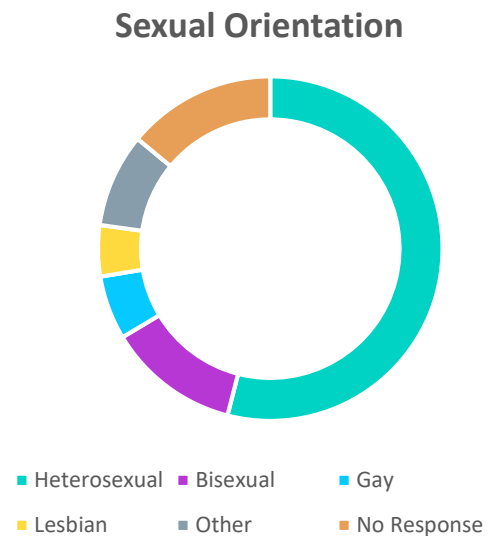


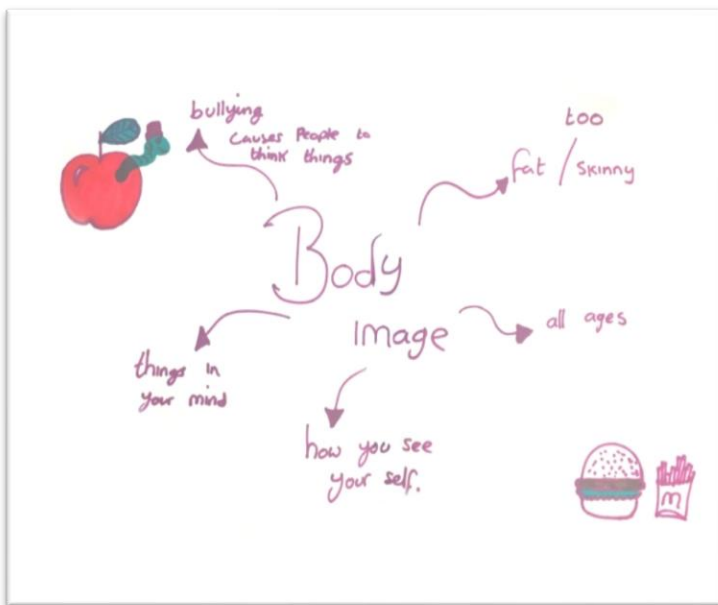
Figure 4



What do we mean by Body Image?

Body image is how you see yourself when you look in the mirror or how you feel about your body (e.g., height, shape, and weight). It is defined as one's thoughts, perceptions, and attitudes about their physical appearance. Many of us internalise messages starting at a young age that can lead to either positive or negative body image. Having a healthy body image is an important part of mental wellbeing and eating disorders prevention.

(NEDA, 2018)



Negative body image can be powerfully influenced and affected by cultural messages and societal standards of appearance and attractiveness. Given the overwhelming prevalence of thin and lean female images and strong and lean male images common to all westernized societies, body image concerns have become widespread among adolescents. (Croll, 2005)

What do we mean by eating disorders?

An eating disorder is when you have an unhealthy relationship with food which can take over your life and make you ill. It might involve eating too much or too little or becoming obsessed with controlling your weight. (NICE, 2017)

EATING DISORDER IS A MENTAL HEALTH ILLNESS. IT'S IMPORTANT TO REMEMBER THAT EATING DISORDERS ARE NOT AT ALL ABOUT FOOD ITSELF, BUT ABOUT FEELINGS. THE WAY THE PERSON INTERACTS WITH FOOD MAY MAKE THEM FEEL MORE ABLE TO COPE, OR MAKE THEM FEEL IN CONTROL. (Beat, 2017)



Common types of Eating Disorders

Eating disorders are serious medical conditions, and when they get really bad they can put your life at risk. However, there are treatments that can help, and you can recover from an eating disorder. (NICE, 2017)

Anorexia Nervosa

when you try to keep your weight as low as possible by not eating enough food, exercising too much, or both

Bulimia Nervosa

when you sometimes lose control and eat a lot of food in a very short amount of time (bingeing) and are then deliberately sick, use laxatives, restrict what you eat, or do too much exercise to try to stop yourself gaining weight

Binge Eating Disorder (BED)

when you regularly lose control of your eating, eat large portions of food all at once until you feel uncomfortably full, and are then often upset or guilty

Other Specified Feeding or Eating Disorder

when your symptoms don't exactly match those of anorexia, bulimia or binge eating disorder, but it doesn't mean it's a less serious illness





DO YOU FEEL COMFORTABLE IN YOUR BODY?

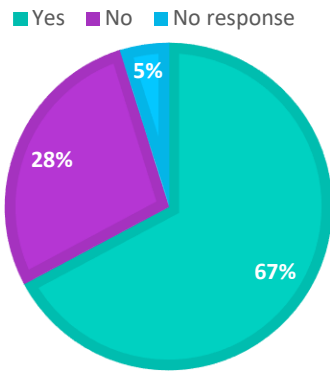


Figure 5

ARE YOU HAPPY WITH YOUR BODY WEIGHT?

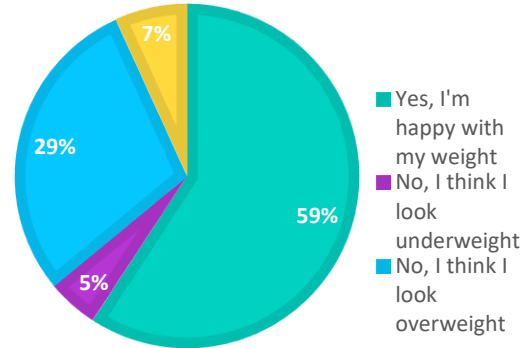


Figure 6

Most children and young people told us that they felt comfortable in their body, and happy with their body weight, shape and size. However, 28% of participants said that they did not feel comfortable in their own body.

We asked participants if they were happy with their body shape and size. The majority of children and young people told us that they were happy with their weight, with 41% either thinking that they are overweight, underweight or unsure how they feel about their bodyweight (*Figure 6*). They told us that their weight was the most significant factor affecting how they are treated by others compared to other factors such as height, the colour of their skin or how they dress.

The participants either thought about their body shape or size a few times a day or not at all.

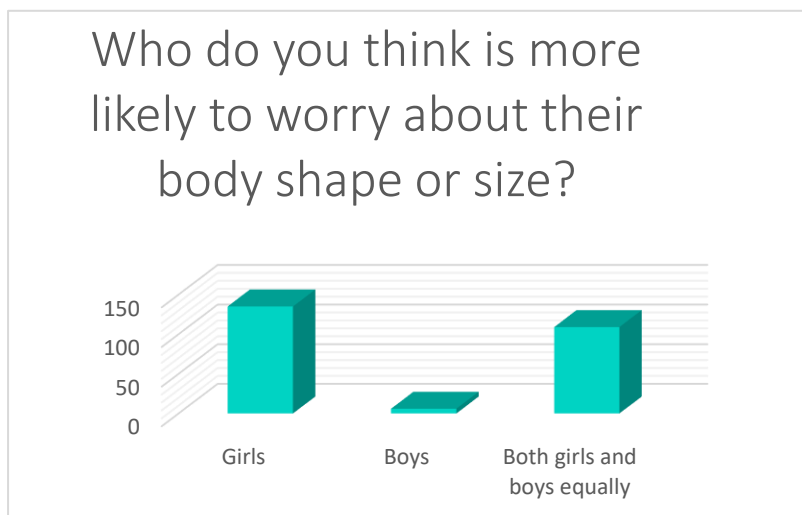




Gender

Young people felt that the prevalence of eating disorders amongst boys and men is not focused on as much in comparison to young girls and women. However, rates are increasing and it is thought that a significant number of sufferers remain unidentified. Estimates suggest that a quarter of sufferers could be male, although the actual number may be even higher. Between 2005 and 2014 the number of hospital admissions for eating disorders in males aged 10-24 years rose by 20%, and the most common age for admission was just 13 years (in girls it was 15). (Thompson, 2017)

The graph below shows children and young people's perception of who is more likely to worry about their body shape or size.



- 54 % of participants thought girls were more likely to worry about their shape and size.
- 2% of participants thought it was boys.
- And 44% thought girls and boys equally.

Figure 7

It is increasingly important to challenge people's perception of it being mainly females who have negative body image or develop eating disorders. It is paramount that schools, youth organisations, family members, the media and healthcare professionals raise awareness in both males and females. The risk factors can be sexuality, previous dieting or obesity, professions or hobbies with an emphasis on fitness such as dancers, personal trainers and athletes. Identifying risk factors will support us all to recognise the signs and symptoms of eating disorders to aid referrals to specialised services to ultimately manage the disorder effectively.



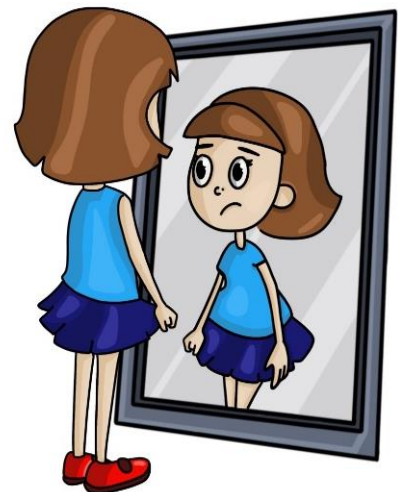
We asked young people what they believed were the contributing factors to negative body image and eating disorders. Below is a snapshot of what children and young people shared with us.

Celebrities Picked On Magazines Chocolate Name
Calling Making Fun Look Skin Unhealthy Models
Eating Bad Thoughts Social Media Negative
Bullying Friends Weight School Skinny Junk Food
Mean Muscles Overweight Takeaways Mental Health
Instagram Low Self-Esteem

Figure 8



Participants felt bullying, social media, fashion and celebrities have a huge impact on negative body image. They shared that it put pressure on them to look a certain way and if you didn’t you would be left out and not accepted.





Prevention and Early Intervention

People can develop an eating disorder regardless of gender, age, religious, cultural or social backgrounds. However, they most commonly start in young people aged 13 to 17 years and therefore children and young people are more at a risk.

“The earlier in the course of the illness someone is able to access treatment, the better their chance of full recovery.” (Beat, 2018)

It isn't the job only of specialist services to identify eating problems and provide diagnoses. The power to prevent eating disorders is in all of our hands, from the school teacher to the friend, the parent to the GP. Raising awareness of the signs of eating disorders will help us all to have them on the radar, so that when they do appear to be developing in any one of us, swift and appropriate responses can be provided. This way we have the hope of supporting the person - rather than their eating problem - to flourish. (James, Beat, 2018)

The children and young people told us that they would be more likely to speak to a family member, friend or teacher if they felt uncomfortable in their body or if they believed they or someone they knew had an eating disorder. Very few children and young people said that they would go and visit a GP. Others told us that they would keep it to themselves and not speak to anyone.

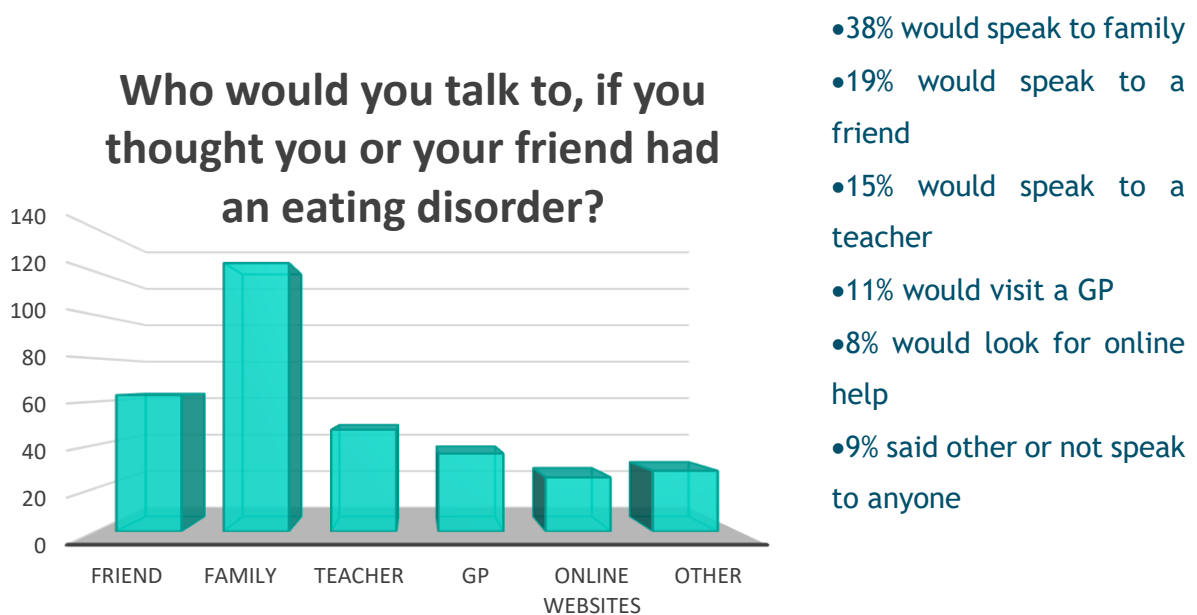


Figure 8



Schools and Youth Organisations

Teachers and youth workers are in an ideal place to raise awareness together with spotting the early signs and symptoms of negative body image and eating disorders.

Beat, the leading Eating Disorder Service strongly recommends that education and youth establishments take steps to address body image and eating disorders. They suggested tackling it using various avenues. One way would be to focus on anti-bullying procedures. “Even teasing or throwaway comments about someone’s size can have a negative effect on someone who is vulnerable to developing an eating disorder. Bullying also doesn’t have to be about weight and shape - any kind of bullying can lead to low self-esteem, a key feature of an eating disorder.” (Beat , 2018)



Recommendation 1

Schools to incorporate health and wellbeing policies which focus on anti-bullying and anti-discrimination procedures.

A high number of children and young people told us that the exercise they get is mainly from Physical Education lessons in schools and the walking commute to school and home. There are several hundred studies on the influence of physical activity on mental well-being which outlines key messages that exercise can be effective in improving mental well-being, “largely through improved mood and physical self-perception, exercise should be promoted regardless of its impact on mental health, as it carries significant reduction in risks for a range of diseases and disorders.” (Fox, 1999)



Recommendation 2

Increase physical education and incorporate health and fitness within the school curriculum. Together with supporting the transition of school sports activities into hobbies and fitness for life.



The Views and experiences of children and young people on body image and eating disorders

Using a holistic approach, it is important that schools and youth organisations build close working relationships with health and wellbeing services within Blackburn with Darwen, as well as addressing the topic with awareness raising activities by including it in the curriculum. The ultimate aim is to support children and young people at a personal level, in particular those that are showing signs of eating disorders or going through recovery.



"Knowing what to wear to suit my body shape, we did self-esteem sessions at school which really helped and being able to talk about it instead of keeping it to myself." 16, Female, Pakistani British



Recommendation 3
Schools and youth organisations to liaise with local health and wellbeing services to raise awareness of eating disorders and promote positive body image, ideally allowing young people to design and deliver regular self-esteem and confidence building sessions to promote positive body image.



Recommendation 4
A clear area of development would be for schools and youth organisations to put staff through appropriate training and development to spot the early signs of eating disorders as well as being able to adapt the children and young people's learning environment to accommodate meal times, energy and concentration levels.






Family

38% of the children and young people we spoke to (*figure 8*) told us that they would speak to a family member if they thought they or a friend had an eating disorder. Hence, it is vital to raise awareness of eating disorders amongst parents and carers as figures show (*figure 8*) that a family member is most participants' first point of contact. As discussed earlier, the sooner an eating disorder is identified and help is sought, the greater their chance of a full recovery.

Often parents worry about saying the wrong thing “Not knowing the right thing to say to someone with an eating disorder can be daunting, and sometimes fear of saying something that may be accidentally upsetting can cause people to pull away and not say anything. It’s important not to do this - eating disorders can be very isolating, and the person will need support. If you aren’t sure what to say, just being there to listen makes a big difference.” (Beat, 2017)



“Healthy cooked meals, parents knowing what’s healthy” Age 14, Female, White British



Recommendation 5

Public education to ensure parents are equipped with the appropriate information on how to support children and young people with early signs of eating disorders and encourage their child to seek medical support and also support for parents and carers with those suspected or diagnosed with an eating disorder.

The National Institute for Health and Care Excellence guidelines states, “when assessing a person with a suspected eating disorder, find out what they and their family members or carers (as appropriate) know about eating disorders and address any misconceptions. Offer people with an eating disorder and their family members or carers (as appropriate) education and information on the nature and risks of the eating disorder and how it is likely to affect them as well as treatments available and their likely benefits and limitations.” (NICE, 2017)



GPs

The first step towards getting help and support for an eating disorder is usually to visit the GP, who in turn would refer them on to a specialist for further assessment. As discussed above (figure 8), the majority of the children and young people shared that they wouldn't go and visit their local GP regarding negative body image or eating disorders. "It's important that visiting the GP helps them towards recovery and doesn't reinforce harmful beliefs that make it harder for them to access or engage with treatment."

One of the barriers people faced is not knowing where to turn for help and hence delaying crucial intervention. It would be extremely beneficial if the clinical commissioning group (CCG) ran campaigns to raise awareness of negative body image and eating disorders.



By doing this, people would first of all understand the illness and be able to recognise symptoms as well as knowing where to go for initial diagnosis and support.

Another barrier we face, according to the leading eating disorder service Beat is "sufferers being turned away by the healthcare system, creating obstacle to recovery." (Beat, 2017)

Further research would be beneficial on the number of people visiting their GP and the number that are being referred on for further assessment and specialist support, together with looking at the barriers of quick referrals.



Recommendation 6

Public Health as part of their responsibility for the healthy weight management and healthy living/eating, together with Lancashire Care Foundation (provider organisations to support with eating disorders) to run campaigns supported by the CCG to educate and raise awareness on the illness, informing the public of early signs and where to go for support.



Recommendation 7

GPs being appropriately trained to offer consultation and immediate referral. During assessment the GP should not solely be looking at physical indicators but according to NICE guidelines the assessment should also include "psychological and social needs and a risk to self." (NICE, 2017)



The Views and experiences of children and young people on body image and eating disorders

As the NICE guidelines specify, the outcome of a GP appointment should be immediate referral to an eating disorders specialist. The earlier people can access treatment, the more effective the treatment is, the smaller the disruption to their lives, and the better chance they have of making a full recovery. Andrew from Beat added: This isn't about blaming GPs, it's about enabling the 50 per cent of GPs who didn't provide good care to be as supportive of eating disorder sufferers as the 50 per cent who did". (Radford, Andrew Beat, 2017)



Recommendation 8

Another area of development would be to produce easy read, robust online self-care information, which would ideally be designed and created by children and young people so as to meet their needs.





The Views and experiences of children and young people on body image and eating disorders

We asked young people what they believed can be done so that people have more positive attitude towards their body image. Below is a snapshot of what children and young people shared with us.

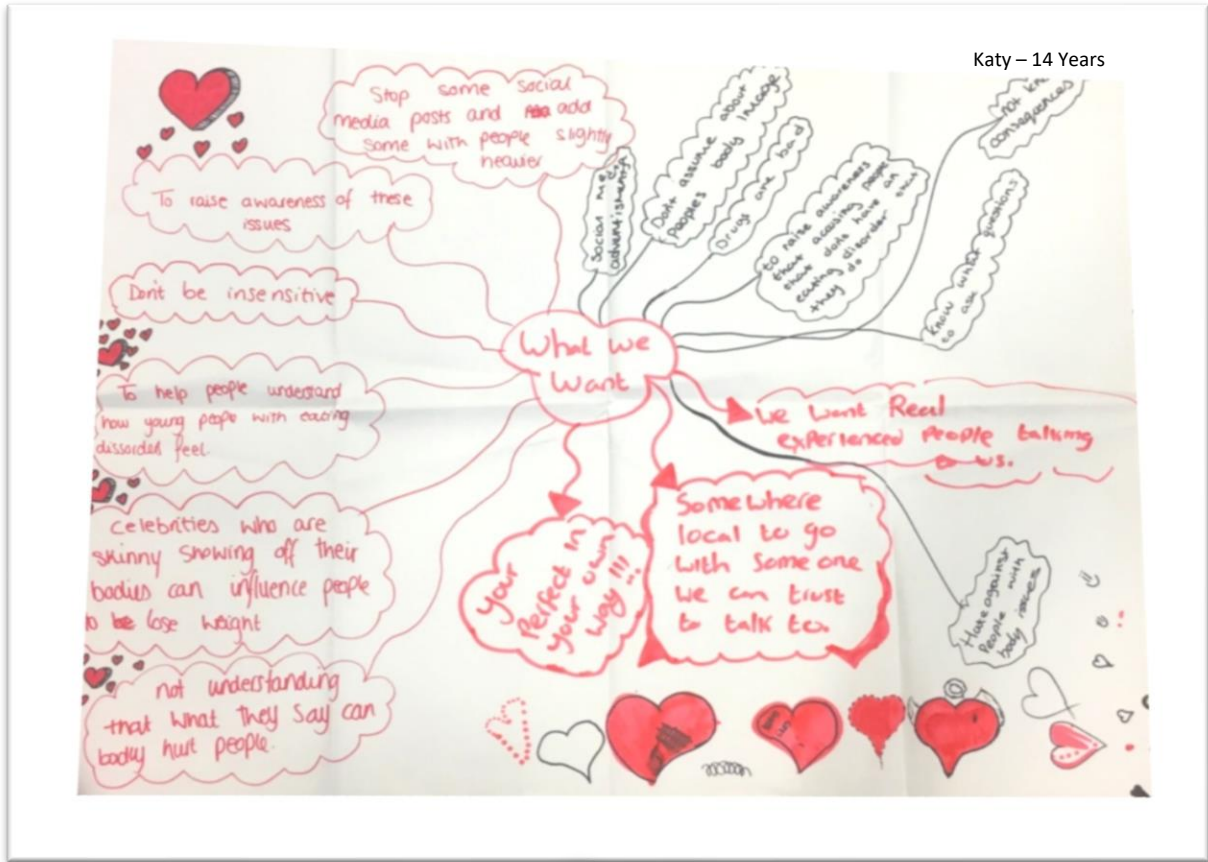


Figure 10





The Views and experiences of children and young people on body image and eating disorders



“Raise money for awareness and treatment for anyone who needs it” Age 14, Female, British Indian

“Help and support from family and friends” Age 15, Male, British White



The Views and experiences of children and young people on body image and eating disorders

An overarching theme that many children and young people shared with us was the lack of education on nutrition and fitness and not knowing where to go to if they were worried about their bodies. They felt it was both reasonable and understandable for them to want to improve their health and fitness or even change the way they look if it improves the way they perceive themselves, however there is little education on how to lose or put on weight safely. Children and young people told us that they would like access to a children and young person's gym with fitness instructors where they can go and exercise to achieve their goals, together with healthy cooking sessions.

"Believe in yourself, someone to talk to at home or at school who would give you good advice, if need to lose weight then be taught how to do it without harming their body and mind" Age 12, Female, White British

"More celebs and role models campaigning different body sizes" Age 17, Male, Indian British

"Someone local to go to with someone we can trust and talk to" Age 14, Female, White British




Coordination of care for people with an eating disorder

Children and young people shared ideas of therapy, talking to someone they trust with a big emphasis on support from family, school and friends.

They also felt that it was important that they were in control of their recovery and are well informed to make decisions on treatment.

Eating disorders (2004) NICE clinical guideline CG9

Family interventions that directly address the eating disorder should be offered to children and adolescents. Family members should be included in the treatment but there should also be appointments separate from family members.



“Talk to someone and let them be in control of their recovery” 14, Female, British Indian





Case Study

Becky had an unhealthy relationship with food from a young age. Mum took her to the GP with her concerns from the age of 2. Becky was diagnosed with an eating disorder in year 7 after fainting in school. Becky discussed how she would go without eating for a few days and “had people all my life telling me that I don’t eat enough.”

After Becky fainted in school she was taken to her local GP who told her she was underweight and diagnosed her with an eating disorder. Becky did not realise she had a problem with her eating as she felt it depended on her appetite and her mood. If she was in low moods she didn’t have an appetite and didn’t eat and would eat when in a good mood.

Once diagnosed, Becky was referred to an eating disorder clinic in Preston. This is when she recognised she had a problem. Becky was told if she didn’t eat, she would have approximately 3 months to live. When looking back at her pictures, she now sees what she didn’t see at the time.

Becky discussed that she was lucky to have support around her, “mum understood what the illness was, though my dad felt I was being lazy and I could eat if I wanted to and I was going through a phase” as he did not know much about eating disorders.

Becky talked about going through various services and is now receiving treatment through ELCAS (East Lancashire Child and Adolescent Mental Health Services also known as CAMHS in many areas). She feels she is well supported at her weekly appointments where she is weighed and has therapy.

She talked about being supported well in school with her appointments and at meal times. Becky’s step-mum would come to the school at dinner time and Becky would go and eat her dinner in her car. Once step-mum was unable to do this due to other commitments, school arranged the school counsellor to sit with Becky to have her dinner.

Becky talked about not really knowing much about her care plan but just that many different people had been involved. The eating disorder service also tried family therapy however, she felt her dad still did not understand the illness.



The Views and experiences of children and young people on body image and eating disorders

Becky still does not know what the trigger was for her eating disorder, but she feels it is important that children and young people are taught about it in schools so that the signs are spotted as soon as possible. She felt the most important part of her recovery was support from family, friends and the school and therefore it is crucial that there is a greater understanding in the borough.

Becky wished support was put into place earlier rather than being told that she would have 3 months to live if she didn't eat. She urges people to speak out about how they are feeling about their bodies. Even though she goes through some difficult moments, Becky feels she is on her journey of recovery.

Female, Age 15, White British (Please note the name of the young person has been changed for confidentiality).





Recommendations

Recommendation 1

Schools to incorporate health and wellbeing policies which focus on anti-bullying and anti-discrimination procedures.

Recommendation 2

Increase Physical Education within the school curriculum and incorporate health and fitness within the sessions. To also support in transitioning school sports activities into hobbies in order to support with health and fitness for life.

Recommendation 3

Schools and youth organisations to liaise with local health and wellbeing services to raise awareness of eating disorders and promote positive body image, ideally allowing young people to design and deliver regular self-esteem and confidence building sessions to promote positive body image.

Recommendation 4

A clear area of development would be for schools and youth organisations to put staff through appropriate training and development to spot the early signs of eating disorders as well as being able to adapt the children and young people's learning environment to accommodate meal times, energy and concentration levels.

Recommendation 5

Public education to ensure parents are equipped with the appropriate information on how to support children and young people with early signs of eating disorders and encourage their child to seek medical support and also support for parents and carers with those suspected or diagnosed with an eating disorder.

Recommendation 6

Public Health as part of their responsibility for the healthy weight management and healthy living/eating, together with Lancashire Care Foundation (provider organisations to support with eating disorders) to run campaigns supported by the CCG to educate and raise awareness on the illness, informing the public of early signs and where to go for support.

Recommendation 7

GPs being appropriately trained to offer consultation and immediate referral. During assessment the GP should not solely be looking at physical indicators but according to NICE guidelines the assessment should also include "psychological and social needs and a risk to self." (NICE, 2017)

Recommendation 8

Another area of development would be to produce user-friendly, robust online self-care information, which would ideally be designed and created by children and young people so as to meet their needs.



The Views and experiences of children and young people on body image and eating disorders

Jeanette Pearson - CAMHS Transformation Manager, NHS East Lancs and Blackburn with Darwen Clinical Commissioning Group

It was good to see the majority of young people feel happy in their bodies but I think we need to do more in schools to support the young people. Teachers will be trained in youth mental health first aid but this is not a general training package and not focused on eating disorders.

I totally agree that we need to raise awareness for eating disorders, especially for families and carers to identify these young people as early as possible so they can access the support they need as soon as possible and especially around young males who have an eating disorder, it is still thought of a female condition. Public Health are responsible for the healthy weight management of children and young people along with healthy living/eating. Eating disorders are a mental health condition and Lancashire Care Foundation Trust are the provider organisation to support those with an eating disorder and they are mental health trust across Lancashire. The CCG's could support any campaigns.

And finally, it's not only GP's who can refer into the eating disorder service, school nurses, health visitors, and others can also refer in. Thank you to the Amplify Group for the hard work they put in this report.

Hannah Wilson - Clinical Psychologist & Senior Clinician, Central & West Lancashire Eating Disorder Service, Lancashire Care NHS Foundation Trust

The report looks really interesting, I wonder how it is going to be disseminated? I wonder if there was also scope to explore more of what was highlighted as potential triggers for negative body image/Eating Disorders including social media and celebrities.





Conclusion

To bring about positive change, we need to encourage prevention and early intervention to reduce the number of people developing eating disorders. We need to ensure that schools, youth organisations, parents and GPs are equipped with the information to spot the early signs and symptoms for a fast referral in order for an effective sustained recovery.





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