

## Appendix R: Disordered Eating Guidelines

| Name of Policy<br>Writer/Amendments | Date Written &<br>agreed / Amended | Approved by    | Review Date |
|-------------------------------------|------------------------------------|----------------|-------------|
| S McKenzie                          | July 2017                          | Academic Board | July 2018   |

## Purpose

1. This document contains guidelines for staff and students on how Northern School of Contemporary Dance (NSCD) will work with students on disordered eating to ensure we provide high quality, conservatoire dance training in a healthy and safe environment.

## Background

2. We believe that dance training can and should be a positive and healthy experience for young people. It is therefore our goal to work towards the promotion of healthy eating and positive body image.
3. It is recognised that disordered eating is more common in aesthetic sports such as dance and gymnastics than in the general population, and that the dance environment can sometimes be high risk for individuals with other predisposing characteristics and profiles. At NSCD we see prevention, identification and positive action around disordered eating as part of our commitment to our students because it is both unhealthy and also dangerous to allow problems to go undetected.

## Definition

4. Eating disorders including anorexia nervosa, bulimia nervosa, EDNOS and binge eating disorder require diagnosis by a professional. Treatment varies and is available on the NHS and privately. Eating disorders can only be diagnosed by specialist professionals and NSCD is not responsible for diagnosing or treating such conditions.
5. Disordered eating is a broader term, describing problems that may not qualify as clinical eating disorders. They are less serious and more people will have disordered eating than full eating disorders. People will usually develop disordered eating before eating disorders and therefore early intervention is important. We recognise that eating problems exist on a continuum from healthy eating to clinical eating disorders.
6. Body Mass Index (BMI) gives a broadly accepted measure of fat/health risk and is calculated by dividing your metric weight by your metric height<sup>2</sup> (kg/m<sup>2</sup>). The World Health Organisation recommends that the goal for individuals in the general adult population should be to maintain a BMI in the range of 18.5 to 24.9.
7. Alternative Timetables will be devised if a student's BMI level is below the minimum requirement. This will detail the amount of physical training the student may undertake and include detail of support available to the student.

## Confidentiality

8. Students can speak with School staff in confidence, however there may be times when it is necessary for other members of staff to be made aware of a particular issue or difficulties, for example, if a particular medical condition or medication is affecting your ability to take class. In this case you will be encouraged to disclose the information to relevant members of staff. Further to this, information may also be shared between staff if they feel a student is a danger to themselves or others.

## Policy

9. NSCD requires female students to have a minimum BMI of 18.5 and male students a minimum BMI of 20. If a student's BMI level is below the minimum requirement they will not be permitted to undertake the full physical training programme. Where this level is not consistently maintained the School reserves the right to ask a student to defer or withdraw from the course.

10. NSCD is committed to providing appropriate, consistent and coherent support to students and staff in the area of disordered eating. These guidelines are designed to be a guide for staff and students detailing methods of education, prevention, identification and positive action to work with disordered eating.

### Procedures

11. The following methods with assigned individuals for each item will be applied:

- We will maintain an open approach to address disordered eating and potential eating disorders, and support students confronting such problems. *(Principal/All staff)*
- All NSCD students are responsible for ensuring they maintain a healthy BMI to support the demands of the rigorous, physical dance training. *(Students)*
- We will refer students for a BMI check as required. BMI checks will be measured by the Health & Wellbeing Coordinator. *(Teaching Staff/Health & Wellbeing Coordinator (HWC))*
- Alternative Timetables will be devised for all students below the minimum BMI level. All Alternative Timetables will be devised by the Health & Wellbeing Coordinator and teaching staff for authorisation by the Principal or Head of Academic Registry. *(HWC/Teaching Staff)*
- All students will have a personal tutor to discuss any issues they may have. *(Academic Heads)*
- All students may seek support or advice from the Student Support Coordinator and/or the Health & Wellbeing Coordinator. *(HWC/Student Support Coordinator (SSC))*
- We will provide students with access to a minimum of 3 sessions with the Health & Wellbeing Coordinator to offer emotional support as required. *(HWC/SSC)*
- We will signpost students to external specialist providers as necessary. *(HWC/SSC)*
- We will provide students with nutritional sessions to ensure all students are aware of the importance of good nutrition to support the physical nature of dance training. *(Principal/Head of Academic Registry/HWC/SSC)*
- The canteen will provide a range of healthy and nutritious food. *(Principal)*
- The School Library will stock relevant publications in the area of disordered eating. *(Librarian)*
- All staff will be informed of all relevant School guidelines, policies and procedures and trained accordingly. *(Principal/Head of Academic Registry)*
- All School guidelines will available to all students and staff. *(Head of Academic Registry)*
- Students will be consulted on evaluating School guidelines. *(SSC)*
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- All School guidelines will be adhered to and regularly reviewed against CDD policy and industry approaches. (*Head of Academic Registry*)

### Revision History

12. These guidelines have been devised referencing the Conservatoire for Dance and Drama (CDD) guidelines on Disordered Eating. They will be launched in September 2013 and reviewed bi-annually. All changes and amendments to the guidelines will be approved by the Principal and the Academic Board.

### References

13. The School library holds several books on the subject of eating disorders:

- Conservatoire for Dance and Drama, 2012, Guidelines on Disordered Eating
- Dance UK Healthier Dancer Programme <http://www.danceuk.org/healthier-dancer-programme/>
- Dance UK: Fit to Dance 2 (2005)
- Dance UK: Your Body Your Risk (2001)

14. The following website(s) have useful information:

- [www.b-eat.co.uk](http://www.b-eat.co.uk)
- [www.eating-disorders.org.uk](http://www.eating-disorders.org.uk)
- [www.danceuk.org](http://www.danceuk.org)

### Dance UK Guidelines on BMI Levels

15. BMI recommendations for a female dancer (from the age of 17 upwards), are as follows:

- 17.5 & under               very underweight
- 17.5 – 19                   below the recommended level.

**N.B.** Generally if BMI is under 19 but menstruation is normal, it is acceptable. If periods have stopped however, this requires medical investigation.

- 19 – 25                   recommended for good health
- 25 +                       overweight and can present some issues for partnering, pointe-work and high impact cardio-vascular activities

16. BMI recommendations for a male dancer, are as follows:

- Under 20               BMI may remain at these levels if still growing, but if it stays there as a result of under-eating, there is a risk of low testosterone levels and weak bones

- 20- 25 recommended for good health. But males can still be healthy with a higher BMI.

### **Student Guidelines – Disordered Eating**

The full Guidelines on Disordered Eating can be downloaded from the [Student Intranet](#).

**N.B.** This set of guidelines refers only to anorexia and it is planned to be extended to include bulimia prior to the next review date.

17. It is important to understand that early intervention makes successful recovery much more likely.
18. If you suspect that you have a problem you should contact the Health & Wellbeing Coordinator (HWC). We also recommend that you make an appointment to speak to your GP, who would be your first point of contact for medical help.
19. If you have concerns about one of your peers, please encourage them to refer to this document (Supporting a friend in distress can be stressful, so you might also want to have a chat with the Health & Wellbeing Coordinator).
20. One of your tutors may become concerned that your continuing participation may represent a health and safety risk to yourself and others. If such concerns are raised and/or you have significantly gained/lost weight you will be contacted personally by a member of staff to arrange a meeting with the HWC at which your BMI will be checked.
21. If your BMI is 18.5 or below, you will not be permitted to take part in the full training programme.
22. If no eating disorder, or any other health issue that might hinder your progress, is confirmed, and your BMI is above 18.5, you will be permitted to continue on the course. However we will, as a precautionary measure, continue to monitor and support you for the reasons mentioned in the 'Disordered Eating Guidelines'.
23. If NSCD has any on-going concerns, it reserves the right to seek a second opinion from a medical practitioner of their choosing.
24. If an eating disorder is confirmed the School will discuss a range of options with you to help you resolve your condition and agree a particular course of action best suited to your needs. Depending on the severity of your condition, this may include any of the following:
  - Advice and support in maintaining a healthy diet that provides you with sufficient energy to enable you to meet the demands of the course
  - Psychological support
  - An Alternative Timetable may be devised with limits set on the range and type of dance activities and time spent training each day. An Alternative Timetable will remain in place until your BMI level reaches the minimum NSCD level. We may ask for confirmation from specialist medical practitioners that you can return to the full programme.

- Deferral of studies. A full deferral will remain until the next academic year and students will only be permitted to re-enter the programme if they meet the required NSCD minimum BMI level. NSCD will require a note from a medical practitioner to confirm you are fit to resume the intensive physical training programme at NSCD.
  - When you return to School after such a deferral, you may still be receiving specialist professional help and guidance. Initially, it may be felt necessary to limit your participation levels to assess the stability of your recovery, and you will be given a timetable of those classes in which you are permitted to participate. The Principal will seek your permission to maintain contact with your doctors to ensure that you are properly supported at the School. To encourage open discussion and communication, you will also be required to attend regular meetings with the Health & Wellbeing Coordinator. Your BMI will be checked every term unless staff notice a significant decrease in which case this may be more frequent. This is to ensure that your recovery is stable and until such time as it is no longer deemed necessary. These measures will remain in place until NSCD has confirmation that you have recovered and no longer require support from the School and are able to return to the full programme without further endangering your health.
25. Whilst staff at NSCD will support you, it is your responsibility to follow the guidance you have been given. Failure to follow such guidance, lack of co-operation or further weight loss may lead to you being asked to withdraw from the course.

### **Staff Guidelines – Disordered Eating**

The full Guidelines on Disordered Eating can be accessed: [K:\Policies and Procedures \(Staff\)\Disordered Eating\Disordered Eating Guidelines\\_updated Feb15.docx](K:\Policies and Procedures (Staff)\Disordered Eating\Disordered Eating Guidelines_updated Feb15.docx)

For the purposes of these guidelines, “the student” is assumed to be female, but the issues are equally applicable to male students, unless otherwise noted.

26. NSCD is not responsible for diagnosing or treating eating disorders, our aim is to identify potential problems as quickly as possible and ensure relevant medical help is accessed. NICE (National Institute for Clinical Excellence) advises that the aim of effective screening is to facilitate early detection which has been shown to offer the best recovery rates. If you notice any significant weight gain/loss, or behavioural change, send an email to the Health & Wellbeing Coordinator (HWC). It is easy to assume some other staff member may have reported their concerns, but it is important that all staff accept the responsibility – too many reports are better than none!
27. A problem may be identified by any member of staff, another student, or the student themselves. There are no guidelines available on how to judge the level of risk a student may be facing. Staff need to exercise best judgement when making such decisions and instinct is often a useful guideline.
28. It is important students understand the disordered eating guidelines and measures are intended to support any individual struggling with a weight issue, and the student’s health and wellbeing are of paramount importance. The procedure is never intended to be punitive, although that may not always seem clear to the student concerned if they are asked to limit or defer their studies. The School has to be firm and clear on the acceptable levels of emotional and physical health needed to take full part in demanding dance training.
29. NICE report that many sufferers see weight loss as a positive achievement and that one of the biggest problems we may face in dealing with such issues is that sufferers will often deny the seriousness of the condition and be reluctant to discuss it. The average duration of an episode of anorexia nervosa is 6 years.

30. Also of concern is the number of atypical eating disorders or EDNOS (eating disorders not otherwise specified) which can be as severe and long lasting. In such cases, a student's weight might be just above the diagnostic threshold for anorexia nervosa or she might still be menstruating. She may be limiting her dietary intake and exercising excessively to control weight which is maintained in the low normal range. And in cases of bulimia, the BMI is often within normal limits.

For consistency it is important that all staff members follow the guidelines as set out.

31. If a student approaches you with concerns for a fellow student, you should first remind the student about the rules concerning confidentiality i.e. that you may not be able to offer complete confidentiality if it seems their friend may be at risk of harm. You may suggest that they refer their friend to the Policy on Disordered Eating and make an appointment with the HWC. You might also encourage the student voicing the concerns to speak to the HWC or any appropriate helpline, for advice in dealing with the issues surrounding the difficulties of supporting a friend in distress.
32. If a student speaks to you about their own food issues, you should first remind them about the rules concerning confidentiality and that if it is believed they are at risk confidentiality may be waived. You should encourage them to speak to the Health & Wellbeing Coordinator. You should follow up a few days later to see if they have taken your advice. If not, you should advise the student that because you have concerns about their ongoing safe participation, you will have to share the information with the Health & Wellbeing Coordinator who will make contact with the student concerned personally.
33. If a student is identified by a member of staff as having significantly lost weight and they have not come forwards themselves and neither have any of their peers then it is still important to bring this up either in a regular tutorial or to make a time to speak to them again, as above you should remind them about risk of harm and recommend they visit the HWC.
34. Once a student is seen by the HWC the relevant procedure will be discussed and the student will be reminded that whilst her right to confidentiality must be respected at all times, disclosure to a third party(ies) will be considered if it is believed there may be a risk to her welfare (see **INFORMATION TO STUDENTS**).
35. Once available, any such concerns (without specific detail) are noted at the Student Review Board. More detailed information, as and when it emerges, may only be shared within the "need to know" group, as follows:
36. If you are the **Personal Tutor** concerned, you should make a brief overture to the student concerned offering support. The student may find face to face communication difficult, in which case emails can be useful. Whichever means of communication is used, it is important that you retain brief notes of any meetings/communication with the student.
37. As and when appropriate, it will be the decision of the "need to know" group what further information is shared with a larger community involved in supporting the student.
38. Whilst advice is being sought, it may be necessary to temporarily suspend dance activity. For some students, requiring them to observe for a period of time may motivate and encourage them to make

the changes necessary to return to class. However, for others, not being permitted to participate in some or all classes can prove very upsetting. If this should be the case, it is important that you encourage the student to speak to the HWC to establish the measures that are permissible within the constraints of the course programme.

39. Each individual student must be carefully monitored to ensure the best approach is taken. If you are the “point of contact” (i.e. the person with whom the student has chosen to communicate), you should retain brief but accurate records of your meetings and communication with that student. It is important to help the student to understand that a substantial support network is in place but that they have “ownership” of their own recovery. Such students often feel very helpless with low self-esteem so patience and encouragement must be offered at all times. Impatience will never be effective and neither will reassurance that you feel their body is ok – do not get into discussions about weight.
40. Following further investigation, if no eating disorder is confirmed and the student’s BMI falls inside the recommended range, she/he will be monitored by staff. If there are any further concerns, the **Counsellor** will consult with the “need to know” group who will determine if further referral to specialist practitioners is necessary.
41. If an eating disorder is confirmed, depending on severity, the student may be permitted back onto the programme but it may be necessary to limit her/his activities. Should this be the case, all relevant tutors will be advised as to the levels/activities in which the student may participate.
42. In some other cases, it may be necessary to temporarily defer the student from the School.
43. Before a student is permitted back onto the course, NSCD will initially require confirmation from specialist medical practitioners of the student’s current BMI and their recommendation that the student may be sufficiently recovered to resume training. NSCD will then, in collaboration with the HWC, and either the student’s own GP or one of NSCD’s choosing, seek to assess their readiness to return to the programme and determine at what level of participation. The student will also need to demonstrate in class that they are fit and able to benefit from the demands of the professional dance training offered by NSCD.
44. It is likely that when a student returns to School they may still be receiving specialist professional help and guidance. Initially, it may be necessary to limit participation to assess the stability of recovery. In this case all relevant tutors will be advised as to the student’s timetable. In addition, the HWC will meet regularly with the student to ensure that recovery is stable until we receive confirmation from appropriate specialist medical practitioners that the student needs no further support from the School and can return to the full programme. Until this time, at regular intervals, your input may be requested by email, so that any problems are identified and appropriate measures taken.
45. All tutors should not underestimate the impact on students who have a friend suffering from an eating disorder especially when many of our students share houses. Meal times can become difficult for everyone and supporting someone with a serious mental health problem can be tiring and scary. They may need to be reminded that while they may wish to help in their friend’s recovery, the illness is not their responsibility; they need to take care of their own health too. Recommended website: B-eat

46. And finally, supporting a student with an eating disorder can be very distressing and stressful. You may find also find it helpful to visit the suggested websites.

Recommended Reading: CDD's Disordered Eating Poli