

## Disordered Eating Policy and Procedures

<b>Policy owner:</b>	Northern School of Contemporary Dance Academic Board
<b>Lead contact:</b>	Student Support & Wellbeing Manager
<b>Audience:</b>	Northern School of Contemporary Dance courses of study/students/staff
<b>Approving body:</b>	Academic Board
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<b>Policy Implementation date:</b>	From September 2022
<b>Supersedes:</b>	NSCD Disordered Eating Policy
<b>Previous approved version(s) dates:</b>	2018
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<b>Next review due date:</b>	September 2025
<b>Related Statutes, Ordinances, General Regulations</b>	Equality Act 2010; Data Protection Act 2018; General Data Protection Regulations 2018
<b>Related Policies, Procedures and Guidance:</b>	Northern School of Contemporary Dance Student Codes of Practice, Terms and Conditions; Support Through Studies
<b>UK Quality Code reference:</b>	Quality Code Expectations for Quality; Advice and Guidance: Concerns, Complaints and Appeals; Enabling Student Achievement; Student Engagement
<b>OfS Conditions reference:</b>	Conditions B2, B3, C1
<b>Equality and Diversity Considerations:</b>	Policy should be available in accessible format for all students.
<b>Date Equality and Diversity Assessment Completed:</b>	
<b>Further information:</b>	

## 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 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 dangerous to allow problems to go undetected.

## Definition

4. Eating disorders including anorexia nervosa, bulimia nervosa, OSFED (Other Specified Feeding or Eating Disorder) 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, but can offer support to students with a diagnosis of an eating disorder.
5. Disordered eating is a broader term, describing problems that may not qualify as clinical eating disorders. They are less serious and more prevalent 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. BMI alone should not be taken as evidence of an Eating Disorder, BMI is one of several assessments for understanding a dancer's health – other tools include medical and gynaecological history and physical examination, which should be undertaken by a medical professional. The clinical exam should be directed to look for signs of malnutrition (skin, hair and body hair, teeth, muscle, etc.). Age, gender and ethnicity of the student should also be taken into consideration – ideally with an understanding of the student's growth charts over time.
8. BMI should also not be taken as evidence of an Eating Disorder in students aged 17 and below, as other factors will determine a healthy weight in students who have not yet reached adulthood, such as age, gender and individual growth charts

## Confidentiality

9. 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 a student's ability to take class. In this case students 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.

10. Disordered eating, in its most serious and long-term form, is a mental health condition and students presenting with clear signs of a recognised eating disorder are covered by the Equality Act and are entitled to the same support and reasonable adjustments as other disabled students. One of these entitlements is rights relating to passing on information. Where safe and practicable, permission should always be requested from the student to pass on information where a student's safety is considered to be at risk, or in order to put reasonable adjustments in place

## Policy

11. NSCD Training places high demands on students' physical and emotional energy and there are medical and ethical issues in allowing students to continue training where a very low or very high BMI is likely to mean future problems with their health, strength, bone health and, for female students, their fertility
12. NSCD requires female students to have a minimum BMI of 18.5 and a maximum of 24.5 and male students a minimum BMI of 20 and a maximum of 25. If a student's BMI level is outside of these measures they will not be permitted to undertake the full physical training programme until their BMI meets the required measurement. Where this level is not consistently maintained the School reserves the right to ask a student to defer or withdraw from the course. This decision will only be made where there are reasons for concern for the student's health and safety and for the safety of others, particularly in relation to the performance elements of their training
13. Alternative Timetables will be devised if a student's BMI level is below or above these requirements. This will detail the amount of physical training the student may undertake and include detail of support available to the student.
14. 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.
15. Wherever possible, decisions about stopping training will be taken with the student's consent and there will be an agreement in place regarding returning to full training. This process will be monitored under the Support Through Studies Policy. Where a student's absence is longer than can be accommodated within the School's attendance and concessions policies, a decision will need to be made regarding whether the student will need to restart the year.

## Procedures

16. 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. (*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*)
  - At point of entry NSCD will request the weight and height of new students. This is simply to have a record should issues arise. (*Staff*)

- We will refer students for a BMI check as required. BMI checks will be measured by the Health & Wellbeing Team . (*Teaching Staff/Health & Wellbeing Team (HWT)*)
- Alternative Timetables will be devised for all students below or above the minimum BMI level and issued under the Support through Studies Policy. All Alternative Timetables will be devised by the Health & Wellbeing Team and teaching staff, for authorisation by the Head of Academic Registry. (*HWT/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 Student Services (SS) and/or the Health & Wellbeing Team. (*SS / HWT*)
- We will provide students with access to the Health & Wellbeing Team to offer emotional support as required. (*HWT*)
- We will signpost students to external specialist providers, including nutritionists, sports scientists and NHS services, as necessary. (*HWT/Head of Academic Registry*)
- 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. (*Head of Academic Registry/HWT*)
- 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. (*Vice Principal/Head of Academic Registry*)
- All School guidelines will be available to all students and staff. (*Head of Academic Registry*)
- Students will be consulted on evaluating School guidelines. (*Head of Academic Registry*)
- All School guidelines will be adhered to and regularly reviewed against industry approaches. (*Head of Academic Registry/HWT*)

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

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 Team (HWT). 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 Student Support & Wellbeing Manager).
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 HWT at which point your BMI may be checked.

21. If your BMI is 18.5 or below for a female (below 20 for a male), or above 25, you will not be permitted to take part in the full training programme and will be recommended to seek support
22. If no eating disorder, or any other health issue that might hinder your progress, is confirmed, and your BMI is within the measurements defined as healthy, 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.
  - Interruption of studies. An Interruption 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 an intermission you may still be receiving specialist professional help and guidance, following the Support through Studies Policy. 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. Relevant staff 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 Team Your BMI will be checked every term unless staff notice a significant change, 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/gain may lead to you being asked to withdraw from the course.

**Staff Guidelines – Disordered Eating**

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 Manager (HWM). 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 OSFED (Other Specified Feeding or Eating Disorder) 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 female students may still be menstruating. a student may be limiting their 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 Student Support Manager. You might also encourage the student voicing the concerns to speak to the Student Support Manager 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 Student Support & Wellbeing Manager. 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 Student Support Manager, who will make contact with the student concerned personally.
33. If a student is identified by a member of staff as having significantly lost or gained 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 Health & Wellbeing team.

34. Once a student is seen by the Student Support Manager the relevant procedure will be discussed and the student will be reminded that whilst their 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 their welfare (see STUDENTS GUIDELINES).
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 concerned tutor, 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.

Whilst advice is being sought, it may be necessary to temporarily suspend dance or limit 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 Student Support Manager to establish the measures that are permissible within the constraints of the course programme.

38. 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.
39. Following further investigation, if no eating disorder is confirmed and the student’s BMI falls inside the recommended range, they 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.
40. 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 their activities. Should this be the case, all relevant tutors will be advised as to the levels/activities in which the student may participate.
41. In some other cases, it may be necessary for the student to take an interruption of studies from their programme of study at the School.
42. 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 Student Support Manager, 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.

43. 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 HWT 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.
44. All tutors should appreciate 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.
45. 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.

#### o Revision History:

46. These guidelines have been devised referencing the Conservatoire for Dance and Drama (CDD) guidelines on Disordered Eating. They will be launched in September 2022 and reviewed bi-annually. All changes and amendments to the guidelines will be approved by the Academic Board.

#### References

47. 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)

48. 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)

**49. One Dance UK Guidelines on BMI Levels – from 2019, since removed from the One Dance UK website**

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

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.