



NUTRITION POLICY

Introduction

Students at the Royal Ballet School are elite athletes, and must ensure that they attend carefully to their nutritional needs. They are also aesthetic athletes, and their appearance is a part of their performance. The School has a duty of care to the students, and the desire to enable every student to fulfil his or her potential in dance. It is therefore vital that:

- a) all students keep to a healthy weight
- b) all students eat and drink in ways that enable them to perform at their best
- c) the School monitors the students' health, weight and nutrition as effectively as it can, and promotes positive attitudes towards weight, healthy eating and body image at all times.

The following statement has been agreed by all of the Heads of Schools operating under the DfE Music and Dance Scheme.

It is known that, along with many athletes, dancers are at greater risk of developing eating disorders and associated medical problems than the general population. Body composition is also an important component of physical fitness, vital in enabling dancers to train and reach their true potential. Dancers who fall above or below the recommended norms may be putting their health at risk as well as limiting their career. All Dance schools within the MDS scheme are committed to developing, training and nurturing healthy dancers. Schools endeavour to encourage positive attitudes towards weight control, healthy eating and body image at all times. Individual school policy may detail how potential problems will be addressed and individual students helped if concern has been expressed.

MDS funding will not be offered or may subsequently be removed, if there is evidence of long-term eating disorder where health is at risk.

Policy

The Royal Ballet School will:

- a) teach students about nutrition through regular classes in PSHE and via workshops with the Nutritionist at Lower School and as part of the BTEC course at Upper School
- b) promote healthy and effective nutrition through the work of the Dining Hall at Lower School and through the House managers at Wolf House, Jebson House and the Long Acre flats at Upper School
- c) advise students through the Nutritionist and physiotherapist at Upper School, the School Nurse and the Nutritionist at Lower School, or the independent counsellor
- d) identify those suffering from disordered eating or ineffective nutrition
- e) prevent the development of eating disorders in individual students through rapid identification and effective intervention
- f) support students who are addressing problems with weight or nutrition
- g) articulate a protocol addressing students' problems with weight or nutrition.

Identification

There are many ways in which problems with nutrition can come to the School's attention. Students may discuss the matter themselves with a member of staff; other students may reveal their concerns; members of staff may notice; medical staff or parents may report concerns. All concerns must be listened to seriously, and appropriate action taken under the Protocol.

Eating disorders (including anorexia nervosa, bulimia nervosa, and binge eating disorder) are clinical problems that only a trained professional (such as a psychologist or psychiatrist) can diagnose and treat.

Disordered eating is a broader term for patterns of eating that do not support the student's health, training and performance. Disordered eating can be a prelude to eating disorder, and should be taken seriously.

Signs of disordered eating or eating disorders include:

- a) Evidence of self induced vomiting, pharmacological abuse or compulsive over-eating
- b) Drastic or sudden weight change
- c) Missing three or more consecutive periods in post-menarchic girls (secondary amenorrhea), or not having reached menarche by age 15 (primary amenorrhea)
- d) Fine hair growth (lanugo)
- e) Diagnosed with stress fracture(s)
- f) Experiences major physical symptoms or problems related to disordered eating (e.g. fainting, collapsing)
- g) Excessive exercising inside and outside the scheduled classes or exercising under abnormal circumstances (e.g. when injured; in secret in their room)
- h) Experiences several minor physical symptoms or problems related to disordered eating (e.g. sleep problems, dizziness)
- i) Recurrent injury or illness
- j) Secretive or evasive around food (e.g. saying they "have already eaten")
- k) Sudden changes in eating behaviours and patterns (e.g. becoming vegetarian, vegan, more fussy about which foods s/he eats, new intolerances)
- l) Visits the toilet each time they have eaten
- m) Lack of growth and/or sexual maturation
- n) Dry, pale, and/or discoloured hair and skin, discoloured or swollen hands and feet
- o) Poor teeth and raw knuckles (a result of self-induced vomiting)
- p) Gets angry or distressed when asked about eating problems
- q) Repeatedly displays failing concentration and fatigue in class
- r) Avoids social interactions and/or otherwise changed in personality
- s) Avoids screening and/or other physical tests and assessments
- t) Personality changes possibly including violence, mood swings and depression.

A person with an eating disorder commonly has fears about being 'fat' and fears about their shape: the mind of an anorexic shows them as 'fat' when they look in the mirror when others see them as a virtual skeleton. They usually believe that the more weight they lose the closer they come to being worthwhile. If challenged, they deny that they have a problem and refuse to believe they are dangerously thin. They are unable to accept rational argument around their eating habits and weight.

Any single symptom could have an explanation, but recurring patterns are a cause for concern.

Members of staff should always report concerns to the Director or the Ballet Principal. Individual members of staff should not discuss questions of weight, diet or medication with students, nor should there be general discussion of any issues related to this protocol.

Procedures

Weight gain

In the context of the School, weight gain is an aesthetic question and a subjective judgement; it will rarely be a health issue. Students may be gaining weight through growth, or as part of natural fluctuations in body composition, or as a reaction to stressful life-events, either at the School or outside. The protocol for working with students who are gaining weight must therefore be implemented with great care. In particular it is vital that any discussion be very sensitive. Use of the word 'fat' should be avoided in discussion. The student must feel supported at all times, and helped to avoid the reaction of continued over-eating or sudden under-eating. Specialist staff should be involved where necessary.

- 1) If any member of staff notes that there is an obvious problematic weight gain in a student, or has a concern reported to them, the staff member must initially tell the Director or the Ballet Principal.
- 2) The Director (or Ballet Principal) will inform the Child Protection Co-ordinator (Academic and Pastoral Head for Upper School, Deputy Head for Lower School; the Deputy Head will inform the Head of Lower School) of any student being discussed and what action is being taken. The student will be recorded in the Child Protection register.
- 2) The Director (or Ballet Principal) makes a decision either to have the student spoken to or else just to keep an eye on the student to see if the situation improves or worsens.
- 3) If the situation does not alter, or if the decision is to speak to the student immediately, the Director (or the Ballet Principal) talks to the student and discusses the weight gain. The student is asked to meet the Nurse and/or the Nutritionist (Lower School) or the Nutritionist (Upper School), who can give the student an Eating Plan aimed at reducing weight over a safe period of time. The student will be weighed regularly. The Director (or Ballet Principal) keeps records throughout of discussions and developments.
- 4) Parents should be notified once the student has been spoken to, unless notification is likely to cause harm to the student.
- 5) If the student continues to gain weight or goes into a sudden decline in weight, the Director (or the Ballet Principal) will meet the student again. The student should be sent for specialist consultation. In addition, areas of training that may be affected (such as being lifted in *pas de deux*) are discussed. If the student is too heavy to be lifted safely by male partners then certain overhead lifts are eliminated from the classes of the students concerned. They are also advised that further progression in the School may be at risk if their body is becoming unsuitable for classical ballet (i.e. progression to the Upper School or progression into the Graduate Year of the Upper School).

Weight loss

In the context of the School, weight loss is a medical and an aesthetic problem. Students may be losing weight through growth, or as part of natural fluctuations in body composition, or as a reaction to stressful life-events, either at the School or outside. The student must feel supported at all times, and the involvement of pastoral and medical staff is essential. Care must be taken in discussion, and words like 'eating disorder' or 'anorexic' should be avoided.

In severe cases, eating disorders (including anorexia nervosa, bulimia nervosa, and binge eating disorder) are clinical problems that only a trained professional (such as a psychologist or psychiatrist) can diagnose and treat.

- 1) If any member of staff notes that there is an obvious problematic weight loss in a student, or has a concern reported to them, the staff member must initially tell the Director or the Ballet Principal.
- 2) The Director (or Ballet Principal) will inform the Child Protection Co-ordinator (Academic and Pastoral Head for Upper School, Deputy Head for Lower School; the Deputy Head will inform the Head of Lower School) of any student being discussed and what action is being taken. The student will be recorded in the Child Protection register.
- 2) The Director (or Ballet Principal) makes a decision either to have the student spoken to or else just to keep an eye on the student to see if the situation improves or worsens.
- 3) If the situation does not alter, or if the decision is to speak to the student immediately, the Director (or the Ballet Principal) talks to the student and discusses the weight loss. The student is asked to meet the Nurse and/or the Nutritionist (Lower School) or the Nutritionist (Upper School), who can give the student an Eating Plan aimed at increasing weight over a safe period of time. The student will be weighed regularly. The student will be weighed regularly. The Director (or Ballet Principal) keeps records throughout of discussions and developments.

- 4) Parents should be notified once the student has been spoken to, unless notification is likely to cause harm to the student.
- 5) The Director (or the Ballet Principal) will meet the student again every two weeks. If the student is not re-gaining weight, they should be sent to a trained professional (such as a psychologist or psychiatrist) for further diagnosis and treatment. The School must take great care not to create more strain or anxieties for the student that worsen the problem.
- 7) As a final recourse, and with the advice of a trained professional, students who suffer significant weight loss prior to appraisals or performances will be told that they cannot participate until weight restoration has occurred. The student and their parents will be informed that the student may have their work load reduced until they return to a safe working weight; and that further progression in the School may be at risk if their body is becoming unsuitable for classical ballet (i.e. progression to the Upper School or progression into the Graduate Year of the Upper School). If the student is unable to return to what the School believes is a safe working weight for a young student participating in a physically demanding day/week then they and their parents are told that they are unsuitable material to continue their studies at the Royal Ballet School.