

## INTRODUCTION

Students at the Peploe-Williams Academy are a class of athletes, and must ensure that they attend carefully to their nutritional needs, well being needs, and mental health 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, acting, singing and performance. It is therefore important that:

1. all students keep to a healthy weight
2. all students eat and drink in ways that enable them to perform at their best
3. the School is aware of 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 the owners, and staff of the Academy.

*It is known that, along with many athletes, dancers, and performers 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. We are committed to developing, training and nurturing healthy dancers, and performers, and we, endeavour to encourage positive attitudes towards weight control, healthy eating and body image at all times.*

## POLICY

The Peploe-Williams Academy will:

1. educate students about nutrition through our online portal, newsletters, webinars, and in some instances workshops.
2. promote healthy and effective nutrition through our regular correspondence to students and parents.
3. advise students about healthy eating, and the affect on well being that good nutrition and exercise have via our nutritionist, newsletters, examples, blogs, and webinars
4. identify those students and parent who may need extra help.
5. try to prevent the development of eating disorders in individual students by a process of education and informed discussion.
6. support students who are addressing 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; parents may inform us of their concerns.

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. We can only recommend professionals to be involved at this stage.

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:

1. Evidence of self induced vomiting, pharmacological abuse or compulsive over-eating
2. Drastic or sudden weight change
3. Missing three or more consecutive periods in post-menarchic girls (secondary amenorrhea), or not having reached menarche by age 15 (primary amenorrhea)
4. Fine hair growth (lanugo)
5. Diagnosed with stress fracture(s)
6. Experiences major physical symptoms or problems related to disordered eating (e.g. fainting, collapsing)
7. Excessive exercising inside and outside the scheduled classes or exercising under abnormal circumstances (e.g. when injured; in secret in their room)
8. Experiences several minor physical symptoms or problems related to disordered eating (e.g. sleep problems, dizziness)
9. Recurrent injury or illness
10. Secretive or evasive around food (e.g. saying they "have already eaten")
11. Sudden changes in eating behavior's and patterns (e.g. becoming vegetarian, vegan, more fussy about which foods s/he eats, new intolerances)
12. Visits the toilet each time they have eaten
13. Lack of growth and/or sexual maturation
14. Dry, pale, and/or discoloured hair and skin, discoloured or swollen hands and feet
15. Poor teeth and raw knuckles (a result of self-induced vomiting)
16. Gets angry or distressed when asked about eating problems
17. Repeatedly displays failing concentration and fatigue in class
18. Avoids social interactions and/or otherwise changed in personality
19. Avoids screening and/or other physical tests and assessments
20. 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 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, and would only be recommended to Parents.

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 Principal.
2. The 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, the Principal will notify the Parents of her observations, and discuss the next steps with them.

## **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 Principal.
2. The 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, the Principal will notify the Parents of her observations, and discuss the next steps with them. There will be a monitoring program set in motion. Only trained professionals will be approached in these circumstances.