

## **NCCA HE Guidelines on Disordered Eating**

### **1. Purpose**

This document contains guidelines for staff and students on how National Centre for Circus Arts (NCCA) will work with students on disordered eating to ensure we provide high quality, conservatoire Circus training in a healthy and safe environment.

### **2. Background**

We believe that Circus 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.

It is recognised that disordered eating is more common in aesthetic sports such as Circus, dance and gymnastics than in the general population, and that the performance environment can sometimes be high risk for individuals with other predisposing characteristics and profiles.

At NCCA 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.

### **3. Definition**

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 NCCA is not responsible for diagnosing or treating such conditions.

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.

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.

Alternative arrangements 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

Students can speak with student support 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.

### **4. Policy**

NCCA 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 or there are noticeable extreme fluctuations in a student's weight they may 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.

NCCA 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.

### **5. Procedures**

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

5.1 We will maintain an open approach to address disordered eating and potential eating disorders, and support students confronting such problems. **STAFF**

5.2 All NCCA students are responsible for ensuring they maintain a healthy BMI to support the demands of the rigorous, physical Circus training. **STUDENTS**

5.3 We will refer students for a BMI check as required. BMI checks will be measured by the Head of Academic Administration and Student Support (HAASS) and or The Student Support Manager (SSM). **Year Manager, HAASS and SSM**

5.4 Alternative Timetables will be devised for all students below the minimum BMI level. All Alternative Timetables will be devised by the Student Support Manager and teaching staff **Year Manager and SSM**

5.5 All students may seek support or advice from the Student Support Manager and Head of Academic Administration and student support.

5.6 We will signpost students to external specialist providers as necessary. **All Staff**

5.7 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 circus training. **HAASS and SSM**

5.8 All staff will be informed of all relevant School guidelines, policies and procedures and trained accordingly. **HAASS and SSM**

5.9 All School guidelines will available to all students and staff. **HAASS**

5.10 Students will be consulted on evaluating School guidelines. **SSM**

5.11 All School guidelines will be adhered to and regularly reviewed against Validating Partner policy and industry approaches. **HAASS**

## **6. Revision History**

These guidelines have been devised referencing, World Health Organisation and National Health Service

They will be launched in September 2021 and reviewed bi-annually.

All changes and amendments to the guidelines will be approved by the Academic Board.

## **7. References**

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)

### **UK Guidelines on BMI levels:**

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

17.5 & under very underweight

17.5 – 19 below the recommended level.

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 and high impact cardiovascular activities

BMI recommendations for a male performer, 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.

## **Appendix A**

### Student Guidelines – Disordered Eating

It is important to understand that early intervention makes successful recovery much more likely.

1. If you suspect that you have a problem you should contact the Student Support Manager (SSM). We also recommend that you make an appointment to speak to your GP, who would be your first point of contact for medical help.
2. 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 SSM)
3. One of your Year Managers or Teachers 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 SSM at which your BMI will be checked.
4. If your BMI is 18.5 or below, you will not be permitted to take part in the full training programme.
5. 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'
6. If NCCA has any on-going concerns, it reserves the right to seek a second opinion from a medical practitioner of their choosing.
7. 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:
  - a. Advice and support in maintaining a healthy diet that provides you with sufficient energy to enable you to meet the demands of the course*
  - b. Psychological support*
  - c. An Alternative Timetable may be devised with limits set on the range and type of activities and time spent training each day*
  - d. Deferral of studies*
8. An Alternative Timetable will remain in place until your BMI level reaches the minimum NCCA level. We may ask for confirmation from specialist medical practitioners that you can return to the full programme.

9. 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 NCCA minimum BMI level. NCCA will require a note from a medical practitioner to confirm you are fit to resume the intensive physical training programme at NCCA.

10. 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 Student Support Manager 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 Student Support Manager. 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 NCCA 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.

11. Whilst staff at NCCA 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.

## **Appendix B**

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

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.

NCCA 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, contact the Student Support Manager. 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!

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.

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 circus training. 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.

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.

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 SSM. You might also encourage the student voicing

the concerns to speak to the SSM or any appropriate helpline, for advice in dealing with the issues surrounding the difficulties of supporting a friend in distress.

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 SSM. 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.

3. 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, as above you should remind them about risk of harm and recommend they visit the SSM

4. Once a student is seen by the SSM 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.

5. Once available, any such concerns (without specific detail) are noted. More detailed information, as and when it emerges, may only be shared within the “need to know” group, as follows:

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 TEAMS chat messaging can be useful. Whichever means of communication is used, it is important that you retain brief notes of any meetings/communication with the student.

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.

6. Whilst advice is being sought, it may be necessary to temporarily suspend physical 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 SSM to establish the measures that are permissible within the constraints of the course

7. Each individual student must be carefully monitored to ensure the best approach is taken. If you are the “point of contact” (ie. 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.

8. 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 SSM will consult with the “need to know” group who will determine if further referral to specialist practitioners is necessary

9. 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.

10. In some other cases, it may be necessary to temporarily defer the student from the School.

11. Before a student is permitted back onto the course, NCCA 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. NCCA will then, in collaboration with the SSM, and either the student’s own GP or one of NCCA’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 Circus training offered by NCCA.

12. 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 teachers will be advised as to the student’s timetable. In addition, the SSM 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.

13. All teachers 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

14. 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.