



Healthy eating & concerns policy

This policy is supported by PSHE RSE, Safeguarding, First Aid & Mental Health policies and KCSIE 2023.

### About us

London Vocational Ballet School is a full-time vocational school which accepts students from the ages of 10 to 16 who show exceptional talent in dance.

We see our young students as training athletes and as such we promote a health positive approach to eating and the well-being of their physical growth.

The demands on young growing bodies who undertake high level of training must be cared for in a supportive and inclusive way. Through science and PSHE lessons which support the school's ethos that a dancer can only dance well if they have the right fuel in their bodies is positively promoted.

### Use of positive re-enforcement

The word 'diet' is only used if it forms part of a lesson where it is necessary to use the word ie: a science lesson. The word 'diet' is never used to describe a way a student should approach their eating habits. Through education in PSHE and from the advice of the dance faculty students are informed of the correct way to make sure they eat enough food to sustain them throughout the day and for their needs as a growing human.

### What students eat at LVBS

Parents are sent information as to what to provide for their child. Hot pots are very useful and popular at LVBS especially in the winter months. Parents are asked to provide various healthy snacks that their child can graze on throughout the day, this is important as their child is a training dancer and needs more fuel then the average child of their age.

On joining LVBS, parents are also sent a list of items that are banned ie: crisps, chocolate, fizzy drinks, chewing gum, sweets and popcorn. The most important list is the allergy list, which is updated at the start of each year or whenever a new student joins and has an allergy. Reminders of food allergies are sent out at the start of each term. The school has a 'no nut' policy which includes any food which are made with nut products.

### Demands of dance and self-image pressure

Dance, especially ballet requires a certain look, and this can put pressure on a young person. At the time of training at LVBS students are going through their biggest growth spurts and hormone changes, all of which can be stressful, and place pressure while training. We encourage our students to talk openly about any struggles they may have with food. A student may choose to speak to a member of staff that they trust, a friend or disclose using the student correspondence box. There concerns will be listened to.

## Aims of the policy

To increase understanding and awareness of eating disorders

- To alert staff to warning signs and risk factors
- To provide a structure and defined roles for staff dealing with students suffering from eating disorders.
- To provide support to students currently suffering from or recovering from eating disorders and their peers, parents and carers.
- To allow students suspected of suffering from an ED quick access to appropriate help and support both inside school and through counselling and GP contact. This aims to minimise both short and long-term effects of the disorders

If staff or students observe any behaviour of concern, they should report that to either the school's directors or the school's DSL. No one should approach the individual directly and it is essential that this area is dealt with sensitively and by the SMT. Feedback is very important in identifying student of concern. At all times, the individual will be cared for, and the primary goal is about supporting and facilitating recovery. For this reason, the importance of confidentiality will be stressed to all concerned.

The United Nations Convention on the Rights of the Child, Article 12 enshrines the principle of self-determination. The school SMT should treat any information in confidence, unless the student consents to it being disclosed. However, the SMT also needs to consider the interests of the student and where there is significant risk the information will need to be disclosed.

Examples of such situations include:

- Abuse
- If the young person is likely to harm themselves, or others are at risk from harm (this includes severe restriction of food/starvation)
- If the young person may be involved in serious criminal activity. Confidentiality should not be a barrier to effective communication with families and staff involved with the student. Often, staff can be given information in general terms, without breaching confidentiality. Similarly, the concerns of staff and families can be heard whilst maintaining the privacy of the student. Where confidentiality is an issue, every effort should be made to negotiate with the student about what information can and cannot be shared. If a decision is made to share information, the young person should be told.

## Eating disorders

Information about Eating Disorders:

Anyone can get an eating disorder regardless of their age, sex or cultural background. People with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial.

Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness, and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretly overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

Risk Factors:

The following risk factors, particularly in combination, may make a young person particularly vulnerable to developing an eating disorder: Individual Factors:

- Difficulty expressing feelings and emotions
  - A tendency to comply with others' demands
  - Very high expectations of achievement Family Factors:
  - A home environment where food, eating, weight or appearance have a disproportionate significance
  - An over-protective or over-controlling home environment
  - Poor parental relationships and arguments
  - Neglect or physical, sexual or emotional abuse
  - Overly high family expectations of achievement Social Factors:
  - Being bullied, teased or ridiculed owing to weight or appearance
    - Pressure to maintain a high level of fitness / low body weight (e.g. sport or dancing)
- Warning Signs: School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously and staff observing any of these warning signs should refer immediately to the named Medical Sister with responsibility in this area.

Physical Signs:

- Weight loss EDs are not only present in those with low BMIs, any change in weight should be noted and tracked over a period of time.
- Dizziness, tiredness, fainting
- Feeling Cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Calloused knuckles
- Tension headaches
- Sore throats / mouth ulcers
- Tooth decay
- Amenorrhoea
- Swollen stomach, constipation Behavioural Signs:
- Restricted eating – excluding food groups; changing dietary habits i.e. becoming vegetarian or vegan; refusing to eat specific food groups. Any

changes should be noted and tracked over time to distinguish between fads and more serious underlying conditions.

- Skipping meals
- Scheduling activities during lunch
- Strange behaviour around food
- Wearing baggy clothes
- Wearing several layers of clothing
- Excessive chewing of gum/drinking of water
- Increased conscientiousness
- Increasing isolation / loss of friends
- Believes s/he is fat when s/he is not
- Secretive behaviour
- Visits the toilet immediately after meals
- Disproportionate use of laxatives and /or diuretics
- Excessive exercise
- Self-harm

#### Psychological Signs:

- Preoccupation with food
- Sensitivity about eating
- Denial of hunger despite lack of food
- Feeling distressed or guilty after eating
- Self-dislike: fear about their shape, fear of gaining weight
- Paranoia: thinking everyone is staring because of size; thinking everyone knows what is really going on.
- Fear of gaining weight: self-worth is equated to having a low weight.
  - Constantly changing what the “ideal” weight would be. A sufferer could decide to lose a stone only to lose another and continually move the ideal weight to a level which is unobtainable, showing (wrongly) in their minds how worthless the person is if they can’t even attain this ideal.
- Moodiness: mood swings /depression. The overall temperament of the student is very important as adolescents often have severe mood swings anyhow. Changes from the norm over a prolonged period are perhaps better indicators of an underlying problem.
- Excessive perfectionism
- When challenged, refusal to accept there is a food issue
- Panic attacks

## Staff Roles:

The most important role LVBS staff can play is to familiarise themselves with the risk factors and warning signs outlined above and ensure that the SMT is aware of any child causing concern. Students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. Students need to be made aware that it may not be possible for staff to offer complete confidentiality, as sharing of information might be required to protect the person in question.

If you consider a student is at serious risk of causing themselves harm, then confidentiality cannot be maintained. It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

Students should be assured that information will only be shared with professionals who would need to know in order to provide them with treatment, support and maintain safety. It is necessary to explain procedures and steps to be taken and to reassure the sufferer that they are believed, taken seriously, and will be helped.

The reintegration of a student into school following a period of absence should be handled sensitively and carefully and, again, the student, their parents, school staff and members of the multi-disciplinary team treating the student should be consulted during both the planning and reintegration phase.

## Helpful Information

- [eating-disorders.org.uk](http://eating-disorders.org.uk)
- [mind.org.uk](http://mind.org.uk)
- [nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/eating-disorders/overview](http://nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/eating-disorders/overview)
- [eatingdisorderhope.com](http://eatingdisorderhope.com)

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