

English National Ballet School

NUTRITION POLICY

Introduction

Healthy nutrition is an important part of a healthy lifestyle for professional ballet dancers, the same as other athletes.

Within professional dance and dance training there have been numerous examples of dancers becoming unhealthy light and developing negative eating behaviour to maintain a desired appearance. There is also sometimes a 'first year fluctuation' when dancers who are away from home for the first time might struggle with managing the routine they had at home and might gain or lose weight as a result. Others also struggle with appreciating their increased energy expenditure and under fuel as a result. Apart from the obvious negative effects on the dancers' physical and psychological health and wellbeing, inappropriate or unhealthy weight can also interrupt training, lead to injury and worst-case may lead to the dancer struggling to get a job.

Students at the English National Ballet School are encouraged throughout their training to care for their bodies, their dancing instruments, with respect and consideration. In addition, the School has a duty of care to each and every student and will educate them in knowing how to eat healthily to support their health, their training and the potential for getting their desired job destination.

The English National Ballet School encourages healthy eating habits by:

- a) Providing regular nutrition lectures. Our Sports Dietitian teaches students how to optimally fuel their bodies for a full time dance curriculum. Students are also advised how to adapt their diet depending on demands i.e. during tours, during breaks, etc.
- b) Arranging 1:1 nutrition consultation to all our students when they join and then as needed.
- c) Providing termly health check-ups by the School's Healthcare Team.
- d) Working in tandem with other healthcare professionals/doctors at the School and outside the School, to provide best practice.
- e) Providing a secure environment of supportive openness for the students, where they feel they can be listened to and supported.
- f) Promoting healthy eating by providing the students with adequate breaks for re-fuelling and hydration.
- g) Ensuring the teaching staff have the adequate training to support the students experiencing challenges in this area.

- h) Following the established protocols for addressing nutrition and health concerns and ensuring that there is an open conversation in the “Need-to-Know group”.
- i) Where possible, providing workshops and recipes to support students in more independent living environments.

We, as a school, will encourage students to:

- a) be healthy and fit to dance at pre-professional level.
- b) follow the advice given by the qualified professionals in their fields (i.e. nutritionist, doctors, etc.).
- c) be confident that the School will work with them to monitor their nutrition, health and weight, and create and maintain lifelong positive attitudes towards food, body image and weight.
- d) encourage peer support. This means that if dancers have any concerns regarding their peers’ eating habits, this should be discussed with a designated and educated member of staff.

The English National Ballet School will also keep confidential any issues regarding the health of any student. It respects the students’ individual rights to manage their own bodies and lives.

However, if the student’s health or future career is at risk, the School, having first informed the student, will communicate with their parent or guardian in case of the student being a minor or with the appropriate family member if the student is 18 or above. The School may refer the student to an appropriate doctor or healthcare professional.

INFORMATION FOR TEACHERS AND STUDENTS

Introduction

Body weight in adolescents is constantly fluctuating because of puberty, growth spurts and hormonal changes. Furthermore, neither the total body weight nor the body mass index (BMI) are a reliable indication of the percentage of body fat. However, monitoring body weight and measuring body composition can be good tools to provide comparative measurements when needed/possible.

Young growing dancers occasionally experience changes during adolescence that might initially impact their aesthetics and may affect their perception of their stage appearance and performance.

Changes in body composition: performance and management

Overall excessive, or insufficient body mass, could lead to underperformance, ineffective technique and increase risk of injury. In some cases, students might need to be relieved from participation in Pas de Deux, pointe work and/or high energy elements of class such as allegro participation.

This document explains procedures in case of nutritional concerns, Relative Energy Deficiency, and **unbalanced body composition**.

• **Recognition and management of dancers at risk for nutritional problems**

Eating disorders (or disordered eating) are common in society, especially among young people. Occasionally, eating disorders can develop into anorexia nervosa or bulimia nervosa. Eating disorders and disordered eating tend to be more prevalent in activities such as dance and in dance schools.

At ENBS, a concern can be raised by:

- a) The Artistic Director, any member of the staff (including guest teachers or choreographers), peers, parents .
- b) A member of the School Healthcare Team following a regular medical screening.
- c) an external medical professional or consultant.

Once the issue is reported, the “Need-to-Know group” should be alerted. After that, the Head of Healthcare and the School Sports Dietitians should evaluate the situation and propose an action plan to the student (**see graph 1**). Communication within the “Need-to-Know group” is essential; however, this type of situation must be treated with absolute discretion at all the times, as this is confidential medical information and individual members of the staff should not discuss this matter with other uninvolved members of staff.

In order to support the student, the School will act as follows:

- a) the Head of Healthcare and/or School Sports Dietitian will have an initial conversation with the student, will evaluate the situation and act according to the protocol set out in graph 1.
- b) the “Need-to-Know” group is made aware of the problem; this is recorded.
- c) A referral to an adequate specialist is made by the Head of Healthcare/School Sports Dietitian or other qualified member of the Healthcare Team to the GP/Specialist for specific recommendations for treatment.
- d) the Head of Healthcare/ School Sports Dietitian and the Head of Wellbeing and Safeguarding will help the student organise treatment at a specialised clinic. This will be arranged through the NHS or AXA School insurance. AXA health insurance offers a limited amount in private clinics.
- e) The School Sports Dietitian/Head of Healthcare will follow up with the student to evaluate her/his progression. The student should be weighed regularly at random times, so the student may not “load up” on water beforehand. In general, students should be gaining approximately 250g-500g per week. Other factors that should be considered are achieving a minimal percentage body fat and resumption of menstruation for female dancers.
- f) Members of the “Need-to-Know” group should not share information with other members of the staff, as this can generate anxieties and may worsen the problem.
- g) The Head of Healthcare/School Sports Dietitian will notify the parents and guardians if the student consents. However, if the student’s health or future career is at risk , the Head of Healthcare will contact parents/guardians or other appropriate family members to discuss how the student can be best supported.
- h) The Head of Wellbeing and Safeguarding as part of the Need-to-Know group will be notified and will record a safeguarding concern for that student and implement any necessary child protection measures in line with the School’s Safeguarding Policy..
- i) Eating disorders can take time to resolve. Hence regular check-ups and weighing should continue for a year or longer.

Limiting or stopping a dancer’s participation in classes/ performance:

It is difficult to determine whether a dancer with disordered eating is safe to dance or perform any kind of exercises. Therefore, the Head of Healthcare and the School may reserve the right to ask the student to provide a certified record of physiological indicators of nutritional health from a medical professional, such as a Sports Doctor and Sports Psychiatrist referred by the School, that they are safe to dance.

Based on the specialist’s opinion, students will get a training programme reflecting the amount of training they can do and which exercises they can perform in class. It is mandatory that the students comply with this programme as per the School’s Code of Conduct.

Due to health and safety concerns, students may also be suspended from participation, including performances, if they show no adherence to the treatment outlined by any of

the specialists of the multidisciplinary team involved in the case or if they show non-compliance with the limited participation programme. This is in line with recommendation made by the [IOC](#).

Low weight or sudden weight change can put a dancer at risk of serious physical problems including (but not limited to):

- . Kidney failure.
- . Cardiac arrhythmia and increased risk of heart attack.
- . Reduced bone health and increased risk of stress fractures and osteoporosis.
- . Reduced or impaired fertility.
- . Suppressed immune system, leading to risk of infections.

Students should still be encouraged to attend School and observe some classes so they can gain some benefits from the lessons. Furthermore, this helps staff monitor the student's progress and makes them understand this is an important issue that the School takes very seriously.

Returning to dance

The student should return to dance once the medical professionals involved in the dancer's case and the Head of Healthcare agree that the dancer is physically and mental capable. There should be a gradual and progressive return to dance. This should be made clear to all involved staff (teachers, directors and Healthcare Team).

• Relative Energy Deficiency in Sport (REDS): Recognition and management of dancers at risk

Relative Energy Deficiency in Sport (RED-S), refers to an imbalance between energy intake and energy expenditure (required for the dancer to support homeostasis, health, daily life activities), and limits participation in a full dance curriculum.

REDS, when not treated, leads to disruption of hormonal, metabolic and functional characteristics. Some of the symptoms presented by the affected students will have consequences on the pubertal development, retarded growth (Soric. M et al 2008), menstrual cycle, immune system, growth development, cardiovascular problems, psychological and many more (Montjoy M et al. 2014).

Moreover, REDS has potential effects on performance such decreasing muscle strength, coordination, concentration, fatigue etc. thus increasing the risk of injury. It is important to remember that this affects males as well as females.

It is important to understand when to identify dancers at risk of REDS and establish in which category they fall in: low risk (green light), moderate risk (yellow light) and high risk (red light). See table 1.

The School will support the student by:

- a) assessing for the key factors suggestive of the RED-Syndrome through regular medical assessments (such as menstrual cycle, behaviour changes, significant weight loss, etc.),
- b) members of staff will report to the Head of Healthcare if they identify unusual behaviour, apparent loss of weight, lack of concentration in class, fatigue, lack of stamina, repeated stress fractures/injuries etc.,
- c) reporting to the “Need-to-Know group”,
- d) arranging a consultation with the Nutritionist,
- e) arranging a full medical consultation to evaluate general health, bone health, hormonal function, etc.,
- f) follow up progression by the Head of Healthcare will report back to the “Need-to-Know group”,
- g) providing exercise advice through the sports scientists and physiotherapist,
- h) When the student consents, discussing this matter with the parents and/or guardian. They can also provide support to the student. If a student does not consent to this information being shared with a parent or guardian that wish will be respected unless the Healthcare Team feel that there is a serious risk to the student’s health or future career.

Table 1. Relative Energy Deficiency in Sport risk assessment model for dance & sport participation (Adapted from Skardreud et al.2012)

High Risk: no start red light	Moderate risk: caution yellow light	Low risk: green light
<ul style="list-style-type: none"> . Anorexia Nervosa and other serious eating disorders . Other serious medical (psychological and physiological) conditions related to low energy availability . Extreme weight loss techniques leading to dehydration induced haemodynamic instability and other life-threatening conditions 	<ul style="list-style-type: none"> . Prolonged abnormally low % body fat measured by DXA or anthropometry using ISAK or non ISAK approaches . Substantial weight loss (5%-10% body mass in 1 month) . Attenuation of expected growth and development in adolescent athlete . Abnormal menstrual cycle: FHA amenorrhoea > 6 months . Menarche > 16 years . Abnormal hormonal profile in men . Reduced BMD (compared to last measurement or Z-score <-1SD) 	<ul style="list-style-type: none"> . Health eating habits with appropriate energy availability . Normal hormonal and metabolic function . Healthy BMD as expected for

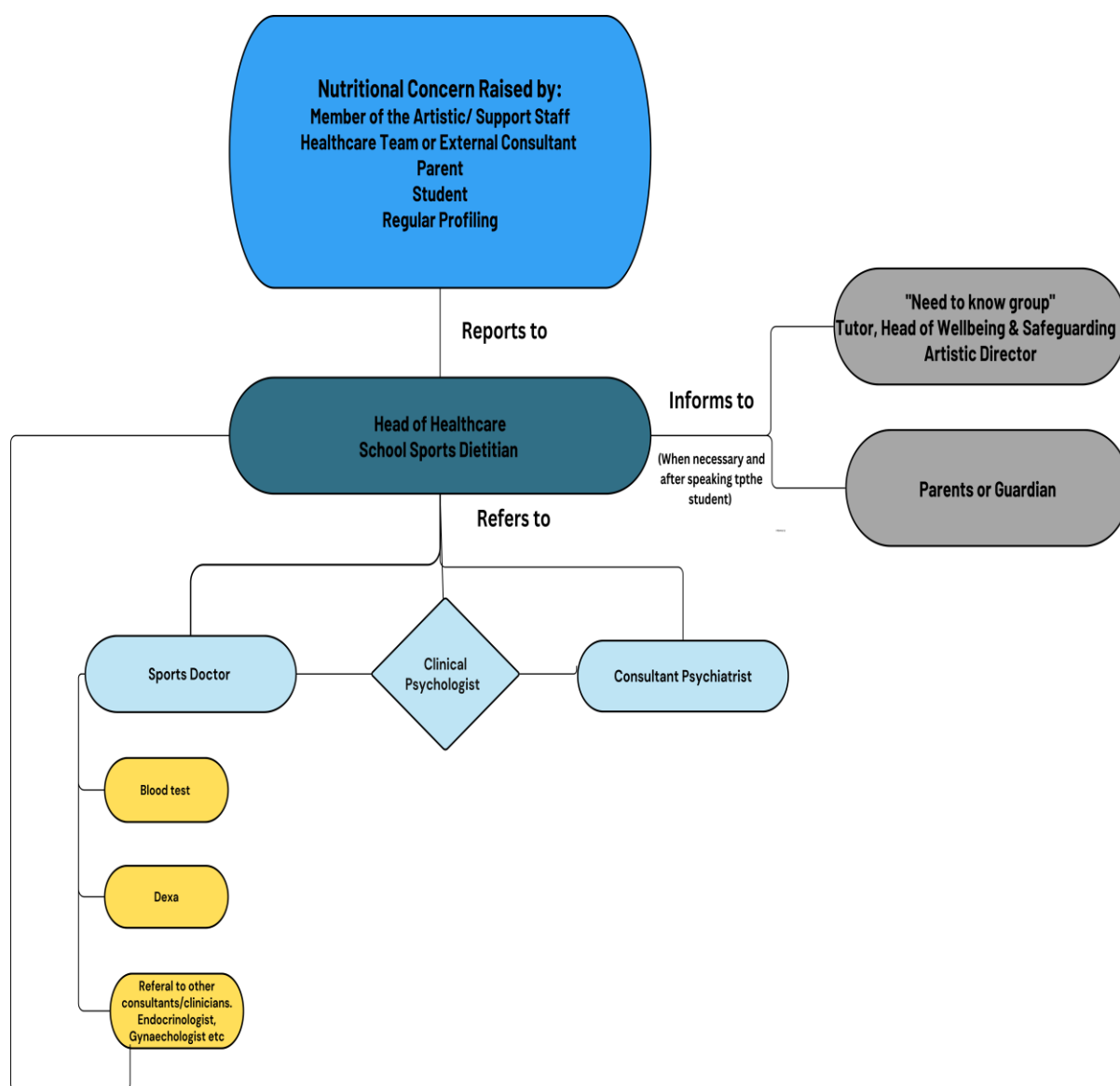
	<ul style="list-style-type: none"> . History of 1 or more stress fracture associated with hormonal/menstrual dysfunction and /or low EA . Dancers with physical/ psychological complications related to low EA/disordered eating –ECG abnormalities –Laboratory abnormalities .Prolonged relative energy deficiency . Disordered eating behaviour negatively affecting other team members . Lack of progress in treatment and/or non-compliance 	<p>dance, age and ethnicity.</p>
<p>BMD, bone density scan; DXA, dual-energy X-ray absorptiometry; EA, energy availability; FHA, functional hypothalamic amenorrhoea; ISAK, international Society for the Advance of Kinanthropometry</p>		

• **Body composition**

When body composition and body mass is at a disadvantage for the dancer to achieve optimal performance and in some cases get a job, changes should be achieved through careful planning including exercise plan, diet etc.

In order to support the student, the School will act as follows:

- a) The Artistic Director, teacher or a member of the healthcare team may identify an issue and raise the concern to the Head of Healthcare.
- b) The Head of Healthcare will have an initial consultation with the student and a plan will be made and afterwards with the extended multidisciplinary team.
- c) Terms such as “You are fat” or “You need to lose weight” or other similar ‘coded’ language terms such as ‘need to lengthen out’ etc. are inappropriate, can be emotionally abusive, and may lead to long-term psychological damage and should therefore under no circumstance be used by any member of staff or student.
- d) Nutrition advice should be exclusively given by the School Sports Dietitian or external specialist expert.
- e) The School Strength and Conditioning Coach and/or Physiotherapist will collaborate to support students by educating them on the advantages of exercise (i.e., strength & conditioning) to manage body composition and improve performance, by providing regular exercise classes and personalised programmes to the students.
- f) Student progression is monitored by the appropriate Healthcare Team members.
- g) Members of staff concerned with the student’s progression should discuss this with the Head of Healthcare.



Graph 1. Interaction between different professionals involved in the dancer's health.