

### III. The Place Safeguarding Appendices

These appendices accompany The Place's Safeguarding Policy and Reporting Procedures.

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## **Appendix A: 'High level concern' policy (staff member/participant suitability to work with children or 'adults at risk')**

Actions for the Senior Safeguarding Officer (or Deputy Safeguarding Officer appointed in their absence)

1. Immediately inform the Chief Financial Officer, Chief Executive (and LCDS Director of Student Success and Wellbeing and Director of Dance Studies if the Participant is an LCDS student) and continue to update these parties on further main developments
2. Follow [Managing Allegations Against Staff and Volunteers & LADO - Camden Safeguarding Children Partnership — CSCP](#)
3. Inform and update the Participant or member or staff, about whose conduct there are concerns. The timing of this should seek to balance the benefits and risks of disclosure at a particular time.

The Participant or Member of Staff in question should not be informed if, at that time, this may increase the risk of harm to them or another person

4. Within 24 hours, seek and follow guidance from the relevant Local Authority Designated Officer (LADO), including making a LADO referral if requested by them
5. Ensure any LCDS student or The Place member or staff under this procedure is offered support. This should include providing them with a 'named point of contact' within the organisation (a senior Member of Staff not involved in the case) and consider the provision of cost-free time-limited Counselling to address any emotional impact

Note: Camden Children's Safeguarding Partnership state that referral must be made to LADO within 1 working day where it is alleged that a person working with Children has:

- behaved in a way that has harmed a Child or may have harmed a Child
- possibly committed a criminal offence against or related to a Child
- behaved towards a Child or Children in a way that indicates he or she may pose a risk of harm to Children; or

behaved or may have behaved in a way that indicates they may not be suitable to work with Children (a transferrable risk)

## Appendix B: Example categories and signs of abuse to Children

Category of abuse	Signs
<p><b>Physical abuse</b></p> <p>“Causing physical harm to a Child”</p> <p>Also includes a parent fabricating or inducing illness in a Child</p>	<ul style="list-style-type: none"> <li>- Unexplained injuries (recent, or non-recent)</li> <li>- Flinches or withdraws when approached</li> <li>- Seems fearful of another person</li> <li>- Other signs <a href="#">here</a></li> </ul>
<p><b>Emotional abuse</b></p> <p>“Persistent emotional mistreatment of a Child, affecting their normal development”</p> <p>May involve:</p> <ul style="list-style-type: none"> <li>- Persistently making a Child feel unloved or unwanted</li> <li>- Bullying or intimidating a Child</li> <li>- Imposing age-inappropriate expectations</li> </ul> <p>Includes a Child <b>witnessing the ill-treatment of others particularly seeing, hear or experience domestic abuse and its effects</b></p>	<ul style="list-style-type: none"> <li>- Behaves in extreme ways or with significant mood swings</li> <li>- Behaves significantly older or younger than expected for Child’s age</li> <li>- Developmental delays: <ul style="list-style-type: none"> <li>o Social</li> <li>o Emotional</li> <li>o Physical</li> <li>o Language</li> <li>o Cognitive/educational</li> </ul> </li> <li>- Emotional distant or unusually intense relationship with parent/carer</li> <li>- Other signs <a href="#">here</a></li> </ul>
<p><b>Sexual abuse</b></p> <p>“Forcing or enticing a Child or young person to take part in sexual activity”</p> <p>Child sexual exploitation is a form of Child abuse</p>	<ul style="list-style-type: none"> <li>- Difficulty walking or sitting</li> <li>- Avoids, or distressed when, changing clothes</li> <li>- Reports nightmares or bedwetting</li> <li>- Contracts Urinary or Sexually Transmitted Infections</li> </ul>

<ul style="list-style-type: none"> <li>- Penetrative (rape) and non-penetrative sexual acts</li> <li>- Non-contact abuse (e.g., enticing Children to watch sexual acts or material)</li> <li>- Grooming in preparation for abuse</li> </ul>	<ul style="list-style-type: none"> <li>- Premature knowledge of sex or sexualised behaviour towards others including Staff Members</li> <li>- Secrecy about home life, from the Child and potential abuser</li> </ul>
<p><b>Neglect</b></p> <p>“Persistent failure to meet a Child’s basic needs, impairing their health or development”, including:</p> <ul style="list-style-type: none"> <li>- Emotional, social and education needs</li> <li>- Need for food, water, shelter &amp; warmth</li> <li>- Need to be protected from harm</li> <li>- Need for adequate supervision</li> <li>- Need for medical and dental care</li> </ul>	<ul style="list-style-type: none"> <li>- Frequent or unpredictable absences from sessions</li> <li>- Asking for food, water, or other basics</li> <li>- Lacks proper clothing</li> <li>- Poor personal care or health</li> <li>- Missing medical appointments</li> <li>- Seems to lack care and supervision at home</li> <li>- Mental health or substance misuse difficulties in parent/carer</li> <li>-</li> </ul>
<p><b>General signs of possible abuse and neglect to a Child (NSPCC)</b></p>	
<ul style="list-style-type: none"> <li>- Unexplained changes in behaviour, personality (e.g. aggression), or levels of engagement</li> <li>- Becoming withdrawn or seeming anxious</li> <li>- A parent or carer having substance misuse difficulties, especially if untreated</li> <li>- Affected by parental offending, including a parent in custody</li> </ul>	<ul style="list-style-type: none"> <li>- Poor or insecure bond with a parent</li> <li>- Lacks social skills, has few friends</li> <li>- Frequently going missing from education, home or care (especially if persistent or without explanation)</li> <li>- Parent or carer has mental health difficulties, especially if they seem very unwell or unsupported</li> <li>- Multiple suspensions or at risk of expulsion from educational provision</li> </ul>

## Appendix C: Example indicators of mental health difficulties in Children

Signs include	High risk indicators
<ul style="list-style-type: none"> <li>- Low mood or lack of motivation</li> <li>- Lack of enjoyment in activities</li> <li>- Becoming withdrawn and isolating from others</li> <li>- Low self-esteem and lack of self-worth</li> <li>- Regular tearfulness and upset</li> <li>- Changes in eating or sleeping habits</li> <li>- Panic attacks</li> </ul>	<ul style="list-style-type: none"> <li>- Suicidal thoughts or actions</li> <li>- Self-harm: thoughts or actions. May include hiding parts of body (e.g., arms or wrists) or 'over-dressing'</li> <li>- Low body weight</li> <li>- Eating difficulties</li> <li>- Hearing voices, bizarre behaviour</li> <li>- Aggression and threats or acts of harm to others</li> <li>- Any mental health difficulty alongside Signs of any Category of abuse (see Appendix A0)</li> </ul>

## Appendix D: Signs of the 'Ten Categories of Abuse' to Adults

Category of abuse	Signs include
<b>Domestic abuse</b>  Incorporates abuse from a partner, ex-partner, family member or carer  Includes 'honour' based violence ( <b>HBV</b> ) & Forced Marriage ( <b>FM</b> )	<ul style="list-style-type: none"> <li>- Repeatedly updating/'seeking permission' from another person for everyday activities</li> <li>- Becoming increasingly isolated from support network</li> <li>- <b>HBV</b>: theme of protecting family/community honour</li> <li>- For <b>FM</b>: attendance issues, excessive family control; plans to take Adult abroad</li> </ul>
<b>Self-neglect</b>	<ul style="list-style-type: none"> <li>- May smell or look unclean or unkempt</li> <li>- Significant decline of physical health including weight</li> <li>- Home surroundings neglected (more than 'messy')</li> </ul>
<b>Emotional or psychological abuse</b>	<ul style="list-style-type: none"> <li>- Appearing fearful of another person in Adult's life</li> <li>- Subject to degrading comments, controlling or coercive behaviour from another person</li> <li>- May include 'gaslighting' (where a person is made to question their sanity or sense of reality)</li> <li>- Mood swings, seeming low, anxious, or withdrawn</li> </ul>
<b>Physical abuse</b>	<ul style="list-style-type: none"> <li>- Unexplained injuries; (current, recent, or non-recent)</li> <li>- 'Over dressing' for time of year; hiding parts of body</li> <li>- Reluctance to seek medical treatment</li> <li>- Mood swings: Adult seems low, anxious, withdrawn</li> </ul>
<b>Sexual abuse</b>  Meaning: sexual activities a person has not, or is not able to, consent to	<ul style="list-style-type: none"> <li>- Pain or discomfort when walking or sitting; bruising to thighs, buttocks, arms, or neck</li> <li>- Subject to sexually inappropriate behaviour from another person. This may or may not feel uncomfortable, intimidating or 'wrong' to the victim</li> </ul>

Includes sexual harassment, violence, and rape	<ul style="list-style-type: none"> <li>- Recurrent urinary or sexually transmitted infections</li> <li>- Exhibits inappropriately sexualised behaviour towards others, including to staff</li> </ul>
<b>Financial or material abuse</b>  Includes being scammed and defrauded	<ul style="list-style-type: none"> <li>- Suspicions a person is being manipulated/coerced in use of their money, possessions or property</li> <li>- Concerns specific 'vulnerabilities' are being taken advantage of (for example, the Adult's disability or emotional state) for another person's gain</li> <li>- Unexplained shortages or spending of money</li> </ul>
<b>Discriminatory abuse</b>  Abuse based on a person's difference (real or perceived)	<ul style="list-style-type: none"> <li>- Experiencing discriminatory insults, bullying or harassment</li> <li>- Signs of other Categories of abuse, where discriminatory themes appear present</li> <li>- May be low, withdrawn, angry, fearful or anxious</li> </ul>
<b>Organisational abuse</b>	<ul style="list-style-type: none"> <li>- There are signs of, or information about, other Categories of abuse taking place within an institutional setting (including health, social care, and education)</li> <li>- There appears to be a 'culture' of ill-treatment, or a failure to address the concerns, within an organisation</li> </ul>
<b>Neglect</b>	<ul style="list-style-type: none"> <li>- Concerns an Adult, who has care and support needs, is not having these needs met by those responsible for their care</li> <li>- Concerns an Adult with these needs are not having their human rights and dignity respected</li> <li>- May take place within organisations, for example care agencies or other providers</li> </ul>
<b>Modern slavery</b>  Encompasses slavery, human trafficking, forced labour and domestic servitude	<ul style="list-style-type: none"> <li>- Adult may lack personal identification and belongings</li> <li>- May appear to be under the control of someone else</li> <li>- May appear frightened and withdrawn; may be being isolated from others</li> <li>- Modern Slavery often takes place alongside other Categories of abuse</li> </ul>

## **Appendix E: Example forms of harm through which abuse can occur**

This Appendix lists examples of forms of harm through which abuse can occur and may be updated over time to incorporate other forms of harm.

### **Cyberbullying**

Bullying is repeated behaviour which intends to cause physical, social, or psychological harm and is a form of Emotional or Psychological Abuse. Cyberbullying is bullying using technology and can take some of the following forms.

- **Trolling:** Leaving insulting messages online intended to cause hurt
- **Cyber-mobbing:** Groups of people targeting an individual online. This can include the use of rumour, intimidation, and feature 'victim blaming'. It may have the effect of isolating the person from their online or offline social group
- **Outing:** Sharing sensitive information about a person online without their consent. This could include, for example, information about their sexuality, gender identity or expose content they have shared with others privately
- **Cyberstalking:** Stalking is persistent and unwanted attention which can make the person feel pestered, harassed, or threatened. Cyberstalking can take the form of e-mails, text messages, social media posts or generally 'following' a person's activity and presence online. It is often methodical, deliberate, and persistent

### **Radicalisation**

Radicalisation is the process by which a person comes to support terrorism or extremist ideologies. Often this process is driven by an exploitative and abusive relationship, online or offline

The Place's Prevent Duty applies if a student may be at risk of being drawn into terrorism

### **Being a victim of crime**

Some types of abuse to Adults are also criminal acts; for example, hate crime, domestic violence, or fraud.

Being the victim of crime may also contribute to a person becoming more likely to experiencing abuse at a later point. For example, it may lead to a person developing a mental health condition, or exacerbate an existing one, which subsequently becomes factor in future abuse.



## **Appendix F: Explanatory note: ‘risk to self’ (mental health) and Adult Safeguarding**

Responding to concerns that an Adult may harm themselves or end their lives because of their mental state (their ‘risk to self’) is sometimes described as ‘safeguarding’. However, ‘risk to self’ is not a Category of Abuse to Adults (see Appendix D); hence the use of the term ‘safeguarding’ here is not strictly accurate.

It is better, in such cases, to be specific about the risk and type of harm in question (e.g., “I am concerned that X is at risk of suicide” or “I’m worried that Y is self-harming”) and consider whether there may also be a Safeguarding issue; that is, where a specific Category of Abuse to Adults can be identified.

There are nevertheless significant overlaps between the areas of mental health and Safeguarding, making this a complex area, for example:

- An Adult’s mental health worsening may be a Sign that they are experiencing abuse (see Appendix D)
- An Adult being unwell with their mental health can lead to Self-Neglect which **is** a Category of Abuse to Adults. For example, someone experiencing Depression, an Eating Disorder or Psychosis may not eat or drink properly
- Mental health can be part of an Adult meeting the criteria for being an ‘Adult at Risk’. This is because mental health care and support needs (as much as physical ones) can explain why an Adult is less able to protect themselves from abuse
- Traumatic life events (e.g., being the victim of sexual harassment or assault) can trigger mental health difficulties, including long-term mental health conditions, leading to care and support needs that make the person unable to protect themselves from above
- Mental health support can be helpful to Adults experiencing abuse and protective against experiencing further abuse. Support which develops confidence, self-esteem, and a person’s support network is of value

This note may help to guide those responding to concerns that an adult is an Adult at Risk but should not replace professional judgment in individual cases.

If it is not clear whether an Adult is an Adult Risk, advice should be from the local authority, anonymising the person’s identity in the first instance

## **Appendix G: Policy for Appropriate Physical Contact when teaching Dance and providing related Physical Support services**

### **Overview**

The Place recognises that Appropriate Physical Contact is a legitimate part of teaching Dance, often valued by Participants. Appropriate Physical Contact is also a legitimate part of Physical Support services to Dancers (for example, support from appropriately employed Osteopaths, Physiotherapists and Sports Therapists).

At the same time, we recognise the potential for Inappropriate Physical Contact in teaching Dance and that Safeguarding Concerns may arise

As a guiding principle, Physical Contact with Participants should be for a specific purpose and for the sole benefit of the Participant in their learning and development.

### **Purposes of this Policy**

- To set clear expectations and boundaries around physical contact for both teaching staff and Participants
- To provide examples of Inappropriate Physical Contact which Staff Members should report through The Place's Safeguarding Children or Adults Reporting Procedure

### **Our commitment to Participants around Physical Contact**

1. We will inform Participants about expectations around Appropriate Physical Contact in advance of teaching sessions and provide them access to this Policy
2. We will provide the parents or guardians of Child Participants with access to this Policy
3. We will encourage Participants to disclose any concerns about Physical Contact to Staff Members so that we can make adjustments to our teaching
4. We will employ appropriately qualified Physical Support professionals, registered with recognised professional bodies and their own professional standards around Physical Contact
5. We will take seriously any concerns reported to us by Staff Members about potential Inappropriate Physical Contact with Participants and address them under our Safeguarding Adults and Children Reporting procedures

- To protect Staff Members engaging in Appropriate Physical Contact from allegations of abuse
- To recognise the sensitivities some Participants may have around Physical Contact, for example, for reasons of disability or because of traumatic life experiences

## **Examples of Appropriate Physical Contact when teaching dance**

- Providing instruction as to correct dance technique and ways of creatively interacting with the physical environment around the Participant
- Physical Contact intended to avoid accident or injury
- Encouraging the student to explore and interact within a sensory context
- Physical Support to address a specific Dance-related physical need or injury
- Physical Contact with appropriate parts of the body to provide support and encouragement (e.g., a pat on the back, handshake or 'high five')
- To provide additional input to a person with a disability, where certain forms of movement are more difficult or not possible

## **Examples of Inappropriate Physical Contact when teaching dance**

- Physical Contact with no clear and specific purpose and benefit to the Participant
- Where a Participant indicates, they do not wish to have a type of Physical Contact (unless this is necessary to avoid immediate harm or injury)
- Physical Contact which intended for the gratification of the Member of Staff
- Physical Contact which uses excessive force
- Physical Contact which is coercive or acts as a form of punishment
- Intimate affection, appropriate to personal and not professional relationships; e.g., cuddling, knee-sitting or kissing
- Sexual Physical Contact, including contact with intimate parts of the body

## **Appendix H: Guidance to responding to disclosures (The 'Five R's': Receive, React, Reassure, Record and Report)**

### **1. Receive**

- Always listen to and take seriously what is being said
- Communicate appropriate to person's age, level of understanding and adjust to needs (e.g., English language or disability-related)
- Consider making brief notes to help you remember later

### **2. React**

- Try not to show shock, anger, or upset at what is being said
- Don't assume, speculate, investigate, or jump to conclusions
- Ask open questions e.g. "Is there anything else you want to tell me?"

### **3. Reassure**

- Explain your responsibility to report in positive terms (e.g., telling people who want to help). Never promise confidentiality or 'secrets'
- Reassure the person they did the right thing in telling you
- Acknowledge how difficult it might have been for them to share

### **4. Record**

- Write up notes after a disclosure
- Record specifics you were told e.g., dates, time, places, people
- Try to record the person's exact words and phrases. Avoid including your own assumptions, interpretations, or views

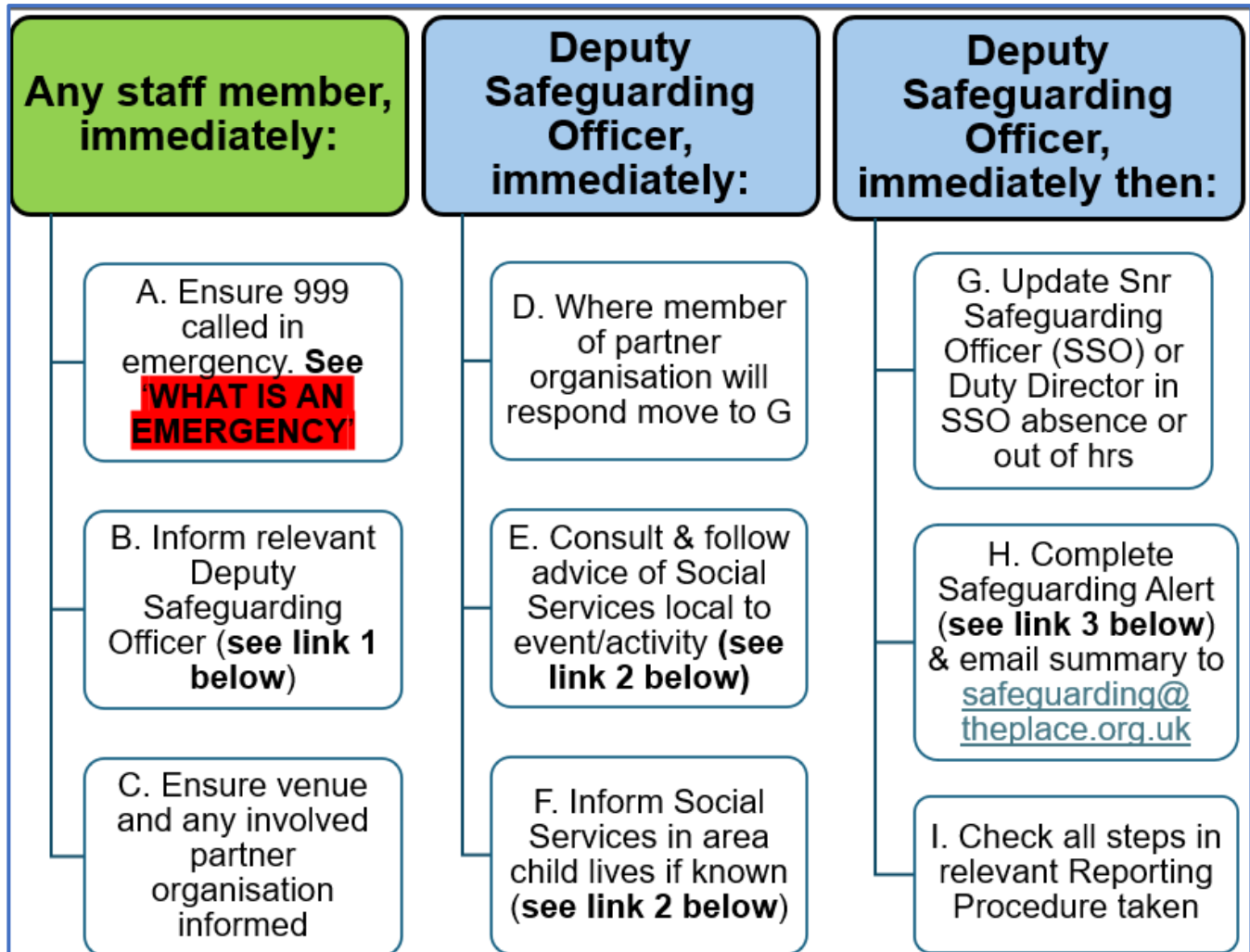
### **5. Report**

- Report disclosure immediately to a Deputy Safeguarding Officer
- The Deputy Safeguarding Officer will follow The Place's Safeguarding Children or Adults Reporting Procedures

Receiving disclosures can be upsetting. Discuss emotional support with your line manager or HR if you've been affected

**Please be aware that children may not feel ready or know how to tell someone they are being abused**

## Appendix I: Decision Support Tool (Child Safeguarding Concern Offsite)



**WHAT IS AN EMERGENCY?** A participant is at immediate risk of harm to themselves, from others or to others. This includes mental health crises and physical health emergencies

1. Click or visit below webpage for to list of The Place's Safeguarding Officers: <https://the-place.s3.eu-west-1.amazonaws.com/Documents/Policies/Freelancer-and-Hourly-Paid-Staff-Resources/The-Place-Safeguarding-Officers-Sep-2022.pdf>
2. Click or visit below webpage for Link to Local Authority Finder (for way to find and contact Social Services Team in a given area) <https://www.gov.uk/find-local-council>
3. Click or visit below webpage for The Place's Safeguarding Children Alert electronic form <https://forms.office.com/Pages/ResponsePage.aspx?id=x9UJ9qEuwEyrU4Os1xwfAl-HQAMsFOZCoTzG4wXDXTpUQlpQMUKMEE5SEFJMFhVQjRUWUVXWlkyMy4u>

## **Appendix J: Child-on-child abuse**

Child on Child) abuse is a safeguarding issue and should be reported under the relevant The Place Safeguarding Children Reporting Procedure

Such abuse is most likely to include, but is not limited to:

- abuse in personal relationships between children
- bullying (including cyberbullying)
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm
- sexual violence, such as rape and sexual assault
- sexual harassment, such as sexual comments, remarks and jokes either in person or online • “sexting” (also known as sharing self-generated indecent images)
- initiation/hazing-type violence and rituals
- upskirting
- criminal and sexual exploitation

### **Further information on child-on-child abuse**

NSPCC – [Resources on child on child abuse in education and healthy relationships](#)

## Appendix K. Low-level Concern Policy (staff conduct)

1. A 'low level concern' is one where there are concerns about the conduct of a member of staff or participant, but the following **do not** appear to apply:
  - a. behaviour that has harmed or may have harmed a child or adult at risk
  - b. possible criminal offence against a child or adult at risk
  - c. behaviour towards a child a way that indicates they (the staff member or participant) may pose a risk of harm to children or adults at risk
  - d. behaviour that indicates they may not be suitable to work with children or adults at risk
2. Where 1a – d **do appear to apply**, report this immediately to the Senior Safeguarding Officer (or Deputy Safeguarding Officer in their absence) who will follow instead "High level concern Policy"" (Appendix A)
3. Examples of low-level concerns may include:
  - Using inappropriate language or tone of voice e.g. shouting or using derogatory speech
  - Failure to hold appropriate boundaries with participants
4. Low level' concerns should be reported the relevant Deputy Safeguarding Officer (DSO) and Senior Safeguarding Officer (or DSO appointed in their absence) in their absence within one working day
5. If the concern is about the SSO, the Duty Director and Chief Financial Officer (CFO) should be informed for one of these parties to take the actions from point 10 below in place of the DSO/SSO
6. Reporting parties may request that their identity remain confidential from the person they are reporting. This request will be respected in so far as it is compatible with responding effectively to the concern, meaning confidentiality cannot be guaranteed
7. Staff members or participants may report low-level concerns about themselves if they are concerned their actions may have been misinterpreted or, if on reflection, they feel they have acted in a manner that constitutes a low-level concern
8. Steps to respond to a first-time Low-Level Concern about a staff member will usually be taken by the DSO attached to the programme/area of activity in which the staff member works. In such instances, the DSO should inform the SSO of key developments and seek guidance and support from them where needed.

9. Where there have been two or more Low-Level Concerns about the staff member, steps to respond will be agreed between the DSO and the SSO.
10. DSO/SSO actions in response to 'low level concern'
  - a. Investigation (order of actions may vary in individual cases)
    - i. If unsure whether a 'low level concern', SSO (or CFO in their absence) to seek guidance from the Local Authority Designated Officer\*
    - ii. Consult The Place's Disciplinary Procedure.
    - iii. Seek further information from the reporting party, the reported party and any witnesses
    - iv. Record information relevant to the concern and review this alongside any other concerns raised about the reported party
  - b. Factors to consider
    - i. Whether on review the concern constitutes a 'low-level' concern
    - ii. The nature and seriousness of the concern
    - iii. Any previous concerns held about the reported party's conduct
    - iv. Whether the reported party demonstrates insight into the concern and how to address it
  - c. Possible outcomes
    - i. No further action
    - ii. Informal conversation with reported party about what happened and what change is needed to avoid further concerns
    - iii. Monitored Action Plan for reported party to address concerns
    - iv. Formal Disciplinary Process
    - v. A Safeguarding risk assessment for the activities the reported party is involved with (this may accompany any other outcome)
    - vi. Enact Procedure for "High level concerns" in Appendix A (where on review 1 a-d apply)
11. Investigations into and the outcomes of Low-Level concerns should be held separately to employee files. These should be kept in line with provisions in The Place's disciplinary procedure and GDPR guidelines. This information should only be retained if it is considered likely to be of Safeguarding value into the future and decisions made on retention or destruction of records should be recorded