

## Safeguarding Young People and Adults at Risk Policy

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## Safeguarding of Young people and Adults at Risk Policy

<b>1. Introduction .....</b>	<b>4</b>
Purpose and Scope of this Policy .....	4
Definitions .....	4
<b>2. Duties and Responsibilities .....</b>	<b>5</b>
Staff Duties .....	5
Student/Participant Duties/Code of Conduct .....	5
The Place’s Duties .....	5
<b>3. Safeguarding Roles and Reporting Procedures.....</b>	<b>7</b>
Roles: .....	7
Reporting Suspected Abuse.....	7
Procedure for reporting a Safeguarding Incident/Disclosure.....	7
Safeguarding Incident/Disclosure report forms.....	8
Confidentiality .....	8
<b>4. Photography, film and the use of images of young people and adults at risk .....</b>	<b>9</b>
<b>5. Self-harm including disordered eating.....</b>	<b>10</b>
<b>Appendix 1.....</b>	<b>11</b>
Safe Touch .....	11
<b>Appendix 2.....</b>	<b>12</b>
Participant Code of Conduct .....	12
<b>Appendix 3.....</b>	<b>13</b>
Safeguarding Officer Roles and Responsibilities.....	13
<b>Appendix 4.....</b>	<b>14</b>
Recognising the signs/symptoms of types of abuse .....	14
Recognising signs of abuse.....	14
<b>Appendix 5.....</b>	<b>15</b>
Responding appropriately to a young person or an adult at risk making a disclosure .....	15
<b>Appendix 6.....</b>	<b>17</b>
The Place Safeguarding Incident Reporting Procedure.....	17
<b>Appendix 7.....</b>	<b>18</b>
Self-harm & disordered eating policy.....	18
Policy for the prevention, identification and action on eating and low body weight .....	19
<b>Appendix 8.....</b>	<b>26</b>
Safeguarding Disclosure Report Form .....	26

## 1. Introduction

### **Purpose and Scope of this Policy**

The Place acknowledges its 'duty of care' in safeguarding and promoting the welfare of any young people and adults at risk who take part in our programmes and is committed to ensuring that its safeguarding practices reflect statutory responsibilities, government guidance and best practice in this.

The Place acknowledges there is no guarantee of the protection of young people and adults at risk: however, wherever possible, we will take all reasonable steps to identify, prevent or remove risks to those in our care.

We do this by:

Fulfilling our responsibility in society to ensure the safety and welfare of young people and adults at risk during our activities

- adhering to current legislation relating to safe recruitment
- adhering to current legislation relating to duty of care (e.g. ratios of staff to students in classes) and health and safety
- regularly reviewing and updating this policy and other related policies where necessary
- reassuring families, associates and regulatory bodies of our commitment to safeguarding

Ensuring staff are informed about and following safe practice and their duty of care to young people and adults at risk when working for The Place

- providing training and professional development for staff and associates
- protecting staff from settings where they may be exposed to activities which place them in a vulnerable position (be this equipment and materials, or unsatisfactory levels of support, training or experience)

### **Definitions**

For the purpose of this policy:

- A 'young person' is defined as a person under the age of 18 years. If a student is over the age of 18 years and embarking on any learning and participation programmes it is our duty of care to signpost to appropriate advice and support if they make a disclosure or show signs of abuse.
- An 'adult at risk' is defined as someone aged 18 years or over, who may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of themselves, or unable to protect themselves against significant harm or exploitation. This can be a permanent or temporary condition.
- A 'disclosure' occurs when a child, youth or adult at risk tells you or lets you know in some other way that they have been or is being abused.
- The term 'safeguarding' applies to the protection both of young people and adults at risk
- The term 'staff' applies to permanent and casual employees, freelance dance artists, volunteers and others who come into direct contact with young people and adults at risk through work connected with The Place
- The term 'participant' applies to any person engaging in a programmed learning activity, including LCDS students on both undergraduate and postgraduate courses.
- Students under the age of 18 who are enrolled and registered on courses within London

Contemporary Dance School (LCDS) are accepted on the basis that they, for all practical purposes, will be treated as if they are 18. However, parental consent will be sought for Physical Support and in Safeguarding matters where appropriate.

## 2. Duties and Responsibilities

### Staff Duties

As a member of staff at The Place, you have a duty of care towards young people and adults at risk. Within this we expect you:

- to know and understand The Place's Safeguarding of Young people and Adults at Risk Policy and seek further training/guidance as necessary
- to follow the principles of 'safe touch' as outlined in appendix 1 when working closely with young people and adults at risk
- to be watchful for signs of abuse, neglect and radicalisation and report these in line with Prevent policies and procedures
- to respond to concerns and report them in accordance with this policy

Failure to report a disclosure or incident, or making a malicious accusation, may result in disciplinary action.

It is expected that staff working with young people or adults at risk will not consume illegal drugs or alcohol before or during such work; failure to adhere to this could result in disciplinary action.

### Student/Participant Duties/Code of Conduct

The Place promotes a healthy lifestyle, team work and creativity, whilst actively engaging participants in the study of dance so they develop as effective and independent learners.

Participants are expected to behave in a professional and consistent manner at all times at The Place and on any organised trips.

All participants/parent/carers are issued with the code of conduct and all staff should familiarise themselves with this.

Please see appendix 2, for the full code of conduct.

### The Place's Duties

#### **Personnel:**

The Place will issue all staff members who come into direct contact with young people and adults at risk through our work with a copy of this policy and our code of conduct and the DBS policy.

Staff involved in education work will be given clear information as to their role and responsibilities in the form of a job description and the relevant module/programme description.

The Place will ensure that all staff involved in working directly with, or likely at any time to be left in sole charge of, young people and adults at risk will be subject to a full range of pre-employment checks including (this includes both freelance staff and direct employees of The Place):

- Right to Work checks
- Enhanced Disclosure and Barring Service (DBS) checks (Please see DBS policy for more

information)

- Reference checks:
  - Reference checks are required for all casual teachers and should be undertaken by the relevant Programme Manager in conjunction with the HR Team
  - No employee should commence employment until two satisfactory references are received
  - References should be taken from the new employee's most recent employment
  - Reference checks for permanent employees will be undertaken by HR

### ***Training and Guidance:***

Annual Safeguarding update sessions will be offered to all regular teaching staff and guidance given in relation to safe dance teaching practice as well as on how to respond to disclosures of abuse. Programme Managers will provide HR with details of staff attending CPD sessions.

Relevant information will be shared with project participants, project partners, teachers and parents.

All new staff and volunteers will be properly supervised, and their progress reviewed on a regular basis by the relevant programme manager.

### ***Programme/Project Management:***

The Place will ensure that all activities are adequately supervised and that there are enough adults to run activities safely:

- There will be a minimum of two staff present on-site at all times to support activities.
- Young people under the age of seven will be supervised at all times

Programme Managers/course leaders will review any staff members directly involved with young people and adults at risk on a yearly basis.

Risk assessments will be undertaken by the Programme Manager for all activities involving young people and adults at risk

Alcohol will not be sold at events aimed primarily at young people, excluding those held on licensed premises.

### ***Working Offsite/Taking Young people or Adults at Risk Offsite:***

The Place will make individuals working at external sites aware of additional school/context policies in relation to Safeguarding.

When working in schools, all taught sessions will be conducted in the presence of a school teacher or teaching assistant.

Where young people or adults at risk are to be taken offsite, the Programme Manager will need to seek written consent from the relevant parents/guardians.

### ***Chaperones:***

Programme Managers are responsible for identifying instances in which activities within their programmes require chaperones, and for ensuring that the correct number of chaperones are scheduled/present for this activity.

Chaperones should hold a current Chaperone Licence obtained through their local borough council.

A senior member of staff holding a Chaperone Licence should always accompany any Teaching Assistants or Trainees acting as Chaperones for on and offsite activity.

**Insurance:**

All staff are covered by the organisation's employers' liability insurance for work with young people both on and off site within the UK.

Participants are covered by the organisation's public liability insurance for activities run by The Place on and off site within the UK.

### 3. Safeguarding Roles and Reporting Procedures

**Roles:**

The Place has a Senior Safeguarding Officer (SSO) and Deputy Safeguarding Officers (DSO). Further detail of these roles, the Safeguarding Officers and their job titles can be found in Appendix 3, posters listing our SSO and DSO details are available in the Reception and Box Office areas.

**Reporting concerns**

If staff have any concerns or suspicions, they should discuss these with the relevant Programme Manager or with the SSO or one of the DSOs.

**Reporting Suspected Abuse**

Staff and associates' concern about suspected abuse could be triggered in a number of ways, the most likely of which are:

- Conduct of staff member or associate
- Bruising or evidence of physical hurt; which may or may not be accompanied by:
- Unusual behaviour by a young person

This should be reported to the relevant Programme Manager in the first instance. Please see Appendix 4 recognising signs of abuse.

**Procedure for reporting a Safeguarding Incident/Disclosure**

All safeguarding incidents and/or disclosures that occur during, or in connection with, work at The Place need to be reported through the procedures outlined within this policy.

Disclosure occurs when a child, youth or adult at risk tells you or lets you know in some other way that they have or are being abused. You need to report all disclosures of abuse, no matter where or when they happened. Guidance on appropriately responding to a young person or adult at risk making a disclosure can be found in appendix 5.

Due to the nature of its programmes, The Place has different reporting procedures for safeguarding incidents/disclosures that occur within and outside working hours. These are outlined in the flow chart in appendix 6. All staff at The Place are expected to familiarise themselves with this.

During normal working hours (Monday-Friday 8am-6pm), the SSO will usually be contactable via telephone for any safeguarding matters and will be onsite between 10am-6pm.

Outside these hours when activity involving young people or adults at risk is taking place, one of the DSOs from the related programme should be available onsite and contactable via Flaxman Terrace Reception.

In the event that the SSO is ill or on annual leave, one of the DSOs will act as SSO to cover the relevant time period. This should be agreed in advance with the DSO who will act up in advance of the acting up period where possible and should be communicated with other DSOs and relevant Programme Managers.

Whilst on duty, DSOs should report and respond to disclosures appropriately.

### **Safeguarding Incident/Disclosure report forms**

All Safeguarding incidents and disclosures should be reported using The Place's Safeguarding Incident/Disclosure Report Form (see appendix 8) these are available from:

- Flaxman Terrace Reception
- Deputy Safeguarding Officers (DSOs)
- Senior Safeguarding Officer (SSO)

Information about the incident/disclosure must be accurate, and a detailed record should always be made at the time. Staff should endeavour to make a clear distinction between what is fact, opinion or hearsay.

Guidance in completing these forms can be obtained from the SSO or DSOs and staff should complete a report from as soon as possible after disclosure occurs and at most within 24 hours, following the disclosure.

### **Confidentiality**

All report forms should be handed directly to the DSO on duty or the SSO. In the unlikely event that this is not possible, they should be put in a sealed envelope marked CONFIDENTIAL and held at Reception, for the attention of the SSO, or out of hours the DSO on duty.

### **Where a participant, student or staff member of The Place is implicated**

There may be instances where an allegation is made against participant, student or staff member of The Place, or where one or more of these persons are implicated within the context of a safeguarding disclosure or concern.

Members of The Place staff who are notified of or have such concerns/disclosures should notify the SSO or one of the DSOs as soon as possible.

If one of the DSOs is implicated, the SSO or one of the other DSOs should be contacted.

If the SSO is implicated, one of the DSOs should be contacted.

If a member of the Place staff does not feel comfortable reporting to the SSO or one of the DSOs due to a sensitive situation involving any of these people, they can refer to The Place's Whistleblowing Policy for alternative reporting procedures.

Steps will be taken to fully support anyone who in good faith reports their concerns about a colleague



and every effort will be made to maintain confidentiality for all parties whilst the allegation is investigated.

Staff may be subject to disciplinary sanctions, which could include dismissal, through The Place's disciplinary policy.

Appropriate support will be provided for staff who may be subject to allegations under the safeguarding of young people and adults at risk policy. Refer to The Place Disciplinary policy.

#### **Professional Artistic Work involving young people or adults at risk**

When programming, commissioning or supporting professional artistic work involving young people or adults at risk, The Place has a duty of care to the participants involved.

Before any participatory performance activity (including auditions/taster sessions) is promoted, rehearsed and/or presented, the Senior Safeguarding Officer must be notified so they are able to ensure all aspects of the Safeguarding policy are adhered to. The Creative Learning Producer has the responsibility of passing information about any such activity to the Senior Safeguarding Officer.

All members of the Theatre and Artist Development team have the responsibility to inform the Creative Learning Producer of any future participatory performance activities connected to The Place through the weekly team meeting and/or the programming meeting.

When RADCs are running activities with young people they must alert the SSO or in their absence one of the DSOs to ensure they have the appropriate procedures in place. Where workshops are delivered as part of Essential Alston within schools, they will follow the procedures set down by the schools.

#### **4. Photography, film and the use of images of young people and adults at risk**

The use of cameras of any kind, including mobile phone cameras by staff, participants, observers or any other members of the public is not permitted in any public spaces, changing rooms or during any dance activity delivered by The Place except in instances where prior consent has been obtained by the relevant programme manager and any affected participants.

Still or video images of a child or an adult at risk will not be recorded or duplicated by any means without the express permission, using a written consent form, of the young person or adult at risk and, if the young person is under 16 years old, their parent or legal guardian.

Images of young people, in all forms, will not be published or publicly displayed with information that could easily permit personal identification of the young person, or appropriation or misuse of the image.

In accordance with GDPR all Personal Information, including images in all forms, stored by us is kept on a server in a secure environment. Only employees and approved contractors/developers we may appoint from time to time and who need the information to perform a specific job are granted access to personally identifiable information. Regular security reviews are held by us to ensure that the site remains safe and secure.

A statement explaining conduct regarding filming or photography will be displayed during any sharings or observations on the premises

For further information pertaining to this please refer to the full digital and social media policy.

### **5. Self-harm including disordered eating**

The Place is not responsible for diagnosing or treating self-harm cases or individuals with eating disorders. The Place's role is to create a supportive environment where openness is encouraged, and referral procedures permit staff to work in partnership with external specialists to plan a suitable course of action to aid recovery.

Self-harming is the physical expression of emotional distress and/or a mechanism to cope with trauma. Self-harm is linked to psychological conditions, anxiety and depression.

Detection of self-harm incidents is difficult as this behaviour is not normally associated with attention seeking and individuals may conceal their actions. The Place endeavours to build awareness of disordered eating behaviours to aid prevention, through education and identification of warning signs, through its flag system.

The Place recognises that a young person with such issues may feel vulnerable in a dance environment. Any concerns or suspicions about participants should be communicated to the appropriate programme manager in order for them to take positive action, communicate with parent/carers and/or signpost as appropriate to relevant sources of information and advice.

The Place's primary concern is for the individual concerned and the effect their condition may have on their peers. If a student is perceived to be at risk to themselves and/or others in the space, then a collective decision will be made with regards their continued inclusion in activities. Dance activity can, and should be, a positive and healthy experience for young people. It is therefore our goal to work toward the promotion of healthy eating and positive body image alongside, and as a part of, our artistic and technical goals.

Students of London Contemporary Dance School who are in a state of relative energy deficiency will be expected to agree to the Relative Energy Deficiency management contract which will be monitored by the Head of Physical Support.

Please see Appendix 7 for the full Self-Harm and Disordered Eating policy.

## Appendix 1 Safe Touch

Staff and participants at The Place enjoy a close working relationship and it is recognised that a level of physical contact exists in the day to day teaching of dance. The level of this contact is determined by the context and the relationship between the student and teacher.

You should always seek permission to touch; informing participants of all contact intended during an activity. If a participant refuses or indicates discomfort, then you should refrain from the activity and report this to the relevant programme manager.

It is not the purpose of this policy to explicitly list all occasions when touch will exist, however staff may routinely touch participants in order to:

- reinforce other communication
- give physical support and guidance
- act as a sighted guide to a person who may have a visual impairment
- give reassurance and communicate security and comfort
- give protection in potentially dangerous or hazardous situations.
- encourage the student to explore and interact within a sensory context
- respond non-verbally
- direct or physically prompt
- give physical cues for participation or understanding
- give therapy e.g. physiotherapy
- function as a form of communication
- reward and affirm e.g. handshakes, pat on the back if this is culturally acceptable

There are types of contact that should not occur, examples of these are as follows:

- the use of excessive and unnecessary in force in teaching (eg. gripping, applying physical pressure, manhandling)
- using touch to exploit or coerce the student
- satisfy the needs of staff at the expense of the student
- change the student's behaviour with physical force – unless this is within an identified behaviour management plan to support the health and safety of the learner or others within their environment
- have sexual contact with the learner
- punish or reprimand a student or react in anger
- force affection, thereby creating an imbalance/abuse of e.g. physically intimidating someone by exploiting religious taboos with regard to touch
- any contact with private parts of the body i.e. genitals, breasts, buttocks
- participants sitting on the knees of staff or vice versa
- cuddling participants, a cuddle is a close and affectionate (and often prolonged) embrace and is usually reserved for romantic contact or for that between parent and young person
- kissing participants
- play fighting
- tickling participants

This is not an exhaustive list; there may be other instances where touch is not appropriate. In some cases, participants may not be fully aware of the safe boundaries and may want to engage in some

of the activities listed above. In such circumstances staff have a professional duty to take the lead and re-direct the student whilst still ensuring the student's needs are met.

There will be some instances where staff have employed strategies to encourage appropriate physical contact, but they have been ineffective, and the student continues to pursue touch that is outside the safe boundaries. On such occasions staff should remove themselves from such contact at the earliest opportunity and initiate a more appropriate physical contact. It may also be appropriate for the member of staff to reflect on their practice and whether their practice had affected the behaviour and ineffectiveness of strategies.

## **Appendix 2**

### **Participant Code of Conduct**

At LCDS and The Place, we feel that the environment in which we operate and our attitude towards each other is integral to fostering the best ideas and creating the best experiences. We want YOU to succeed, feel comfortable and have a good time in whatever it is you are doing whether you are a student, staff member, Governor, class participant, audience member, young person, donor, artist or use the building in any other capacity.

With that in mind we expect everyone to adhere to our code of conduct and help us promote a positive, empowering and safe environment for all.

At The Place we expect everyone to

#### **Value each other:**

Diversity of ideas, people and practices are conducive to richer experiences. We think everyone should feel respected, listened to and heard. By valuing others, we are also encouraging collaboration, promoting access to dance for all and celebrating individuality.

#### **Respect boundaries:**

Valuing each other also means being attentive to individuals' needs. These can be physical or social and we expect everyone to be aware of and respect others' boundaries, be conscious of how their actions may be interpreted by others and treat each other fairly.

#### **Respect the environment:**

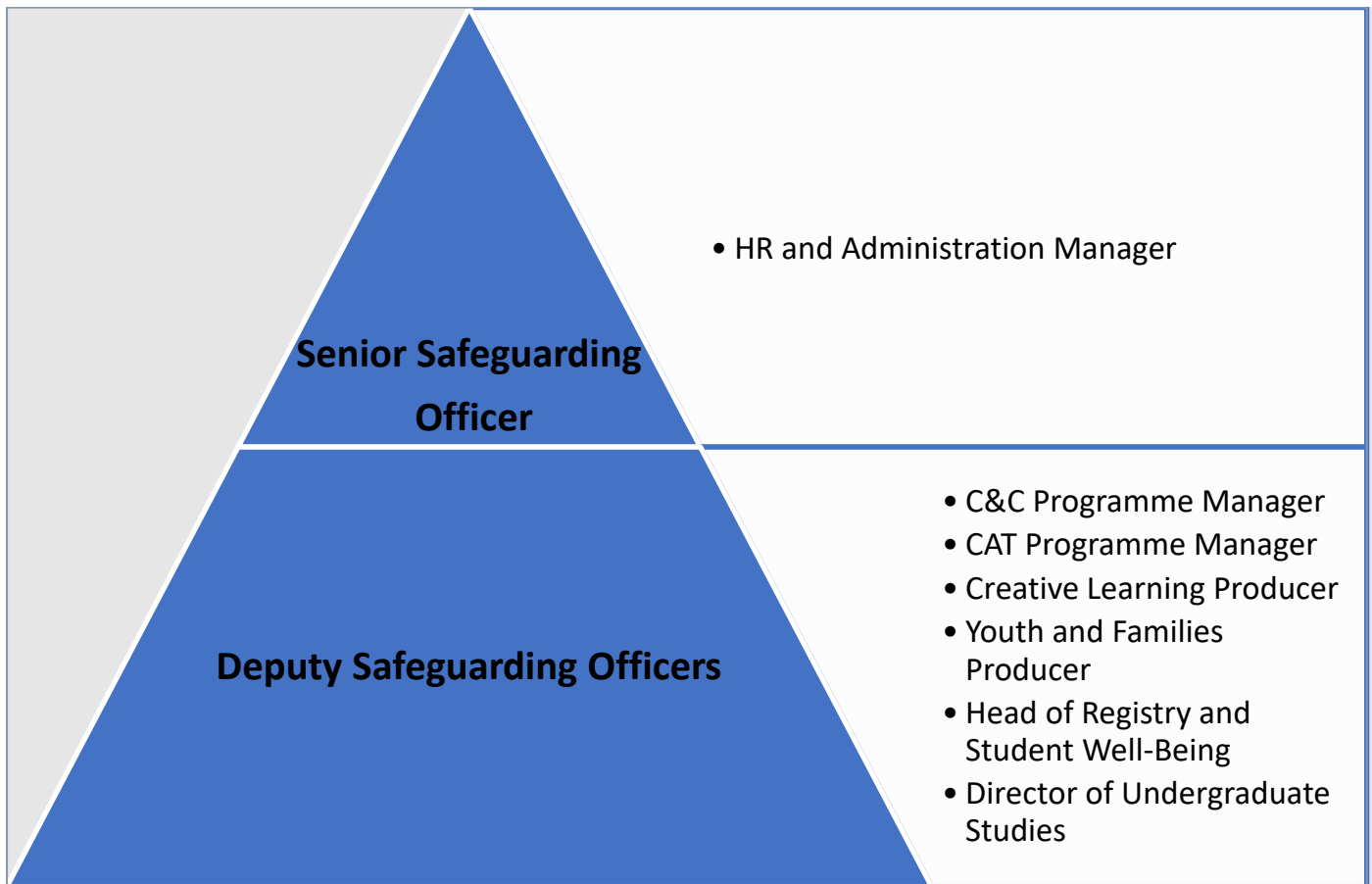
Being mindful of the space in which we operate ensures the smooth running of all activities and the enjoyment of making, creating, learning and taking part in dance. It also ensures our safety.

#### **Bring a positive attitude:**

We all share the use of this building for the love of dance. So, it's fair to assume that your fellow Placers have intentions that align with your own. That's why we expect everyone to look for solutions over problems and communicate positively and respectfully. This helps us to promote a culture of innovation and forward thinking and to create an enjoyable environment.

These simple common-sense guidelines are vital to keeping all activity safe and innovative. They go hand in hand with zero tolerance to bullying and harassment whether in physical or digital forms. Any behaviour that falls below the expected standards will be taken very seriously and addressed with the individual(s) concerned.

## Appendix 3 Safeguarding Officer Roles and Responsibilities



### Senior Safeguarding Officer

The Place's Senior Safeguarding Officer is the HR Manager and is responsible for:

- the implementation, monitoring, and review of The Place's safeguarding policy, procedure and guidance with support from the Education and Participation Management group.
- ensuring that The Place's approach to safeguarding is in line with statutory obligations and the requirements of this policy
- ensuring all staff are trained to an appropriate level according to their role and responsibilities
- ensuring all incidents or allegations of following appropriately and reported to the relevant external agencies as required
- securely storing detailed and accurate accounts of any incident or allegation
- where required, liaising with and assisting support services and/or external agencies in their investigations
- maintaining a log of all reported breaches of this policy and actions/outcomes

### Deputy Safeguarding Officers

The Place's Deputy Safeguarding Officers are Programmes Managers (or equivalent) within each department and are responsible for:

- acting as the first point of contact for advice, support and knowledge relating to The Place's safeguarding strategy

- acting as first point of contact for any incidents and or allegations and responding in a timely manner
- referring and reported any incidents or allegations to the Safeguarding Officer and or external agencies where appropriate
- where necessary, deputising for the Safeguarding Officer in their absence

## **Appendix 4**

### **Recognising the signs/symptoms of types of abuse**

#### **Recognising signs of abuse**

Staff and volunteers will be aware of young person protection issues and will understand the four types of abuse and how to recognise the signs/symptoms of each type of abuse.

#### ***Physical abuse***

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a young person. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to, a young person whom they are looking after. A person might do this because they enjoy or need the attention they get through having a sick young person. Physical abuse, as well as being a result of an act of commission can also be caused through omission or the failure to act to protect.

Some signs of physical abuse: unexplained burns, cuts, bruises, or welts in the shape of an object, bite marks, anti-social behaviour, problems in school, fear of adults, drug or alcohol abuse, self-destructive or suicidal behaviour, depression or poor self-image.

#### ***Emotional abuse***

Emotional abuse is the persistent emotional ill treatment of a young person such as to cause severe and persistent adverse effects on the young person's emotional development. It may involve making a young person feel or believe that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may include not giving the young person opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on young people. These may include interactions that are beyond the young person's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the young person participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing young people frequently to feel frightened or in danger, or the exploitation or corruption of young people. Some level of emotional abuse is involved in all types of maltreatment of a young person, though it may occur alone.

Some signs of emotional abuse: apathy, depression, hostility, lack of concentration, eating disorders.

#### ***Sexual abuse***

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the young person is aware of, or consents to, what is happening. The activities may involve physical contact e.g. rape, penetrative acts such as buggery or oral sex or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. Sexual abuse may also include non-contact activities, such as involving

young people in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging young people to behave in sexually inappropriate ways, or grooming a young person in preparation for abuse (including via the internet). Young people can be sexually abused by adults and by other young people of any gender. This includes people from all different walks of life.

Some signs of sexual abuse: inappropriate interest in or knowledge of sexual acts; seductiveness; avoidance of things related to sexuality, or rejection of own genitals or bodies; nightmares and bed wetting; drastic changes in appetite; over compliance or excessive aggression; fear of a particular person or family member; withdrawal, secretiveness, or depression; suicidal behaviour; eating disorders; self-harm. Sometimes there are no obvious physical signs of sexual abuse, and a physician must examine the young person to confirm the abuse.

### ***Neglect***

Neglect is the persistent failure to meet a young person's basic physical and/or psychological needs, likely to result in the serious impairment of the young person's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a young person from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment, failure to ensure adequate supervision (including the use of inadequate care-givers). It may also include neglect of, or unresponsiveness to, a young person's basic emotional needs.

Some signs of neglect: unsuitable clothing for weather; being dirty or un-bathed; extreme hunger; apparent lack of supervisor

## **Appendix 5**

### **Responding appropriately to a young person or an adult at risk making a disclosure**

Do:

- stay calm and try not to react to the information you receive
- listen carefully to what is said
- treat any allegations extremely seriously and act at all times towards the young person as if you believe what they are saying
- tell the young person or adult at risk they are right to tell you and reassure them that they are not to blame
- find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others – do not promise to keep secrets
- tell the young person or adult at risk that the matter will only be disclosed to those who need to know about it
- be honest about your own position, who you have to tell and why
- allow the young person or adult at risk to continue at their own pace
- tell them what you will do next, and with whom the information will be shared
- take further action – you may be the only person in a position to prevent future abuse tell the Safeguarding Officer or their deputy immediately
- record in writing what was said, using the young person's or adult at risk's own words, as soon as possible and ensure that the record is signed and dated. Forms for reporting are kept at Flaxman Terrace Reception

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- remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. That is a task for the professional child protection agencies, following a referral from the Safeguarding Officer or their deputy

## Don't:

- make promises you can't keep
- interrogate the young person or adult at risk – it is not your job to carry out an investigation, this will be up to the police and social services who have experience in this
- cast doubt on what the young person or adult at risk has told you, don't interrupt or change the subject
- say anything that makes the young person or adult at risk feel responsible for the abuse
- do nothing – make sure you tell your programme manager, Safeguarding Officer or the deputy immediately, they will know how to follow this up



# Appendix 6 The Place Safeguarding Incident Reporting Procedure

During Normal Working Hours  
(Monday- Friday 10am-6pm)

Outside Normal Working Hours

Safeguarding Incident  
Disclosed/Witnessed

Report to SSO or DSO  
in their absence

Report to Flaxman  
Terrace Reception and  
contact DSO

Immediate Action Required

No Immediate Action Required

SSO to be notified immediately and appropriate authorities to be contacted.  
DSO or SSO to remain with those at immediate risk until transferred to safe care where practical

**Complete Incident Report Form**  
DSO to provide staff member incident disclosed to with Incident Report Form to be completed in as much detail as possible

SSO/DSO to complete incident report as required

Incident report form to be given to SSO for review when normal working hours resume

SSO to decide any further action required and coordinate communication of this to relevant parties

DSO to decide whether immediate action is required

No Immediate Action Required

Immediate Action Required

**Complete Incident Report Form**  
DSO to provide staff member incident disclosed to with Incident Report Form to be completed in as much detail as possible

DSO to alert appropriate authorities and remain with those at immediate risk until transferred to safe care where practical

Incident report form to be given to SSO for review when normal working hours resume

DSO to notify SSO of situation and keep updated

SSO to decide any further action required and coordinate communication of this to relevant parties

SSO to notify Duty Director of situation

DSO and staff member incident disclosed to complete incident report

**List of Abbreviations:**

DSO- Deputy Safeguarding Officer  
SSO- Senior Safeguarding Officer

## Appendix 7

### Self-harm & disordered eating policy

Self-harming has been described as a "physical expression of emotional distress". If somebody is feeling overwhelmed with unhappy emotions, they may find that the physical act of hurting themselves makes them feel better.

#### ***Social factors and trauma***

Research has shown that social factors commonly cause emotional distress in people who self-harm. These include:

- difficult relationships with friends or partners
- difficulties at school, such as not doing well academically
- difficulties at work
- being bullied, either at home, school or work
- worries about money
- alcohol or drug misuse
- coming to terms with sexuality and gender,
- coping with cultural expectations, for example, an arranged marriage
- Self-harm could also sometimes be a way of coping with a traumatic experience. For example:
  - sexual, physical or emotional abuse, including domestic abuse and rape
  - the death of a close family member or friend
  - having a miscarriage

#### ***Emotional distress***

The distress from a traumatic experience or an unhappy situation can lead to feelings of low self-esteem or self-hatred. There could also be feelings of:

- anger
- guilt
- anxiety
- loneliness
- grief
- numbness or emptiness
- feeling unconnected to the world
- being unclean, unworthy, trapped or silenced if they have been abused

Emotions can gradually build up inside someone, and they may not know who to turn to for help. Self-harm may be a way of releasing these pent-up feelings and a way to cope with their problems. It is not usually an attempt to seek attention, but a sign of emotional distress. Some research has suggested that people who self-harm may have difficulty managing or regulating their emotions. They use self-harm as a way of managing tension and anger. Research has also shown that people who self-harm are poorer at problem solving.

Self-harm is linked to anxiety and depression. These mental health conditions can affect people of any age. Self-harm can also occur alongside antisocial behaviour, such as misbehaving at school or getting into trouble with the police.

## ***Psychological causes***

In some cases, there may be a psychological reason for self-harm (where the cause is related to an issue with the individual's mind). For example:

- they may hear voices telling them to self-harm
- they may have repeated thoughts about self-harming and feel like they have to do it
- they may disassociate (when someone loses touch with themselves and their surroundings) and self-harm without realising they are doing it
- it can be a symptom of borderline personality disorder (a condition that causes instability in how a person thinks, feels and behaves)

There are many different forms of self-harm and they are not always easy to notice.

People who self-harm usually try to keep it a secret from their friends and family and often injure themselves in places that can be hidden easily by clothing.

If you suspect that a friend or relative is self-harming, look out for any of the following:

- unexplained cuts, bruises or cigarette burns, usually on their wrists, arms, thighs and chest
- keeping themselves fully covered at all times, even in hot weather
- signs of depression, such as low mood, tearfulness or a lack of motivation or interest in anything
- changes in eating habits or being secretive about eating, and any unusual weight loss or weight gain
- signs of low self-esteem, such as blaming themselves for any problems or thinking they are not good enough for something
- signs they have been pulling out their hair
- signs of alcohol or drug misuse

The person who is self-harming may feel deep shame and guilt or may feel confused and worried by their own behaviour. It's important to approach them with care and understanding.

They may not wish to discuss their self-harm with you, but you could suggest that they speak to an anonymous helpline or see their general practitioner.

## **Policy for the prevention, identification and action on eating and low body weight**

The aim of this policy is to:

- make clear the stance that The Place takes on eating disorders and low body weight
- aid prevention, so that eating disorders and low body weight can be avoided wherever possible
- facilitate identification, so that dancers with eating disorders and low body weight can be identified early and as accurately as possible
- support positive action when an eating disorder does occur, or low body weight is identified

As part of our commitment to this policy, The Place works to ensure that:

- i. If a member of staff, student, or parent is concerned about the weight of a student this must be communicated to the relevant programme manager as soon as possible (or in the case of LCDS, the Head of Physical Support).
- ii. Dancers will not be commented on as being over- or underweight or be recommended or told

to adjust their weight or diet unless it appears that their health is at risk. Only nominated, key individuals (relevant programme manager or in the case of LCDS, the Head of Physical Support) for The Place discuss concerns about under- or overeating directly with a dancer. Advice will be within the framework of this policy and take place in an appropriate setting.

- iii. Any dancer seeking to adjust their weight will be given knowledgeable, evidence-based advice regarding healthy eating and weight change, from a health professional where possible. Changes should be closely monitored and recorded.
- iv. Dancers with a suspected eating disorder or identified as having a low body weight will not be blamed or punished. Instead, they will be supported both within The Place and in the seeking of outside help (e.g. general practitioner referral).

## **Terminology**

Many terms are related to this policy, including disordered eating (for example, binge eating, eating disorder not otherwise specified (EDNOS) eating disorders (for example anorexia nervosa, bulimia nervosa, orthorexia) and other conditions associated with low body weight such as anorexia athletica and relative energy deficiency in sport (REDS). The Place recognises that not all cases of low body weight are a consequence of an eating disorder, and that a person may simply be struggling to find an energy balance. Therefore, each case will be carefully considered.

A diagnosis of an eating disorder or anorexia athletica is a clinical illness and should be managed and monitored by a team of trained professionals, for example a GP, dietician and psychologist / psychiatrist or psychotherapist.

Other disorders falling under the categories of disordered eating, and REDS do not qualify as clinical eating disorders. Disordered eating is considered less serious however, people will often show signs of disordered eating before developing an eating disorder, or anorexia athletica.

In the case of anorexia athletica and REDS, there may be no signs of unusual eating behaviours at all, however the physical consequences can be just as serious as a clinical eating disorder.

This policy considers all causes of low body weight with the aim to promote safe and healthy dance practice.

The Place agrees to:

- i. Encourage an atmosphere of supportive openness where it is recognised that dancers sometimes struggle with food and eating and body image, but dancers can feel sure that they will get support if problems do occur, and where people know where to find help if they have any concerns. The nominated key person for this is the relevant programme manager, or in the case of LCDS the Head of Physical Support
- ii. Provide participants who want to eat more healthily with evidence-based information.
- iii. Provide adequate breaks for re-fuelling and hydration; encouraging participants to take on-board enough fluids before, during and after dancing; and, where possible, try to ensure that healthy foods are available to buy. Where this is not possible, participants will be encouraged to bring their own healthy lunches, or similar.
- iv. Hold or host educational talks with staff and dancers to raise awareness and give information about the importance of maintaining a healthy body weight for reproductive and skeletal health. This may be delivered by an outside professional with experience in the area or could be a more informal in-house arrangement where the basic points in this policy are shared and discussed.
- v. Have a clear policy relating to low body weight in the student handbook.
- vi. Ensure that all staff provide consistent messages about healthy eating, disordered eating, and related issues. This goes for both verbal and non-verbal messages, such as the selection

of participants of a particular body type.

## **Identification: how The Place works to identify signs of disordered eating, eating disorders and other causes of low body weight**

Everybody is key in the identification of disordered eating, eating disorders and other causes of low body weight. This includes teachers, managers, other support personnel (e.g. administration, wardrobe), participants, and parents. It is valuable for everyone to have a basic level of awareness of these problems and for them to feel confident that the reporting of any suspected problems will be dealt with sensitively and professionally.

### **Confidentiality**

The Place respects confidentiality, however if there appears to be a risk to health, the matter will need to be shared between the student, their parents (if under 16), the key programme manager and the relevant members of staff on a need-to-know basis to ensure the well-being of the dancer. The dancer will always be told if, when, and why staff feel that they need to inform others, before actually doing so.

Disordered eating is sometimes related to perceived performance pressures in dance, therefore teachers will not be involved by default. Instead, it is the job of the programme manager to receive reports of any worries and deal with the necessary one-to-one meetings with participants and parents (where appropriate). It may be appropriate to also involve a health professional. Although we will respect confidentiality as far as possible, the matter will need to be shared between the student, their parents (if under 16), the key individual/programme manager and relevant staff members (e.g. those teaching the dancer) on a need-to-know basis so that they may support the dancer appropriately. This most likely extends only to those tutors who teach the dancer directly. The dancer will always be told if, when, and why staff feel that they need to inform others, before actually doing so.

### **Flag system**

The identification of eating disorders and dancers with low body weight will occur via a flag system<sup>1</sup>. One or more red flags (more serious warning signs) and/or two or more yellow flags (slightly less serious warning signs) will identify participants for positive action. These are:

#### **Red flags:**

- Student seeks help for themselves
- A friend, staff or family member has expressed major concern regarding weight change or eating behaviour
- Evidence of self-induced vomiting, pharmacological abuse or compulsive over-eating
- Drastic or sudden weight change
- Missing three or more consecutive periods in post-menarchic girls (secondary amenorrhea), or not having reached menarche by age 15 (primary amenorrhea)
- Fine hair growth (lanugo)
- Diagnosed with stress fracture(s) in association with low body weight or previous low body weight
- Major physical symptoms or problems related to disordered eating e.g. fainting, collapsing
- Excessive exercising inside and outside The Place or exercising under abnormal circumstances e.g. when injured; in secret in their room

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<sup>1</sup> <sup>1</sup> Adapted from the system used by the Music and Dance Scheme residential schools in light of recent research.

- ▣ Sores on knuckles of hands
- ▣ Poor teeth
- ▣ Anaemia

### **Yellow flags:**

- ▣ Two or more friends or staff members have expressed some concern regarding weight change or eating behaviour
- ▣ Several minor physical symptoms or problems related to disordered eating e.g. sleep problems, dizziness
- ▣ Recurrent injury or illness in relation to low body weight
- ▣ Secretive or evasive around food e.g. repeatedly saying they “have already eaten”
- ▣ Sudden changes in eating behaviours and patterns e.g. becoming vegetarian, vegan, more fussy about which foods s/he eats, new intolerances
- ▣ Covers body and wears baggy clothing wherever possible. The dancer may say that they are always cold, and perhaps has discoloured or swollen hands and feet.
- ▣ Visits the toilet each time they have eaten
- ▣ Lack of growth and/or sexual maturation
- ▣ Dry, pale, and/or discoloured hair and skin
- ▣ Gets angry or distressed when asked about eating problems
- ▣ Repeatedly displays failing concentration and fatigue in class
- ▣ Avoids social interactions and/or otherwise changed in personality
- ▣ Avoids screening and/or other physical tests and assessments These warning signs are especially pertinent for dancers who:
  - ▣ have low self-esteem
  - ▣ are highly perfectionist (especially dancers who never feel that what they do is good enough) and are seemingly unable to stop and rest
  - ▣ have a history of menstrual dysfunction
  - ▣ have important changes going on in their lives e.g. parental divorce, exam pressure, moving schools, puberty

### **Action: How The Place deals with problems when they arise**

Importantly, The Place is not responsible for diagnosing or treating disordered eating. Instead, positive action comprises of the following:

#### ***In case of a refusal of a recommendation***

The Place cannot force anyone to visit their GP or other professional, nor to undertake treatment where this is necessary. If a student refuses a recommendation, the programme manager will inform the dancer that they need to send a letter to their general practitioner. This letter will outline the demands of The Place training as well as the concern at hand. The dancer may then be required to obtain a letter from their general practitioner, confirming whether they are fit to continue taking part in dance and other physical activity.

#### ***In case of rapid weight changes***

If a student is demonstrating rapid weight loss or gain, they may be asked to obtain a letter from their general practitioner or other suitable health professional that can verify whether physical activity should stop. Additionally, this approach may be useful if a dancer who has been under-, and therefore away from dancing for a time, needs to show the programme manager that they are again fit for taking part.

## **When to stop a dancer from engaging in physical activity**

It is difficult to establish at what point a dancer with low body weight is putting themselves at risk by doing physical activity (including dance). This is made more difficult by the fact that such cut-offs are typically established on the basis of weight or BMI. But although this is a difficult task, it is important to have an open discussion about when dancing should cease or reduce, because there are many very serious and long-term health consequences associated with having a sustained low body weight.

Teachers who feel that a dancer is too weak (physically or mentally) to partake in classes have a right to limit participation but will clearly explain this in a meeting with the student and the programme manager, or in the case of LCDS, the Head of Physical Support. Because it is not our role as non-professionals to diagnose or treat, the best way to monitor participation may be to establish good lines of communication with a health professional (e.g. the general practitioner involved in the dancer's referral or staff from the clinic at which a dancer is undergoing treatment). This way appropriate, on-going advice may be obtained as to whether the student should be allowed to dance. A health professional could, for instance, be able to advise as to whether the dancer's weight or weight change is so rapid as to put the person at risk<sup>2</sup>. Within LCDS, the Head of Physical Support may decide when a student is at risk and will discuss individual cases with the Head of Registry and Student Well-Being.

Following a modified programme of dancing and other physical activity, much as in the management of an injury, is often best. Dancers should in most cases be encouraged to still attend class, although not necessarily be physically involved. This is potentially helpful for everyone involved:

### **For the student**

- to understand that The Place takes the issue seriously, while valuing them as people
- to still gain some benefits from the classes, for instance, dancers will still be able to observe, practice via imagery based on the current exercises taught, and perhaps be involved in peer feedback
- allows inclusion, such as seeing friends and emotional support

### **For the teaching staff**

- to support their learning in whatever way is possible

### **For other participants**

- to send a strong message that we take the issue seriously, while valuing the afflicted dancer as a person and not "punishing them" by excluding them from dancing completely
- to allow them to provide emotional support in the form of friendship
- Despite all these potentially positive reasons, attending class when not being able to take part physically can also be very stressful and may result in feelings of jealousy and anger. Therefore, the dancer will be told about the reasons as to why they are encouraged to attend but will ultimately be given the choice (perhaps in consultation with their parents).

## **Resources used in the development of this policy**

Various academic journal articles, as cited in the footnotes throughout.

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<sup>2 2</sup> Although not relevant in every case, it may be helpful to know that the Music and Dance residential schools state in their policy that they remove dancers from all vocational activities if they are equal to or below the 2nd centile for weight (with a BMI equal to or less than 17.5 if age 17 or over).

The eating disorder policies of the Music and Dance Scheme ballet boarding schools (2008) and of London Studio Centre (2008).

Quin, E., Rafferty, S., and Tomlinson, C. (2015). *Safe Dance Practice*. Champaign, IL: Human Kinetics.

Keay, N. (2018). 2018 UPDATE: Relative Energy Deficiency in Sport (RED-S). *British Journal of Sports Medicine*. Blog. Available at: <https://blogs.bmj.com/bjism/2018/05/30/2018-update-relative-energy-deficiency-in-sport-red-s/> (date accessed 21/09/18).

Treasure, J., Smith, G., Crane, A. (2007). *Skills Based Learning for Caring for a Loved One with an Eating Disorder*. London and New York: Routledge.

Welbourne, J. (2000). Points to Consider When Establishing Policies to Cope with Eating Disorders in Dance Schools and Companies. From the conference proceedings of Dance UK's Healthier Dancer Conference, Moving Matters.

Eating Disorders Association. (2005). What you need to know when creating your eating disorders policy.

Piran, N. (2005). The role of dance teachers in the prevention of eating disorders. In Solomon, R., Solomon, J., & Minton, S. C. (Eds.), *Preventing dance injuries* (2nd Ed.). Champaign, IL: Human Kinetics.

Information from Beat training session Understanding Eating Disorders with Nikki Schuster (May 2009) and Kathryn Weaver (September 2009).

### **Resources for information and advice around disordered eating: Helplines and websites**

- Childline, the young people's charity: T. 0800 1111 [childline.org.uk](http://childline.org.uk)
- Beat, the eating disorders charity: T. 0845 634 1414 [b-eat.co.uk](http://b-eat.co.uk)

This website has a wealth of information as well as a dedicated section for young people. In addition to the online information and two telephone helplines (one for young people, one for adults), there is a text message service, an email service, a youth forum, a help-finder (search feature where you can find out more about support in your area) and more.

Beat also publish a number of information sheets about eating disorders, including one about eating disorders among men and boys, eating disorders during puberty, and more.

Books

### **Your Body Your Risk (edited by Scilla Dyke and distributed by DanceUK).**

This is a small, spiral-bound book/booklet which uses accessible language to discuss nutrition, eating disorders, and related issues. The book may be bought from DanceUK for around £4.50, and they provide discounts for bulk orders.

### **Overcoming Anorexia Nervosa by Christopher Freeman.**

This easy-read book is based on solid research evidence around cognitive behavioural therapy and is useful both for general information and as a self-help guide. It is cheap and available in online bookshops such as Amazon



## **Overcoming...**

There are several other books in the same series as *Overcoming Anorexia Nervosa* that may be useful, including *Overcoming Binge Eating*.

## Appendix 8

<b>The Place Safeguarding Disclosure Report Form</b>	
This form must be completed and given to the Safeguarding Officer (or in their absence, their deputy) immediately. If the disclosure was made during evening or weekend activity, please contact the Safeguarding Officer by phone (number available from Reception) for further instructions.	
<b>Details of Person Completing Report</b>	
Date and time the disclosure was made	
Your Name	
Your Address	
Your Telephone Number	
<b>Child/Participant Details</b>	
Class/Programme attended at The Place	
Name of child/participant	
Age/date of birth if known	
Child/participant's home address (this will be given to the Safeguarding Officer by the relevant programme manager)	
Child/participant's telephone number	

Child/participant's email address	
<b>Alleged Incident Details</b>	
Who is reporting the disclosure?	
Date and time of the alleged incident	
Location where the alleged incident took place	
Nature of the alleged incident	
Any special factors and other relevant information	
Names of witnesses (and contact details if possible)	
Were there any physical or behavioural signs? Any other causes for concerns?	

Write down how the disclosure was made, using the young person's words wherever possible

Further Details	
Have you spoken to the child/participant's parents/carers? (If so, please give details)	
Has anybody been alleged to be the abuser? (If so, please give details)	
Sign Off	
Signature	
Date	

For completion by the Safeguarding Officer or Deputy			
Actions			
What action has been taken to investigate the report			
What action has been taken as a result of the investigation? E.g. suspension of a worker or volunteer by the relevant programme manager, report to Social Services			
Statutory Agency			
Has the incident been referred to a statutory agency? (please tick)	Yes		No
Please give reasons for the above			
Name of contact			
Agency			
Telephone			
Email Address			

Further Action	
Any further action required?	
Sign Off	
Name	
Signature	
Date	