



Safeguarding Guidance – events and activities

The Project

Eight groups of people from across the East Midlands and beyond will take part in a 12-week programme of dance during summer 2025, exploring tap and body percussion. Each group will get the opportunity to perform in their local area, and will feature in a dance film to be premiered in Nottingham in September 2025.

Tappin' In 2025 brings together partners from the arts, community, health and wellbeing sectors alongside a creative team, to create a bespoke Tappin' In experience made by and for our East Midlands communities.

The Purpose of this document

This safeguarding guidance document supports the overall safeguarding policy, health and safety policy, and risk assessment for tappin'in, by outlining the procedures and reporting responsibilities for the project. It should be read in conjunction with the tappin'in 'everyone's responsibility!' leaflet, risk assessment, and policy document. This guidance and the wider safeguarding policy sit alongside the individual safeguarding and safety policies of all participating/partner groups. This document also applies to all training, rehearsals, dress events, additional shows, and screenings associated with the tappin'in project and any alternate activities designated appropriate by the DSO.

Scope and implementation

It is acknowledged that significant numbers of people are abused across the UK in 2025, and it is important that tappin'in has a safeguarding policy, a set of procedures to follow and puts in place preventive measures to try and reduce that number.

In order to implement the policy tappin'in will work:

- To promote the freedom and dignity of the person who has or is experiencing abuse or neglect.
- To promote the rights of all people to live free from abuse, neglect and coercion.
- To ensure the safety and well-being of people who do not have the capacity to decide how they want to respond to abuse that they are experiencing.
- To manage services in a way, which promotes safety and prevents abuse and neglect.

Tappin'in will also:

- Ensure that all staff, volunteers and people who are part of tappin'in are familiar with the policy and additional guidance.
- Work with other agencies within the framework of Fabric and associated partners.



- Inform people who are a part of tappin'in that where a person is in danger, a person is at risk, or a serious crime has been committed, then a decision may be taken to pass information to another agency without their consent.
- Make a referral to Adult Social Care Team or Police as appropriate.
- Endeavor to keep up to date with national developments relating to preventing abuse and welfare of adults.
- Ensure that all tappin'in members understand their responsibility to refer incidents of adult abuse to the relevant statutory agencies (Police/Adult Social Care Team).

Safeguarding Vulnerable Adults Procedure

tappin'in is committed to putting in place safeguards and measures to reduce the likelihood of abuse taking place within the activities it offers and that all those involved within the project will be treated with respect.

Therefore this guidance needs to be read in conjunction with the following policies:

- Safeguarding policy
- Health and Safety
- Risk Assessment

The Designated Safeguarding Officer (DSO)

The Designated Safeguarding Officer for tappin'in is the Artistic Director (Stephanie Ridings – steph@stephanieridings.com 07879652544), who also carries ultimate responsibility for decision-making around safeguarding. The Creative Producer deputise for the Artistic Director in their absence.

Procedures for referral: during tappin'in rehearsal and event activity

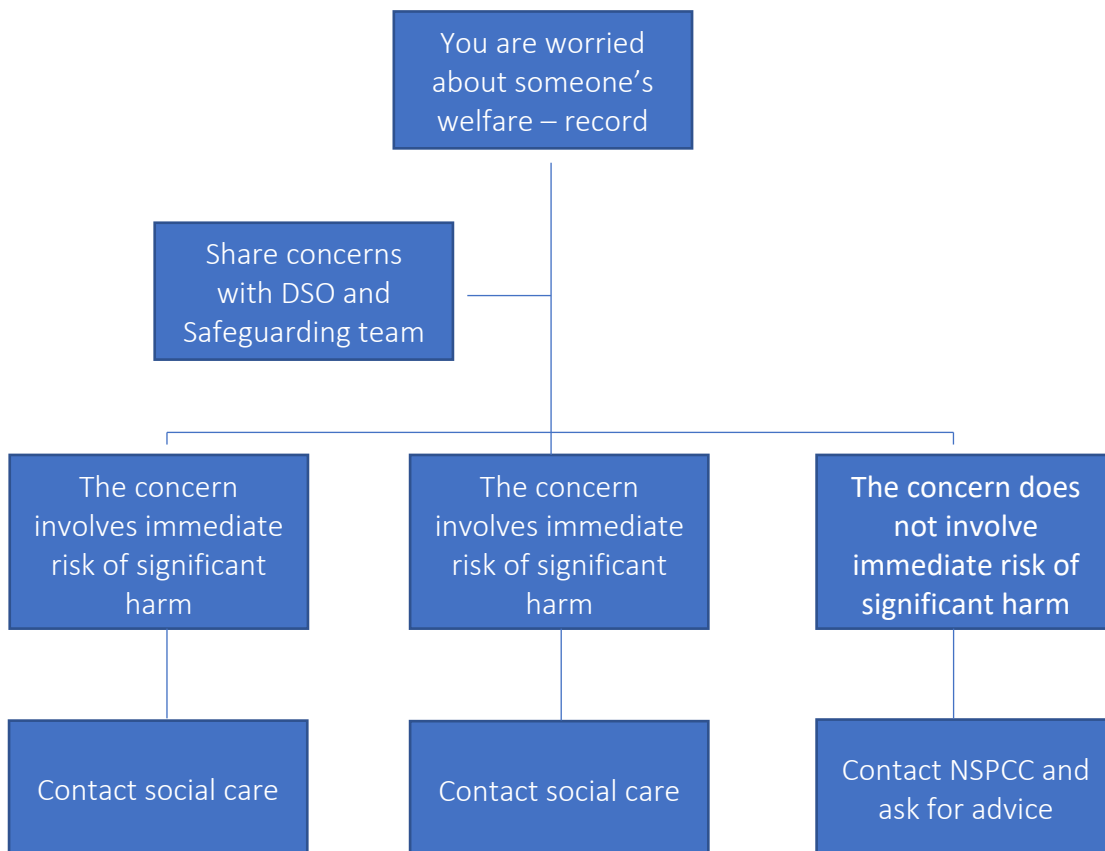
The following procedures apply to all staff, volunteers, and participants in these events and the use of 'you' refers to each category of person. It is everyone's responsibility to report a person they find in or are told of being in vulnerable circumstances. If you have concerns or if someone tells you something then first listen, when you can, record using the form in appendix 1, and then report to the DSO or the emergency services.

What is abuse

There are four categories of abuse (as defined under the Children Act 1989);

Physical abuse	Includes physical chastisement; deliberate, malicious injuries; inappropriate restraint; lack of supervision resulting in accidents causing harm.
Neglect	Persistent failure to meet a young person's or adult at risk needs – physical and psychological. Includes the failure to protect a person from exposure to any kind of danger resulting in the significant impairment of a person's health or development.
Emotional Abuse	Includes; persistent ridicule, rejection, humiliation, an atmosphere of fear and intimidation, inappropriate expectations, bullying and scapegoating, low warmth and high criticism.
Sexual Abuse	Includes giving a person access to pornographic materials, involving them in sexual activity of adults; touching or talking in asexually explicit ways; speaking to the person about sex in ways that are inappropriate, and which seek to gratify the needs of someone else.

Making a safeguarding decision





Definitions of abuse:

Physical abuse

- Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing harm to a child or adult at risk.
- Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child or adult at risk whom they are looking after. This situation is commonly described as factitious illness, fabricated or induced illness, or “Munchausen Syndrome by proxy”.
- A person might do this because they enjoy or need the attention they get through having a sick child.
- Physical abuse, as well as being the result of a deliberate act, can also be caused through omission or the failure to act to protect.

Emotional abuse

- Emotional abuse is the persistent emotional ill-treatment of a child or adult at risk, such as to cause severe and persistent adverse effects on their emotional development. It may involve making a child or adult at risk feel or believe they are worthless or unloved, inadequate or valued only insofar as they meet the needs of the other person.
- It may feature age or developmentally inappropriate expectations being imposed on them. It may also involve causing children and adults at risk to feel frequently frightened or in danger, or the exploitation or corruption of them.
- Some level of emotional abuse is involved in all types of ill treatment, though it may occur alone.

Sexual abuse

- Sexual abuse involves forcing or enticing a child, young person, or adult at risk to take part in sexual activities, whether or not the child is aware of, or consents to, what is happening. The activities may involve physical contact, including penetrative acts such as rape, buggery or oral sex, or non-penetrative acts such as fondling.
- Sexual abuse may also include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.
- Boys and girls can be sexually abused by males and or females, by adults and by other young people. This includes people from all different walks of life.

Neglect

- Neglect is the persistent failure to meet a child or adult at risk basic physical and or psychological needs, likely to result in the serious impairment of their health or development. It may involve a parent or a carer failing to provide adequate food, shelter and clothing, leaving a young child home alone or the failure to ensure that an



adult at risk gets appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, basic emotional needs.

- It is accepted that in all forms of abuse there are elements of emotional abuse, and that some children and adults at risk are subjected to more than one form of abuse at any time. These four definitions do not minimise other forms of maltreatment.

Recent guidance notes on other sources of stress for children, adults at risk, and families, such as social exclusion, domestic violence, the mental illness of a parent or carer, or drug and alcohol misuse. If it is felt that a person's well-being is adversely affected by any of these areas, the same procedures should be followed.

Recognising and Responding to Abuse:

The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered.

Physical signs of abuse

- Any injuries not consistent with the explanation given for them
- Injuries which occur to the body, in places which are not normally exposed to falls or games
- Unexplained bruising, marks or injuries on any part of the body
- Bruises which reflect hand marks or fingertips (from slapping or pinching)
- Cigarette burns
- Bite marks
- Broken bones
- Scalds
- Injuries which have not received medical attention
- Neglect-under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care
- Repeated urinary infections or unexplained stomach pains
- Female Genital Mutilation

Changes in behaviour which can also indicate physical abuse

- Fear of parents being approached for an explanation
- Aggressive behaviour or severe temper outbursts
- Flinching when approached or touched
- Reluctance to get changed, for example, wearing long sleeves in hot weather
- Depression
- Withdrawn behaviour
- Running away from home

Emotional signs of abuse

The physical signs of emotional abuse may include:

- A failure to thrive or grow particularly if a child puts on weight in other circumstances e.g. in hospital or away from their parents' care



- Sudden speech disorders
- Persistent tiredness
- Development delay, either in terms of physical or emotional progress

Changes in behaviour which can also indicate emotional abuse include:

- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Being unable to play
- Attention seeking behaviour
- Fear of making mistakes
- Self-harm
- Fear of parent being approached regarding their behaviour

Sexual Abuse

The physical signs of sexual abuse may include:

- Pain or itching in the genital/anal area
- Bruising or bleeding near genital/anal areas
- Sexually transmitted disease
- Vaginal discharge or infection
- Stomach pains
- Discomfort when walking or sitting down
- Pregnancy

Changes in behaviour which can also indicate sexual abuse include:

- Sudden or unexplained changes in behaviour e.g., becoming withdrawn or aggressive
- Fear of being left with a specific person or group of people
- Having nightmares
- Running away from home
- Sexual knowledge which is beyond their age or developmental level
- Sexual drawings or language
- Bedwetting
- Eating problems such as over-eating or anorexia
- Self-harm or mutilation, sometimes leading to suicide attempts
- Saying they have secrets they cannot tell anyone about
- Substance or drug abuse
- Suddenly having unexplained sources of money
- Not allowed to have friends (particularly in adolescence)
- Acting in a sexually explicit way with adults

Neglect

The physical signs of neglect may include:

- Constant hunger, sometimes stealing food from other children
- Constantly dirty or smelly



- Loss of weight or being constantly underweight
- Inappropriate dress for the conditions

Changes in behaviour which can also indicate neglect include:

- Complaining of being tired all the time
- Not requesting medical assistance and/or failing to attend appointments
- Having few friends
- Mentioning being left alone or unsupervised

What to do if you suspect that abuse may have occurred (parent, carer or another adult):

1. You must report the concerns immediately to the designated person: Artistic Director - Stephanie Ridings

The role of the designated person is to:

- Obtain information from staff, participants, volunteers, children or parents and carers who have child protection concerns and to record this information.
- Assess the information quickly and carefully and ask for further information as appropriate.
- They should also consult with a statutory protection agency such as the local social services department to clarify any doubts or worries. In this case, or if they feel it to be appropriate anyway, the designated person will contact the relevant authorities.
- The designated person should make a referral to a statutory protection agency or the police without delay.

The designated person has been nominated by tappin'in to refer allegations or suspicions of neglect or abuse to the statutory authorities. In the absence of Stephanie Ridings, the matter should be brought to the attention of Lou Lomas (Creative Producer).

Please Note: It is the right of any individual to make direct referrals to protection agencies. If for any reason you believe that the designated persons have not responded appropriately to your concerns, then it is up to you to contact the protection agencies directly.

Allegations of physical injury or neglect (parent, carer or another adult):

If a child or vulnerable adult has a symptom of physical injury or neglect the designated person will:

1. Contact Social Services for advice in cases of deliberate injury or concerns about the safety of the person.
2. Where emergency medical attention is necessary it will be sought immediately. The designated person will inform the doctor of any suspicions of abuse.
3. In other circumstances speak with the parent/carer/guardian and suggest that medical help/attention is sought for the person. The doctor will then initiate further action if necessary



4. If appropriate the parent/carer will be encouraged to seek help from Social Services. If the parent/care/guardian fails to act the designated person should in case of real concern, contact social services for advice
5. Where the designated person is unsure whether to refer a case to Social Services then advice from the Area Child Protection Committee will be sought.

Allegations of sexual abuse (parent, carer or another adult):

In the event of allegations or suspicions of sexual abuse the designated person will:

1. Contact the Social Service duty social worker directly. The designated person will not speak to the parent (or anyone else)
2. If the designated person is unsure whether to follow the above guidance, then advice from the Area Protection Committee will be sought
3. Under no circumstances is the designated person to attempt to carry out any investigation into the allegation or suspicions of sexual abuse. The role of the designated person is to collect and clarify the precise details of the allegation or suspicion and to provide this information to Social Services whose task it is to investigate the matter under section 47 of the Children Act.
4. Whilst allegations or suspicions of sexual abuse should normally be reported to the designated person, their absence should not delay referral to Social Services

Responding to a child or adult at risk making an allegation of abuse:

- Stay calm, listen carefully to what is being said
- 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
- Allow them to continue at his/her own pace
- Ask questions for clarification only and at all times avoid asking questions that suggest a particular answer
- Reassure them that they have done the right thing in telling you
- Tell them what you will do next and with whom the information will be shared
- Record in writing what was said using their own words as soon as possible, note the date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated

Helpful statements to make

- I believe you (or showing acceptance of what the child says)
- Thank you for telling me
- It's not your fault
- I will help you

Do not say

- Why didn't you tell anyone before?
- I can't believe it!



- Are you sure that this is true?
- Why? Who? When? Where?
- Never make false promises.

What to do after a person has talked to you about abuse:

1. Make notes as soon as possible. Ideally within 1 hour of being told; you should write down exactly what the child or adult at risk has said, what you said in reply, and what was happening immediately before being told (i.e. the activity being delivered). You should record the dates and times of when you made the record. All hand-written notes should be kept securely.
2. You should report your discussion with the designated person as soon as possible. If this person is implicated, you need to report to the second designated person. If both are implicated report to Social Services
3. You should under no circumstances discuss your suspicions or allegations with anyone other than those nominated above
4. After a child or vulnerable adult has disclosed abuse, the designated persons should carefully consider whether it is safe for them to return home to a potentially abusive situation. On these rare occasions, it may be necessary to take immediate action to contact Social Services to discuss putting safety measures into effect.

Reporting

Listed below are the contacts that you should get in touch with to report suspicions, allegations or other matters of concern.

Primary Contact

This is the first person that any incident should be reported to:

Name: Stephanie Ridings

Position: Artistic Director

Email address: steph@stephanieridings.com

Phone number: 07879652544

If this person is not available, then any incident should be reported to the Secondary Contact.

Secondary Contact

Name: Lou Lomas

Position: Producer

Email address: Louise.lomas@gmail.com

Phone Number: 07879257818

External contacts

In the event that the designated officer is not available get in touch with the agencies listed below:

NSPCC 24-hour advice line: **0808 800 5000**



Education Entitlement Coventry City: **02476 786700**

Emergency Duty Team: **02476 832222 / 832208**

Police non-emergency number: **101**



APPENDIX 1

Reporting Allegations or Suspicions of Abuse - Confidential Recording Sheet

Organisation:	Name of Person Reporting:
Name of Child:	Age & Date of Birth:
Disability:	
Parent's/Carer's name(s):	
Home address/Tel no:	
Are you reporting your concerns or reporting someone else's? Please give details.	
Brief description of what has prompted the concerns: include date, time, specific incidents.	
Any physical signs? Behavioural signs? Indirect signs?	
Have you spoken to the child? If so, what was said?	
Have you spoken to the parent(s)? if so, what was said?	

Has anybody been alleged to be the abuser? If so, please give details?
Have you consulted anybody else? Please give details.

Person reported to:	Date of reporting:
Signature of person reporting:	Today's Date:
Action taken:	

Notes: *inc. Body Map for signs/evidence of physical abuse.*

