



SAFEGUARDING POLICY

Ability School of Dance has a responsibility to protect the welfare of everyone in our care, especially those individuals who may be particularly vulnerable or at risk.

If any child protection or safeguarding incident occurs, is disclosed, or anyone associated with Ability School of Dance suspects/alleges anyone in our care may be suffering from any form of abuse, our staff will follow the following Safeguarding policy.

Throughout this document, the term 'child' may refer to any vulnerable individual.

This policy has been drawn up on the basis of law and guidance which seeks to protect vulnerable individuals, namely:

- Children Acts 1989 and 2004
- United Nations Convention on the Rights of the Child 1991
- Data Protection Act 1998
- Human Rights Act 1998
- Sexual Offences Act 2003
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- Special educational needs and disability (SEND) Code of Practice: 0–25 years: Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities; HM Government 2014
- Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers; HM Government 2015
- Working together to safeguarding children: A guide to interagency working to safeguard and promote the welfare of children; HM Government 2015

Definition of safeguarding

Safeguarding and promoting the welfare of children, defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best life chances.

Signs of abuse

You may observe signs or symptoms which may indicate a child is either suffering or at risk of suffering

significant harm:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed;
- Children with clothes which are ill-fitting and/or dirty;
- Children with consistently poor hygiene;
- Children who make strong efforts to avoid specific family members or friends, without an obvious reason;
- Children who don't want to change clothes in front of others or participate in physical activities;
- Children who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry;
- Children who talk about being left home alone, with inappropriate carers or with strangers;
- Children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason;
- Children who are regularly missing from school or education;
- Children who are reluctant to go home after school;
- Children with poor school attendance and punctuality, or who are consistently late being picked up;
- Parents who are dismissive and non-responsive to practitioners' concerns;
- Parents who collect their children from school when drunk, or under the influence of drugs;
- Children who drink alcohol regularly from an early age;
- Children who are concerned for younger siblings without explaining why;
- Children who talk about running away; and
- Children who shy away from being touched or flinch at sudden movements.

Types of Abuse

Physical Abuse

Physical abuse is deliberately physically hurting a child. It might take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse happens. Babies and disabled children also have a higher risk of suffering physical abuse.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside of the family environment.

In the performance sector, physical abuse could also include adult's coercion into or conspiring with children and young people's excessive physical exercise and training and/or deprivation of sufficient rest and sustenance.

Parents and other adults should also be alert to self abuse including self harm and eating disorders.

Some of the following signs may be indicators of physical abuse:

- Children with frequent injuries
- Children with unexplained or unusual fractures or broken bones
- Children with unexplained bruises, cuts, burns, scalds or bite marks.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development.

Although the effects of emotional abuse might take a long time to be recognisable, practitioners will be in a position to observe it, for example, in the way that a parent interacts with their child. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

Emotional abuse may involve serious bullying – including online bullying through social networks, online

games or mobile phones – by a child’s peers.

Some of the following signs may be indicators of emotional abuse:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong;
- Parents or carers who withdraw their attention from their child, giving the child the ‘cold shoulder’;
- Parents or carers blaming their problems on their child; and
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons. In the performance sector this will also include trainers and mentors in loco parentis.

Sexual Abuse

Sexual abuse is any sexual activity with a child. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong. Sexual abuse can have a long-term impact on mental health.

Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children. Some of the following signs may be indicators of sexual abuse:

- Children who display knowledge or interest in sexual acts inappropriate to their age;
- Children who use sexual language or have sexual knowledge that you wouldn’t expect them to have;
- Children who ask others to behave sexually or play sexual games; and
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn’t always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or don’t take part in education.

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Sexual exploitation includes adults coercing or being compliant with children dressing, interacting and behaving in an over sexualised, age inappropriate manner.

Neglect

Neglect is a pattern of failing to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter. It is likely to result in the serious impairment of a child's health or development.

Children who are neglected often also suffer from other types of abuse. It is important that practitioners remain alert and do not miss opportunities to take timely action.³ However, while you may be concerned about a child, neglect is not always straightforward to identify.

Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child. Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse.

Some of the following signs may be indicators of neglect:

- Children who are living in a home that is indisputably dirty or unsafe;
- Children who are left hungry or dirty;
- Children who are left without adequate clothing, e.g. not having a winter coat;
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence;
- Children who are often angry, aggressive or self-harm;
- Children who fail to receive basic health care⁴; and
- Parents who fail to seek medical treatment when their children are ill or are injured

Other safeguarding issues can include:

- Forced marriage/honour based violence/ female genital mutilation (FGM)
- Gangs and youth violence
- Gender based violence/violence against women and girls (VAWG)
- Mental health
- Private fostering
- Radicalisation/extremism
- Sexting/grooming and other E safety issues
- Teenage relationship abuse
- Trafficking

Disclosure

If an individual says or indicates that they are being abused, staff should:

- Remain calm and in control, but do not delay in taking action.
- Listen carefully to what has been said. Allow the child to tell you at their own pace and ask questions only for clarification. Don't ask questions that suggest a particular answer.
- Don't promise to keep it a secret. Use the first opportunity you have to share the information with the Designated Safeguarding Lead (the person with responsibility for child protection). Make it clear to the child that you will need to share the information with others and that you will only tell the people who need to know and who should be able to help.
- Reassure the child that they 'did the right thing' in telling someone.
- Tell the child what you will do next.
- Speak immediately to the Designated Safeguarding Lead. It is that person's responsibility to liaise with parent/carer(s) where appropriate, and/or the relevant authorities.
- Never investigate or take sole responsibility for a situation where a child makes a disclosure .
- As soon as possible after the disclosing conversation, make a note of what was said, using the child's own words. Note the date, time, any names that were involved or mentioned, and who you gave information to. Make sure you sign and date your record.
- Safety of the young person is paramount. If the young person needs urgent medical attention call an ambulance, inform the doctors of the concern and ensure they are made aware that this is a child protection issue. If it is felt that the child is in immediate danger, you must call 999 and call the Police.

Allegations against staff

Any allegations made against a member of staff should be discussed with the Local Authority Designated Officer (LADO).

Regardless of whether a police and/or Children Social Work Service investigation follows, an internal investigation should take place and consideration is given to the operation of disciplinary procedures. This may involve an immediate suspension and/or ultimate dismissal dependant on the nature of the incident.

Confidentiality

The legal principle is that the “welfare of the child is paramount”.

Privacy and confidentiality should be respected where possible, but if doing this leaves a child at risk of harm then the child’s safety has to come first.

Other concerns

Sometimes concerns about a child may not be about abuse. You may be concerned that a child or family need some help in making sure all the child’s needs are met to address a particular problem. Examples of this might be where a child is suffering because of poverty, getting into trouble in the community, or has a disability and needs extra help.

This could be support with learning, or something else, such as a social or emotional matter. The idea is that the child and parents and carers have the chance to say what they would like to happen and to explain what is working well for them and where they would like support.

As part of your area’s local multi-agency safeguarding arrangements there will be processes in place around the assessment of children who may benefit from early help. An early help assessment should be undertaken by a lead professional who should provide support to the child and family, act as an advocate on their behalf and coordinate the delivery of support services. Any frontline practitioner from any agency working with children, young people and families, including the voluntary and community sector, can undertake an early help assessment.

Missing Children

Staff will always monitor our classes closely, to ensure no child has left the studio without us noticing. Parents/legal guardians will also have joint responsibility with ourselves to keep watch for their child, if they have informed us that the child finds it difficult to reliably remain in group situations. In the event a child goes missing, an immediate search of the area will be carried out, and emergency services contacted as deemed necessary.

If any child has not been collected 15 minutes after class, emergency contacts will be called. If no contact is able to be made after 1 hour, we reserve the right to contact local services to take care of the child until parents/guardians are able to collect them.

CONTACT DETAILS

Designated Safeguarding Lead: Joanna Haste

Emergency Services: 999

Suffolk Safeguarding Children Board Emergency: 03456 066 167

Suffolk Safeguarding Children Board Advice: 03456 061 499

Customer First: 0808 800 4005

NSPCC: 0808 800 5000

Local Authority Designated Officer (LADO): 0300 123 2044

The above policy will be reviewed every 2 years.