



## Safeguarding Policy

### Contents

### Section

#### 1. Introduction and policy statement

- a. What is Safeguarding
  - b. Purpose and scope of policy
  - c. Responsibilities
- The designated safeguarding officer
  - Embedding safeguarding in the Dani Grant School of Dance

#### 2. Responding to incidents, suspicions and allegations of abuse

- a. Responding to a safeguarding incident or concern involving a child or vulnerable adult - What should Dani Grant School of Dance do if they have concerns about a child?
- Responding to a safeguarding incident or concern involving an Dani Grant School of Dance employee, student, member, volunteer or visitor
- b. Reporting a safeguarding incident or concern
  - c. Record keeping
  - d. Poor practice
  - e. Early intervention and help
  - f. After a safeguarding incident or concern has been reported
  - g. Further advice and guidance

#### 3. Code of behaviour and good practice

4. Senior Safeguarding Officers, Designated Safeguarding Officers
5. Recruitment, selection and vetting
6. Training and support
7. Photography and filming of children and vulnerable adult
8. Research
9. Data handling, monitoring and evaluation

10. Review of policy and procedures

11. Signature

## **Appendices**

1. Terminology and Definitions

### **1. Introduction and policy statement**

#### **a. What is Safeguarding?**

Safeguarding is the action taken to promote the welfare of children and protect them from harm.

It means:

- protecting children from abuse
- Preventing harm to children's health or development
- ensuring children grow up with safe and effective care
- Enabling all children and young people to have the best opportunities and experience

#### **b. Purpose and scope of policy**

Dani Grant School of Dance has a 'duty of care' to provide a safe environment for and to promote the health and well-being of children under the age of 18 years and vulnerable adults. Dani Grant School of Dance will take all reasonable steps to ensure that safeguarding and promoting the welfare of children and vulnerable adults is embedded in our contact with them through the training and activities we provide

#### **c. Responsibility**

Dani Grant School of Dance staff are particularly important as they are in a position to identify concerns early, provide help for children, and prevent concerns from escalating. All staff have a responsibility to provide a safe environment in which children can learn. Furthermore, provide support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years.

Dani Grant School of Dance will safeguard children and vulnerable adults by:

- valuing, listening to and respecting them adopting child protection procedures
- sharing information about child protection and good practice with children, vulnerable adults, parents, staff and the companies and organisations with which we work

- working openly and in partnership with parents and guardians in relation to child protection and safeguarding concerns  
sharing information about concerns with the appropriate agencies
- implementing and adhering to a Code of behaviour and good practice
- providing a 'trusted adult' for children during Dani Grant School of Dance activities and communicating this to parents/guardians, children and vulnerable adults by appropriate methods, including a simple poster with the photograph(s) and names of the trusted adult(s)
- ensuring safe recruitment, selection and vetting of staff
- providing effective management through supervision, appraisal, support, training and development
- having due regard to the need to prevent people (children, vulnerable adults and students) from being drawn into terrorism, known as the Prevent Duty  
ensuring the security of the premises Dani Grant School of Dance operates, including the use of staff and visitor passes as appropriate and other security measures including Emergency Response Plans for events held offsite  
providing a Safeguarding with strategic responsibility and oversight of all safeguarding arrangements for Dani Grant School of Dance.

#### **d. The Designated Safeguarding Officer (DSO)**

Every school and college should have a designated safeguarding officer who will provide support to staff to carry out their safeguarding duties and who will liaise closely with other services such as children's social care.

Dani Grant School of Dance will also follow the statutory guidance outlined in *Keeping children safe in education: Information for all school and college staff* (September 2016) which is a document outlining the duty to safeguard and promote the welfare of children. Under the Children Act 1989, which applies to England and Wales, a child is a person up to the age of 18 years. For child protection purposes, all four nations use an age band up to 18 years old. This can also be up to the age of 25 years in the case of someone who is receiving help from Social Services or Education. Other relevant legislation includes the *Children Act 2004 and the Children, Schools and Families Act 2010*. Similar arrangements exist in Scotland under the Children (Scotland) Act 1995; Protection of Children (Scotland) Act 2003; Protection of Vulnerable Groups (Scotland) Act 2007 and in Northern Ireland, the Children (Northern Ireland) Order 1995 and Safeguarding Vulnerable Groups (NI) Order 2007. Children and Young Persons Act 1963, the Children (Performances and Activities) (England) Regulations 2014, the Children Act 1989 and Working Together to Safeguard

Children 2015. definitions of abuse relating to vulnerable adults are taken from *No Secrets (Department of Health, 2000)* and from the *1997 Consultation Who Decides?* issued by the Lord Chancellor's Department. Additional guidance or legislation relevant to these safeguarding procedures include the *Data Protection Act 1998*, *Children and Adoption Act 2006*, *Sexual Offences Act 2003 (Remedial Order) 2012*, *Safeguarding Vulnerable Groups Act 2006*, *Protection of Freedoms Act 2012*, *Female Genital Mutilation Act 2003 (as inserted by the Serious Crime Act 2015)* and *Counter-Terrorism and Security Act 2015*.

#### **e. Embedding safeguarding in the Dani Grant School of Dance**

All Dani Grant School of Dance staff will undergo mandatory child protection policy training in accordance with best practice and as described in the Safeguarding training strategy to support understanding and implementation of the policy. All other parties that have contact with Dani Grant School of Dance including visitors and contractors will be made aware of the policy via signing in/out sheets, terms and conditions, contracts, notices and the Dani Grant School of Dance website and will be expected to adhere to it. Any failure to comply with the policy may be considered a disciplinary matter and will be dealt with in accordance with the appropriate disciplinary procedure, which may lead to dismissal.

### **2. Responding to incidents, suspicions and allegations of abuse**

#### **a. Responding to a safeguarding incident or concern involving a child or vulnerable adult**

All Dani Grant School of Dance staff should be particularly alert to the potential need for a quick response for a child who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- Is at risk of FGM.
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a privately fostered child

All staff should be aware of indicators of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection. Indicators of abuse and neglect are described in Appendix 1 Terminology.

Detailed information on early help can be found in Chapter 1 of [Working Together to Safeguard Children. 5](#) More information on statutory assessments is included at paragraph 28. Detailed information on statutory assessments can be found in Chapter 1 of [Working Together to Safeguard Children](#).

Departmental advice [What to Do if You Are Worried a Child is Being Abused - Advice for Practitioners](#) provides more information on understanding and identifying abuse and neglect. Examples of potential indicators of abuse and neglect are highlighted throughout the advice and will be particularly helpful for school and college staff. The NSPCC website also provides useful additional information on abuse and neglect and what to look out for. ([link in the original document](#) )

Staff working with children are advised to maintain an attitude of ‘it could happen here’ where safeguarding is concerned. Furthermore, speak to the designated safeguarding officer (or deputy).

### **What should Dani Grant School of Dance do if they have concerns about a child:**

If staff have any concerns about a child’s welfare, they should act on them immediately and follow the procedure below:

- stop other activity and focus on what you are being told or seeing – responding to the incident being reported should take immediate priority
- react in a calm and considered way but show concern
- tell the child, vulnerable adult or third party that it is right for them to share this information
- take what the child, vulnerable adult or third party has said seriously and allow extra time where there is a speech or language difficulty
- keep questions to an absolute minimum necessary to gain a clear and accurate understanding of what is being said, and do not interrogate the child, vulnerable adult or third party
- listen and do not interrupt if they are recounting significant events
- offer reassurance
- do not give assurances of confidentiality, but explain you will need to pass on this information to those that need to know; and
- consider whether immediate action is needed to protect a child or vulnerable adult who may be at risk – think about the child or vulnerable adult who is the immediate

concern and any others who may be at risk, in light of what you have been told or seen.

## **b. Reporting a safeguarding incident or concern**

In cases where there is an immediate risk of harm to a child or vulnerable adult and it is unsafe to wait until the next working day, either the person raising the concern or a Designated Safeguarding Officer should immediately call a Senior Safeguarding Officer ([work mobile telephone numbers are listed in Appendices 7 and 10](#)) who will have access to contact telephone numbers of other members of the [Executive Board, and local social services, IPOC \(Initial Point of Contact\), \(Children Social care or Adult Social Care\), the LADO and the Police](#). If a DSO or SSO is not immediately available and a child is in immediate danger or at risk of harm you should alert the appropriate authority<sup>1</sup> and stay with those you think are at immediate risk until they can be transferred to safe care, where practical.

Staff should not assume a colleague or another professional will take action and share information that might be critical in keeping children safe. They should be mindful that early information sharing is vital for effective identification, assessment and allocation of appropriate service provision. Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers supports staff who have to make decisions about sharing information. This advice includes the seven golden rules for sharing information and considerations with regard to the Data Protection Act 2018 and General Data Protection Regulation (GDPR). If in any doubt about sharing information, staff should speak to the designated safeguarding officer or a deputy. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children.

Working Together to Safeguard Children sets out that the safeguarding partners should publish a **threshold document that should include the criteria**, including the level of need, for when a case should be referred to local authority children's social care for assessment and for [statutory services under section 17 and 47](#).

Local authorities, with their partners, should develop and publish local protocols for assessment. A local protocol should set out clear arrangements for how cases will be managed once a child is referred into local authority children's social care.

The referrer should follow up if this information is not forthcoming. If social workers decide to carry out a statutory assessment, staff should do everything they can to support that assessment (supported by the designated safeguarding lead (or deputy) as required). If, after a referral, the child's situation does not appear to be improving, the referrer should

consider following local escalation procedures to ensure their concerns have been addressed and, most importantly, that the child's situation improves.

#### Female Genital Mutilation mandatory reporting duty for teachers

Whilst all staff should speak to the designated safeguarding officer (or deputy) with regard to any concerns about female genital mutilation (FGM), there is a specific legal duty on teachers.

If a teacher, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the teacher must report this to the police.

### **c. Record keeping**

All concerns, discussions and decisions made, and the reasons for those decisions,

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<sup>1</sup> Appendix 2

should be recorded in writing. If in doubt about recording requirements, staff should discuss with the designated safeguarding officers.

Make a comprehensive record of what is said or seen and actions taken at the earliest possible opportunity. Report this using the Incident Report Form within the timescales stated. The Incident Report Form is available in Appendix 4 of this Policy.

If you have any concerns or need any advice or guidance about filling in an Incident Report Form then contact a DSO or SSO. The Incident Report should be submitted to a DSO as soon as possible, preferably immediately, and certainly within 24 hours. If the concerns relate to a specific DSO, then it should be reported to an SSO.

**For security and confidentiality reasons communication via email should be avoided wherever possible. Keep all original notes as they may be needed as evidence.**

If the incident being reported is considered of low level concern requiring no action other than monitoring the appropriate box may be ticked on the Incident Report form. In these circumstances a referral to an appropriate authority will probably not be made, but the situation will be monitored.

Following decisions made by the SSO, the parents or guardians of the child(ren) or vulnerable adult(s) (where known / identified) may be contacted and if appropriate a referral made to the [Children's Social Services, MASH and/or LADO](#). There may be

occasions where it is inappropriate for parents to be contacted and the matter will immediately be referred to [Children's Social Services, IPOC and/or LADO](#).

There may be occasions when it is appropriate for the child(ren)'s main school to be contacted, where these details are known.

Why is all of this important?

#### **d. Poor practice**

It is important for children to receive the right help at the right time to address risks and prevent issues escalating. Research and serious case reviews have repeatedly shown the dangers of failing to take effective action.

Examples of poor practice include:

- failing to act on and refer the early signs of abuse and neglect;
- poor record keeping;
- failing to listen to the views of the child;
- failing to re-assess concerns when situations do not improve;
- not sharing information;
- sharing information too slowly; and
- a lack of challenge to those who appear not to be taking action.

[Under Section 5B\(11\) \(a\) of the Female Genital Mutilation Act 2003, "teacher" means, in relation to England, a person within section 141A\(1\) of the Education Act 2002 \(persons employed or engaged to carry out teaching work at schools and other institutions in England\).](#)

[An analysis of serious case reviews can be found at Serious case reviews, 2011 to 2014.](#)

#### **What school and college staff should do if they have concerns about another staff member who may pose a risk of harm to children**

If staff have safeguarding concerns, or an allegation is made about another member of staff (including volunteers) posing a risk of harm to children, then:

- this should be referred to the headteacher or principal;
- where there are concerns/allegations about the headteacher or principal, this should be referred to the chair of governors, chair of the management committee or proprietor of an independent school; and
- in the event of concerns/allegations about the headteacher, where the headteacher is also the sole proprietor of an independent school, allegations should be reported directly to the designated officer(s) at the local authority



- What school staff should do if they have concerns about safeguarding practices within the school All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school's or college's safeguarding regime and know that such concerns will be taken seriously by the senior leadership team. Appropriate whistleblowing procedures, should be put in place for such concerns to be raised with the school's or college's senior leadership team.
- Where a staff member feels unable to raise an issue with their employer, or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:
- General guidance on whistleblowing can be found via: Advice on Whistleblowing.
- The NSPCC whistleblowing helpline is available as an alternative route for staff who do not feel able to raise concerns regarding child protection failures internally or have concerns about the way a concern is being handled by their school or college. Staff can call 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and email: help@nspcc.org.uk  
10 Alternatively, staff can write to: National Society for the Prevention

#### **e. Early intervention and help**

When a child, vulnerable adult or family is or may be experiencing difficulties, support is most effective when it is provided as early as possible and “Early Intervention” can sometimes be appropriate ([see glossary](#)).

- When emerging problems are identified staff, students, members, volunteers and visitors should liaise with the relevant DSO and SSO so that information can be shared with IPOC (or the Local Authority) so that where necessary an Early Help Assessment (EHA) can be conducted to identify the child or vulnerable adult's needs and enable professional support to be provided from other agencies.
- When “Early Help” is provided and the Dani Grant School of Dance is made aware, they will monitor the situation and refer to IPOC if any further concerns arise or the child or vulnerable adult's situation does not improve.

#### **f. After a safeguarding incident or concern has been reported**

- The SSO will decide on any action to be taken, including whether to contact the parent, carer or guardian and / or refer the matter to an appropriate authority, and will ensure that the Dani Grant School of Dance complies in full with any resulting

investigation.

- Where an allegation, suspicion or incident, in the opinion of the SSO, is of low level concern, does not require immediate referral to the relevant authorities but requires monitoring, no further immediate action will be taken other than to feed back to the relevant DSO.
- Whether or not any referral is made, the SSO will monitor the situation and refer again if it appears that any concerns remain.
- The LADO (within IPOC) has a specific role within Children's Services and should be alerted to all cases in which it is alleged that a person who works with children has behaved in a way that has harmed, or may have harmed a child committed a criminal offence against children, or related to a child; or behaved towards a child or children in a way that indicates they are unsuited to working with children.
- Depending on the outcome of any referral and where applicable, the Dani Grant School of Dance will refer a named individual for consideration for barring and will contact the Disclosure and Barring Service.
- Dani Grant School of Dance employee, student, member or volunteer under investigation will be prevented from working or otherwise interacting with children and vulnerable adults at the Dani Grant School of Dance and where applicable will have their Dani Grant School of Dance employment suspended, until the outcome of the investigation is known and a decision made.

### **3. Code of Behaviour and Good Practice**

The Dani Grant School of Dance believes that the Code of Behaviour and Good Practice will assist everyone in protecting children and vulnerable adults, and help with identifying practices which could be misinterpreted or lead to false allegations. Anyone organising activities on behalf of the Dani Grant School of Dance, involving children and/or vulnerable adults, must adhere to this code as set out below:

- All children and vulnerable adults should be treated with respect.
- Respect should be given to a child's or vulnerable adult's rights to personal privacy.

- Physical contact with a child or young person may be misinterpreted and should be avoided. Where any physical touching is required for purposes of instruction, it should be provided openly in front of other students. Parents, guardians and students will be warned in advance that physical touching may be required for correctional purposes only.
- Feedback should always be constructive rather than negative, and language used should never be threatening or upsetting.
- Private or unobserved contact with a young person or vulnerable adult should be avoided wherever possible unless authorised on the appropriate consent form by a parent or guardian and recorded (e.g. for a 1:1 private dance lesson).
- Children with special educational needs / disabilities may be especially vulnerable to abuse and extra care should be taken to interpret apparent signs of abuse or neglect. They may be disproportionately impacted by behaviour such as abuse or bullying without outwardly showing any signs through communication barriers.
- Assumptions should not be made that indicators of abuse (e.g. behaviour, mood and injury) relate to a child's disability or learning difficulty without further exploration.
- If first aid is required, where possible, it should be administered by a trained first aider in the presence of another adult. A First Aider will complete an Incident Report Form if they have any safeguarding concerns as a result of administering the first aid.
- Staff should encourage children, young people, parents, guardians and carers to follow this guidance, which is available at [https://www.danigrantdance.com/terms and conditions](https://www.danigrantdance.com/terms-and-conditions)
- When changing for class, Dani Grant School of Dance prohibit the use of telephones, cameras or other photographic or filming devices being used in changing rooms or toilet facilities.
- Written parental or guardian consent should always be obtained by the Dani Grant School of Dance for the use of any photographs, film or videos involving children and vulnerable adults. This should clearly indicate the uses to which the photographs, film or videos will be put. More information and guidance on this is outlined in Section 7.
- Dani Grant School of Dance staff, students, volunteers and visitors to the Dani Grant School of Dance where appropriate, should challenge unacceptable behaviour in accordance with the provisions of this code of conduct and good practice.
- Any incidents, allegations or suspicions of abuse should be reported immediately to a DSO, as per the reporting guidelines laid out in Section 2 and Appendix 4.
- In all dealings with children and vulnerable adults, Dani Grant School of Dance staff, students, volunteers and visitors to the Dani Grant School of Dance where appropriate, should never:

- leave children who are in their care unsupervised on Dani Grant School of Dance premises
- play rough, physical or sexually provocative games, involving or observed by children or vulnerable adults whether based on talking or touching
- share a room overnight with a child or vulnerable adult
- enter the private room of a child or vulnerable adult unless it is absolutely necessary and, wherever possible, accompanied by another adult
- allow or engage in any form of inappropriate physical activity involving children or vulnerable adults, or any bullying of a child by an adult or another child
- form or seek to form relationships of a sexual nature which may lead to sexual activity (i.e. 'grooming')
- allow children or vulnerable adults to use inappropriate language (e.g. of a derogatory or sexually explicit nature) without challenging it
- make sexually suggestive or discriminatory comments even in jest
- intentionally reduce a child or vulnerable adult to tears as a form of control
- use any physical punishment as part of disciplining a child or vulnerable adult
- shout or use harsh criticism
- consume alcohol or take drugs during the working day (including breaks) or when involved in activities with children or vulnerable adults
- give their personal contact details to a child or vulnerable adult whom they have met through work including via social networking sites (see Dani Grant School of Dance's Social Media and Digital Communications policy at [https:// www.danigrantdance.com/termsandconditions](https://www.danigrantdance.com/termsandconditions))
- allow themselves to get into a situation where an abuse of trust may occur – this means not forming a close personal relationship (sexual or otherwise) with a child or vulnerable adult, even if they are seeking and are consenting to such a relationship
- transport a child or vulnerable adult in a personal vehicle unless consent has been given by a parent or guardian – where this is necessary in an emergency, a DSO must be informed
- allow allegations made by a child or vulnerable adult to go unrecorded or not acted upon in accordance with these or other Dani Grant School of Dance procedures; or undertake personal activities (such as washing or dressing) for a child or vulnerable adult which they can do for themselves. If a child has a disability, such tasks should only be performed with the full understanding and consent, and where appropriate, assistance from the parents or carers. A vulnerable adult may be able to give their own

consent.

- Any incidents which cause concern in respect of a child or vulnerable adult must be reported immediately to a DSO. Below are examples of incidents which are to be reported. When
- a child has been left unsupervised on Dani Grant School of Dance property / premises
- a child or vulnerable adult is hurt accidentally
- there is a concern that a relationship is developing which may be an abuse of trust
- you are worried that a child or vulnerable adult is becoming attracted to you
- you are worried that a child or vulnerable adult is becoming attracted to a colleague who cares for them
- you think a child or vulnerable adult has misunderstood or misinterprets something you have done
- you have been required to take action to prevent a child or vulnerable adult from harming themselves or another, or from causing significant damage to property. Unless you have received specific training on how to restrain a child or vulnerable adult, this should only be done as a last resort. Do not do it alone, call for assistance, write up what happened and pass the information to a DSO
- you see any suspicious marks on a child or vulnerable adult
- you hear of any allegations made by a child or vulnerable adult or any other person relating to events giving rise to a safeguarding concern either inside or outside of the Dani Grant School of Dance which have happened recently or in the past
- a child, vulnerable adult or student under the age of 18 discloses that they have been a victim of female genital mutilation (FGM) or are going to be in the future
- you are concerned that a child, vulnerable adult or older student is being drawn, or may be at risk of being drawn, into terrorism or extremism; or
- you are concerned that a child or vulnerable adult is being subjected to honour based violence.
- All personnel will be briefed as to the expectations in the Code of Behaviour and Good Practice as part of their induction or before any such activities take place. These people will also assist in the event that anyone suspects or is made aware of an incident suggesting that the Dani Grant School of Dance Code of Behaviour and Good Practice is not being adhered to. Such incidents should be reported to a DSO.

#### **4. Senior Safeguarding Officers, Designated Safeguarding Officers**

The Dani Grant School of Dance has a structure in place to deal with incidents. There is a Senior Safeguarding Officers (SSO) and a Dep. These have overriding responsibility for dealing with all safeguarding incidents in consultation with appropriate staff or external agencies. Reporting to SSO is the Designated Safeguarding Officer (DSO). In most cases, DSO deal with all safeguarding incidents as the first point of contact. In some cases, incidents may immediately be referred to an SSO.

- The details of all named SSOs and DSOs along with a full description of their roles and responsibilities can be found in Appendix 3. This list is updated annually or in the event of a person stepping down from their position as SSO or DSO, for example because they change their job role or leave the Dani Grant School of Dance.

The Safeguarding agreed key objectives:

- to understand the Dani Grant School of Dance's obligations under UK Government legislation
- to gather input to which this legislation is applicable
- to review the Safeguarding Policy and Procedures on an annual basis
- to seek advice and independent consultancy on Safeguarding from external specialist individuals or organisations
- to develop and implement a safeguarding training strategy; and
- to monitor the effectiveness of safeguarding arrangements.

## **5. Recruitment, selection and vetting**

- As part of its commitment to safeguarding, the Dani Grant School of Dance will ensure that safe practice is integrated into all recruitment, selection, vetting and induction processes.
- The Dani Grant School of Dance has policies on the vetting of all staffs, including criminal record checks (where necessary) and referencing,, retention and disposal of disclosures and disclosure information. These policies inform this Safeguarding Policy and can be found on the Dani Grant School of Dance website.
- The Dani Grant School of Dance uses the Disclosure and Barring Service (DBS) in the UK for criminal record checks and follows its advice with regard to requirements in relation to vetting and checking staff. Details are in the Recruitment and Selection Policy and Procedures (available on the Dani Grant School of Dance website).
- Young people under the age of 18 years will not be employed in positions where they are responsible for teaching or supervising children and students under the age of 18

years.

## **7. Photography and filming of children and/or vulnerable adults**

- No filming or photography of children or vulnerable adults should take place without gaining written permission from the appropriate parent, guardian or carer. The purposes for which any photographic images or film will be used should be clearly explained and outlined on the disclaimer document. All written consent obtained must be placed securely on file.
- Use of photography and film including children and vulnerable adults is set out in the Dani Grant School of Dance's Visual Media Policy (currently being drafted) which provides more detailed information as to how visual media should be procured, presented and protected.
- There is evidence that some people do use activities and events as an opportunity to take photographs or footage of children and/or vulnerable adults, including those with disabilities, with the intention to use them inappropriately or manipulate them.

## **9. Data handling, monitoring and evaluation**

- SSO will collate details of any incidents relating to safeguarding children. This will include all concerns, discussions and decisions made and the reasons for those decisions. Copies of these records will be passed as necessary to the any appropriate authority.
- In addition to the central record where an incident has been reported against an Dani Grant School of Dance employee or volunteer, a note relevant to the incident and/or any relevant documents will also be kept in the personal file of the person concerned when the case has been concluded.

## **10. Review of policy and procedures**

The Policy will be reviewed by the SSO, DSO, annually or more frequently in response to new legislation or where an incident has occurred that requires an adjustment to processes within. It will be reviewed externally where it is considered necessary, to ensure that the Policy continues to meet the safeguarding legislation and best practice.

## **11. Signature**

D Grant

Principal

Dani Grant School of Dance

## 1. Terminology and Definitions

### Indicators of abuse and neglect:

All school and college staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

**Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

**Physical abuse:** a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

**Emotional abuse:** the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child 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 child 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 children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

**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 child is aware of what is happening. The activities 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 of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can



other children. The sexual abuse of children by other children is a specific safeguarding issue in education.

**Neglect:** the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy, for example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision

(including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

### **Vulnerable adults**

The following definitions of abuse relating to vulnerable adults are from No Secrets, DoH 2000 and from the 1997 Consultation 'Who Decides' issued by the Lord Chancellor's Department.

What constitutes abuse? The term 'abuse' can be subject to wide interpretation. The starting point for a definition is the following statement: abuse is a violation of an individual's human and civil rights by any other person or persons.

The core definition of a 'vulnerable adult' taken from the above Consultation is a person "who is or may be in need of community care services by reason of disability, age or illness; and is or may be unable to take care or unable to protect him or herself against significant harm or exploitation." This definition covers all people over the age of 18 years. Consideration, however, needs to be given to a number of factors:

Who can abuse? The person responsible for the abuse is often well known to the victim, and abuse may consist of a single act or repeated acts

- it may be physical, verbal or psychological
- it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent; and abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Abuse can happen anywhere:

- in the street
- in a person's own home
- in a residential or nursing home
- in a hospital
- in the workplace
- at a day centre or educational establishment
- in supported housing; or

could be:

- a paid carer in a residential establishment or from a home care service

**The following are the main different forms of abuse in relation to a vulnerable adult:**

- a social care worker, health worker, nurse, doctor or therapist; or
- a relative, friend or neighbour.

**Psychological abuse:** including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks

**Financial or material abuse:** including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits

**Discriminatory abuse:** including racist, sexist, based on a person's disability, and other forms of harassment, slurs or similar treatment.

Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

Incidents of abuse may be multiple, either to one person in a continuing relationship or service context or to more than one person at a time. This makes it important to look beyond the single incident or breach in standards to underlying dynamics and patterns of harm. Some instances of abuse will constitute a criminal offence. In this respect vulnerable adults are entitled to the protection of the law in the same way as any other member of the public.

In addition, statutory offences have been created which specifically protect those who may be incapacitated in various ways. Examples of actions which may constitute criminal offences are: assault, whether physical or psychological, sexual assault and rape, theft,

fraud or other forms of financial exploitation, and certain forms of discrimination, whether on racial or gender grounds.

**Criminal offences:** These offences differ from all other non-criminal forms of abuse in that the responsibility for initiating action rests with the Police and the Crown Prosecution Service. Also, when complaints about alleged abuse suggest that a criminal offence may have been committed, it is imperative that reference should be made to the police as a matter of urgency.

## **Bullying**

The Anti-Bullying Alliance defines bullying behaviour as follows:

- deliberately causes hurt (either physically or emotionally)
- repetitive (though one-off incidents such as the posting of an image on the internet, or the sending of a text or sexting (sexually explicit photographs or messages) which is then forwarded to a group, can quickly become repetitive and spiral into bullying behaviour); and involves an imbalance of power (the person on the receiving end feels like they cannot defend themselves).

Bullying is not:

- teasing and banter between friends without intention to cause hurt
- falling out between friends after a quarrel or disagreement; or
- behaviour that all parties have consented to and enjoy (though this needs to be carefully monitored as coercion can be very subtle)

Bullying can take the following forms:

- emotional – being unfriendly, ignoring someone, not involving them in activities, sending hurtful or tormenting texts, humiliating or ridiculing someone
- physical – pushing, kicking, hitting, punching or pinching or any use of violence  
racist – racial taunts, graffiti or gestures
- related to a disability – because of how somebody looks or presents related to their disabilities (children with disabilities are more likely than their non-disabled peers to be excluded from activities)
- sexual – unwanted physical contact or sexually abusive comments (sexual bullying can also relate to gender and gender identity and includes those who do not fit with the gender role prescribed to them)
- homophobic – because of, or focusing, on the issue of a young person's actual or perceived sexual orientation; or

- verbal (in the case of children with hearing disabilities this can take place in sign language) – name calling, sarcasm, spreading rumours or teasing.

### **Bullying behaviour should not be passed off as “banter” or as “part of growing up”**

It is important to be conscious that a child who is engaging in bullying or abusive behaviour towards others may have been subject to abuse from other children or adults. There is significant research evidence which indicates that abuse is likely to be repeated without appropriate intervention and treatment. This should be kept in mind when dealing with and managing case of abuse perpetrated by children.

### **Self-harm**

Self-harm is where a person hurts themselves intentionally. This can occur in a range of ways:

- cutting (usually with a knife or razor)
- burning their body
- banging their head (not to be confused in situations when working with a young person who may have additional (special) needs, but this could be an indicator)
- throwing their body against something hard
- punching themselves
- sticking things in their body; or
- swallowing inappropriate objects or tablets

### **Eating disorders**

Eating disorders are not just about food – they are a way of coping with emotional distress. They can affect both sexes, people of any background and any age.

Eating disorders can be recognised by a persistent pattern of unhealthy eating or dieting behaviour that can cause health problems and/or emotional and social distress.

There are three official categories of eating disorders:

- anorexia nervosa
- bulimia nervosa; and
- eating disorder not otherwise specified (EDNOS).

- People with EDNOS do not have the full set of symptoms for either anorexia or bulimia but may have aspects of both. EDNOS is as serious as other eating disorders and as potentially damaging to health.

### **Anorexia nervosa:**

- the rarest – typically affects young people aged 12-20 years  
individuals with anorexia nervosa do not maintain or have a body weight that is normal or expected for their age and height – they are usually less than 86% of their expected weight
- even when underweight, individuals with anorexia continue to be fearful of weight gain. Their thoughts and feelings about their size and shape have a profound impact on their sense of self-esteem as well as their relationships
- women with anorexia often stop having their periods
- they often do not recognise or admit the seriousness of their weight loss and deny that it may have permanent adverse health consequences. Bulimia nervosa:
- mainly affects individuals between the ages of 18-25 years
- individuals with bulimia nervosa experience binge-eating episodes which are marked by eating an unusually large amount of food within a couple of hours, feeling compelled to eat and find it difficult if not 'impossible' to stop eating
- this is then followed by attempts to 'undo' the consequences of the binge by using unhealthy behaviour such as self-induced vomiting, misuse of laxatives, enemas, diuretics, severe caloric restriction or excessive exercising
- individuals are obsessed and preoccupied with their shape and weight and often feel their self-worth is dependent on their weight or shape.

### **Binge-eating disorder:**

- individuals with binge-eating disorder (BED) engage in binge eating, but do not regularly use inappropriate or unhealthy weight control behaviour such as fasting or purging to counteract the binges
  - BED is more common amongst individuals who are overweight or obese, terms used to describe these problems include: compulsive overeating, emotional eating or food addiction
  - BED is not an officially recognised disorder, but is included in the EDNOS category
- 26

- **Eating problems never exist in isolation;** they are usually a symptom of other problems e.g. coping with painful feelings and/or situations, boredom, anxiety, anger, shame, sadness, loneliness. Adolescence can be a key time. Stressful or traumatic events can trigger an eating problem (e.g. bullying, bereavement, family tensions, school problems, self-harm, low self-esteem, sexual, physical, emotional abuse or neglect, negative criticism, fragile sense of self) and it can be more about control than about food itself.

More information is available on: [www.b-eat.co.uk](http://www.b-eat.co.uk)

### **Female genital mutilation (FGM)**

Female genital mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long lasting harmful consequences.

People working with children and vulnerable adults should be alert to the possibility of a girl being at risk of FGM or already having suffered FGM and must report all suspicions or known cases to the relevant authorities.

Section 5B of the Female Genital Mutilation Act 2003 (as inserted in the Serious Crime Act 2015) places a statutory mandatory duty upon teachers (along with other social workers and healthcare professionals) to report to the police where they discover through disclosure by the victim or visual evidence that FGM appears to have been carried out on a girl under 18 years old. Staff should also follow normal safeguarding procedures including completing an incident form, referring to a DSO / SSO, and the SSO to refer to IPOC or local authority as applicable.

**Senior Safeguarding Officer (SSO)** the most senior role within the reporting structure of the Dani Grant School of Dance's Safeguarding Policy and Procedures.

**Designated Safeguarding Officer (DSO)** Reports to the Senior Safeguarding Officer within the structure of the Dani Grant School of Dance's Safeguarding Policy and Procedures.

### **Statutory assessments**

Where a child is suffering, or is likely to suffer from harm, it is important that a referral to children's social care (and if appropriate the police) is made immediately. Referrals should follow the local referral process.

### **Children in need**

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development

is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children Act 1989.

### **Children suffering or likely to suffer significant harm**

Local authorities, with the help of other organisations as appropriate, have a duty to make enquires under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. Such enquiries enable them to decide whether they should take any action to safeguard and promote the child's welfare and must be initiated where there are concerns about maltreatment, including all forms of abuse and neglect, female genital mutilation or other so-called honour based violence, and extra-familial threats like radicalisation and sexual exploitation.

The online tool Report Child Abuse to Your Local Council directs to the relevant local children's social care contact number.

## **Appendix 2**

### **List of emergency telephone numbers. ISLINGTON**

**LADO:** 020 7527 8102 Laura Eden

**Children's Services Contact Team:** 020 7527 7400 ( Monday to Friday 9am-5pm)

**Emergency Duty Team:** 020 7226 0992 (5pm to 9am, Weekends and Bank Holidays)

**Police Referrals - Child Abuse Investigation Team (CAIT):** 020 8733 6495 or  
020 8733 6500

**LADO:** 020 8770 4776

Petra Kitchman

Andrew Wyatt: Interim LADO ( Monday to Friday 9am-5pm)

**lado@sutton.gov.uk**

### **SUTTON**

**Out of Hours service:** 020 8770 5000

### **CROYDON**

**LADO:** 020 8255 2889 Monday to Friday, 9am – 5pm

**LADO@croydon.gov.uk**

**Emergency out of hours:** 0208 726 6400

### **NSPCC**

**0808 800 5000**

**Table with contact numbers duo, sod, local authorities child services numbers etc.**

### **Appendix 3 Contact Details**

**SSO Dani Grant danigrantdance@gmail.com 07868 715516**

**DSO Rania Leontiou rleontiou@gmail.com 07748 027717**

### **Appendix 4**

#### **Incident Report Form**

The comprehensive and confidential record and Incident Report should include the following:

- a detailed record of the incident in the child or vulnerable adult's own words or the words of the third party reporting it. You should note that there may be occasions when this record may be used later in a criminal trial and therefore needs to be as full and accurate as possible
- details of the nature of the incident
- a description of any injury (please note that you must not remove the clothing of a child or vulnerable adult to inspect any injuries)
- dates, times or places and any other information that may be useful such as the names and addresses of potential witnesses; and
- written records including emails and letters.



<b>INCIDENT RECORD</b> to record single concerns /incidents	
<b>Child's Name:</b>	
<b>DOB:</b>	
<b>Name of setting:</b>	
<b>Shared with:</b> <i>(only identify who this single incident record is shared with at the time of recording)</i>	<b>Date:</b>
<b>Settings Designated Officer for Safeguarding &amp; Child Protection</b>	
<b>Parent</b>	

**Details of concern/incident** (include detailed factual information only)  
 What have you noticed? Describe any injury and account given by child/parent (if appropriate at time of incident). Use body map overleaf to record injury clearly. There may be occasions when this record may be used later in a criminal trial and therefore needs to be as full and accurate as possible

**Parents comments**

**Action to be Taken** (e.g. logged on chronology, reported to manager, referral to other services)

Name of the settings Designated Officer for safeguarding & child protection on duty at time of incident	
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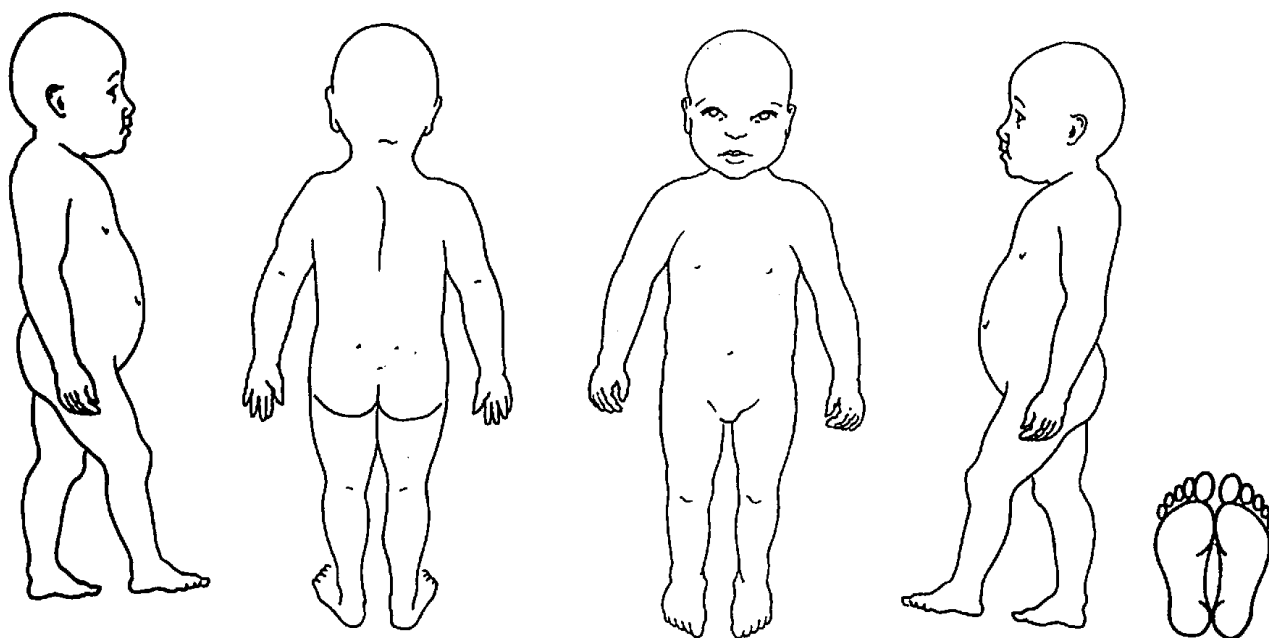
**Person completing the incident record**

Print name:	Designation:
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Signed:	Date:
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When you notice an injury to a child, try to record the following information in respect of each mark:

1	Exact site of injury on the body e.g. upper outer arm/left cheek.	
2	Size of injury - in appropriate centimetres or inches.	
3	Is there a scab? Any blistering? Any bleeding?	
4	Approximate shape of injury e.g. round/square or straight line?	
5	Colour of injury - if more than one colour, say so.	
6	Is the skin broken?	
7	Is there any swelling at the site of the injury, or elsewhere?	
8	Does the child feel pain?	
9	Does the child feel hot?	
10	Is the injury clean, or is there grit/fluff etc?	
11	Does the site of the injury feel hot?	
12	Does the site of the injury feel hot?	
12	Did the parent/carer inform the centre at time of arrival?	



!

This image can be used to make notes and show which part of the child's body was affected.