

2020



SAFEGUARDING POLICY

SOCIETY DETAILS

Management Lead: Mrs Kimberley G Hazzard

Designated Safeguarding Leader: Mrs Gillian Thompson

Deputy Designated Safeguarding Leader: Mrs Shirley McLean

Review Cycle: Annual Review

Next Review Date: August 2020

Signature of Chairman: _____ Signed hard copy on file _____
(Mr Eric Finlay)

Date: _____ June 2020 _____

IMPORTANT CONTACTS

ROLE/ORGANISATION	NAME	CONTACT DETAILS
Designated safeguarding lead (DSL)	Gillian Thompson	
Deputy DSL	Shirley McLean	
Local authority designated officer (LADO)		
Chairman	Eric Finlay	

I.0 Introduction

- I.1 This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002, the Department for Education's statutory guidance [Keeping Children Safe in Education \(2019\)](#) and [Working Together to Safeguard Children \(2018\)](#). We comply with this guidance and the arrangements agreed and published by our 3 local safeguarding partners and in line with government publications:
 - I.1.1 [The Children Act 1989](#) (and [2004 amendment](#)), which provides a framework for the care and protection of children
 - I.1.2 [Statutory guidance on FGM](#), which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM
 - I.1.3 [The Rehabilitation of Offenders Act 1974](#), which outlines when people with criminal convictions can work with children
 - I.1.4 Schedule 4 of the [Safeguarding Vulnerable Groups Act 2006](#), which defines what 'regulated activity' is in relation to children
- I.2 The management committee takes seriously its responsibility to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our society to identify, assess, and support those who are suffering harm.
- I.3 We recognise that all adults, including employees, volunteers and committee members, have a full and active part to play in protecting our children and vulnerable adults from harm, and that their welfare is our paramount concern.
- I.4 The aims of this policy are:
 - I.4.1 To support creative development in ways that will foster security, confidence and independence.
 - I.4.2 To provide an environment in which children and vulnerable adults feel safe, secure, valued and respected, and feel confident, and know how to approach adults if they are in difficulties, believing they will be effectively listened to.
 - I.4.3 To raise the awareness of all concerned members of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse (*Reference Appendix 1*)
 - I.4.4 To emphasise the need for good levels of communication between all concerned members.
 - I.4.5 To develop a structured procedure within the society which will be followed by all members in cases of suspected abuse.
 - I.4.6 To develop and promote effective working relationships with other agencies, especially the Police and Social Care.
 - I.4.7 To ensure that all working within our society who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications, and a satisfactory DBS check (according to guidance), and a central record is kept for audit.

2.0 Safe Society

- 2.1 We will ensure that:
- 2.1.1 All members of the management committee understand and fulfil their responsibilities, namely to ensure that:
 - there is a Safeguarding policy.
 - the society operates safer recruitment procedures by ensuring that those recruited are appropriately checked.
 - the society has procedures for dealing with allegations of abuse against employees and volunteers and to make a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns.
 - on appointment, the designated safeguarding officers undertake interagency training and also regular training to inform of updates.
 - all other concerned members have Safeguarding training updated as appropriate
 - any weaknesses in Safeguarding are remedied immediately
 - a member of the Management committee, usually the Chair, is nominated to liaise with concerned parties on Safeguarding issues and in the event of an allegation of abuse made against the Chairman of the Society, notification is to be made to the Safeguarding Officer.
 - Safeguarding policies and procedures are reviewed annually and that the Safeguarding policy is available on the website or by other means
 - 2.1.2 The Lead Safeguarding Officers, Mrs Shirley McLean and Mrs Gillian Thompson, are appointed by the Management Committee. They are held to account by the named management committee, Next Generation and WADAMS Tots leads. All designated Safeguarding Officers will receive biannual updates.
 - 2.1.3 The Safeguarding Officers are involved in recruitment of any member that has regular contact with children or vulnerable adults.
 - 2.1.4 All members who have regular contact with children and/or vulnerable adults are provided with child protection awareness information at induction, with reference to the society safeguarding statement so that they know who to discuss a concern with.
 - 2.1.5 All members that have regular contact with children and/or vulnerable adults have child protection awareness training, updated by the Safeguarding Officers as appropriate, to maintain their understanding of the signs and indicators of abuse.
 - 2.1.6 All members that have regular contact with children and/or vulnerable adults know how to respond to a child or vulnerable adult who discloses abuse through training from the Safeguarding Officers.
 - 2.1.7 All parents/guardians are made aware of the responsibilities of society members with regard to safeguarding procedures through publication of the Safeguarding Policy.
 - 2.1.8 External parties organising activities for children and/or vulnerable adults are aware of the Safeguarding guidelines and procedures.
 - 2.1.9 External parties who have contact with children and/or vulnerable adults will be appropriately vetted and DBS information sought before contact is granted.
 - 2.1.10 We will ensure that safeguarding concerns or allegations against adults working in the society are referred to the Local Authority¹ for advice, and that any member found not suitable to work with children will be notified to the Disclosure and Barring Service (DBS)² for consideration for barring, following resignation, dismissal, or when we cease to use their service as a result of a substantiated allegation, in the case of a volunteer.
- 2.2 Our procedures are regularly reviewed and up-dated.
- 2.3 The name of the designated members for Safeguarding, the Designated Officers, will be clearly advertised in the society headquarters, with a statement explaining the society's role in safeguarding children and vulnerable adults.

¹ Local Authority Designated Officer for allegations against staff (LADO)

² Contact the Local Authority for guidance in any case

- 2.4 All new members that have contact with children and/or vulnerable adults will be given a copy of our safeguarding statement, and safeguarding policy, with the Safeguarding Officers' names clearly displayed, as part of their induction.
- 2.5 The policy is available publicly either on the website or by other means. Parents/guardians are made aware of this policy and their entitlement to have a copy of it via the website/letter/social media pages.
- 2.6 All safeguarding concerns should be logged. See *Appendix 2*
- 2.7 It is not the role of the society to decide whether a child has been abused or not. This is the task of Children's Services which has the legal responsibility. It is however, everybody's responsibility to ensure that concerns are shared and appropriate action taken.

3.0 Responsibilities

- 3.1 The designated Safeguarding Officers are responsible for:
 - 3.1.1 Referring a child or vulnerable adult if there are concerns about possible abuse, to the Local Authority.
 - 3.1.2 Keeping written records of concerns about a child even if there is no need to make an immediate referral.
 - 3.1.3 Ensuring that all such records are kept confidentially and securely and until the child or vulnerable adult falls outside the remit of the policy (i.e. are no longer considered vulnerable or reach the age of adulthood), and are copied on to the appropriate agencies as directed by the Cumbria Safeguarding Children Partnership (formerly LSCB)
 - 3.1.4 Liaising with other agencies and professionals.
 - 3.1.5 Organising safeguarding induction, and update training every 3 years, for member that have regular contact with children and/or vulnerable adults.
 - 3.1.6 Providing, with the nominated Management Committee lead, an annual report for the management committee, detailing any changes to the policy and procedures; training undertaken by the Safeguarding Officers, and by members that have regular contact with children and/or vulnerable adults; and number of referrals to the Cumbria Safeguarding Children Partnership (CSCP) (formerly LSCB) or the Local Authority.
 - 3.1.7 Seeking advice from CSCP surrounding any concerns or uncertainties surrounding a child or vulnerable adult.

4.0 Children and Young Adults

- 4.1 The society recognises that the definitive age of children and young adults as being those from birth until the date upon which the child completes education in the summer of the academic year of their eighteenth birthday. As determined in this policy:
 - 4.1.1 **Child** – refers to the age from birth until the child completes education in the summer of the academic year of their sixteenth birthday.
 - 4.1.2 **Young Adult** – refers to the summer in the academic year of the sixteenth birthday until completion of their statutory education in the summer of the academic year of their eighteenth birthday.
- 4.2 We recognise that there are significant differences in development between children and young adults. Therefore, at the discretion of the society, greater autonomy is given to younger adults (e.g. no requirement for a parent/guardian to sign-in or sign-out for rehearsals or performances).

- 4.3 We recognise that a child who is abused or witnesses violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self-worth.
- 4.4 We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.
- 4.5 Our society will support all children by:
 - 4.4.1 Encouraging self-esteem and self-assertiveness, through the artistic encouragement and direction as well as our relationships, whilst not condoning aggression or bullying.
 - 4.4.2 Promoting a caring, safe and positive environment within the society.
 - 4.4.3 Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
 - 4.4.4 Notifying the Police as soon as there is a significant concern.

5.0 Supporting Vulnerable Adults

- 5.1 The legal definition of the term "adult at risk" refers to any person aged 18 years and over 16 who:
 - Has needs for care and support and
 - a. is experiencing, or is at risk of, abuse and neglect and
 - b. as a result of those care needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

This could include people with mental health issues, physical, sensory or learning disabilities, medical conditions, dementia, brain injury, those who are elderly and frail and also those who are family carers.

Safeguarding concerns arise when an adult who has care and support needs and is, or is at risk of, being abused or neglected and unable to protect them self against the abuse or neglect or risk of it because of those needs.
- 5.2 Our society will support all vulnerable adults in the same way as we support children (outlined above)

6 Confidentiality

- 6.1 We recognise that all matters relating to safeguarding are confidential.
- 6.2 The Chairman or Designated Safeguarding Officers will disclose any information about a child or vulnerable adult to other members on a need to know basis only.
- 6.3 All must be aware that they have a responsibility to share information with other agencies in order to safeguard.
- 6.4 All must be aware that they cannot promise a child or vulnerable adult to keep secrets which might compromise their safety or wellbeing.
- 6.5 We will always undertake to share our intention to refer a child to Children's Services with their parents /carers unless to do so could put the child or vulnerable adult at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with the Local Authority on this point.
- 6.6 In order to safeguard associated members, personal information (inclusive of information acquired during the vetting procedure and DBS numbers) will only be disclosed to third parties at the discretion of the management committee.
 - 6.6.1 In the event that such information is required, a "Statement of Commitment" (as exemplified in *Appendix 3*) may be issued.

7 Supporting Members with Regular Contact

- 7.1 We recognise that all members that have contact with children and/or vulnerable adults who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting.
- 7.2 We will support such members by providing an opportunity to talk through their anxieties with the Safeguarding Officers and to seek further support as appropriate.

8 Allegations against members with contact

- 8.1 All members that have contact with children and/or vulnerable adults should take care not to place themselves in a vulnerable position with a child or vulnerable adult. It is always advisable for interviews or other situations with individual children, vulnerable adults or parents to be conducted in view of other adults.
- 8.2 All members with regular contact should be aware of the society's code of conduct and behaviour statement.
- 8.3 Guidance about conduct and safe practice, including safe use of mobile phones and volunteers will be given at induction³
- 8.4 We understand that a child or vulnerable adult may make an allegation against a member with contact.
- 8.5 If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children or vulnerable adults, the concerned member receiving the allegation or aware of the information, will immediately inform the Safeguarding Officer and Chairman⁴.
- 8.6 The Safeguarding Officer and Chairman on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (Local Authority)
- 8.7 If the allegation made to a member concerns the Safeguarding Officer, the person receiving the allegation will immediately inform the Chairman who will consult as in 8.6 above, without notifying the Safeguarding Officer first.
- 8.8 If the allegation made to a member concerns the Chairman, the person receiving the allegation will immediately inform the Safeguarding Officer who will consult as in 8.6 above, without notifying the Chairman first.
- 8.9 The society will follow the local procedures for managing allegations against members. Under no circumstances will we send a child home, pending such an investigation, unless this advice is given exceptionally, as a result of a consultation with the Local Authority.
- 8.10 Suspension of the member, against whom an allegation has been made, needs careful consideration, and the Safeguarding Officer and Chairman will seek the advice of the Local Authority and Personnel Consultant in making this decision.
- 8.11 In the event of an allegation against the Chairman/Safeguarding Officer, the decision to suspend will be made by the Management Committee with advice as in 9.8 above.

³ Refer to "Guidance for Safe Working Practice for the Protection of Children and Staff in Education Settings" available on the DfE website

9 Whistle-blowing

- 9.1 We recognise that children or vulnerable adults cannot be expected to raise concerns in an environment where members fail to do so.
- 9.2 All members should be aware of their duty to raise concerns, where they exist, about the management of safeguarding, which may include the attitude or actions of other members. If it becomes necessary to consult outside the society, they should speak in the first instance, to the Local Authority.

10 Physical Intervention

- 10.1 We acknowledge that members must only ever use physical intervention as a last resort, when a child or vulnerable adult is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person.
- 10.2 Such events should be recorded and signed by a witness. *See Appendix 4*
- 10.3 We understand that physical intervention of a nature which causes injury or distress to a child or vulnerable adult may be considered under safeguarding procedures.
- 10.4 We recognise that touch is appropriate in the context of working with children, and all members with contact have been given 'Safe Practice' guidance to ensure they are clear about their boundary.⁵

11 Anti-Bullying

- 11.1 Bullying can be described as persistent, offensive, abusive, intimidating, malicious or insulting behaviour, abuse of power or unfair use of penal sanctions, which makes the recipient feel threatened, humiliated, or vulnerable, undermines their self-confidence and which may cause them distress. Bullying can take many forms, but the three main types are:
 - 11.1.1 Physical (e.g. kicking, hitting, theft.)
 - 11.1.2 Verbal (e.g. racist or homophobic remarks, threats, name calling.)
 - 11.1.3 Emotional (e.g. isolating an individual from activities)

12 Prevention

- 12.1 We recognise that the society plays a significant part in the prevention of harm to our children and vulnerable adults by providing them with good lines of communication with trusted adults, supportive friends and an ethos of protection.
- 12.2 The society will therefore:
 - 12.2.1 Work to establish and maintain an ethos where all feel secure and are encouraged to talk and are always listened to.
 - 12.2.2 Include regular consultation with children and vulnerable adults
 - 12.2.3 Ensure that all know there is an adult whom they can approach if they are worried or in difficulty.

⁵ ⁵ Guidance on Safer Working Practices is available on the DfE website

- 12.2.4 Ensure all members are aware of guidance for their use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks.

13 Chaperones

- 13.1 Chaperones will be appointed by the society for the care of children during the production process. By law the chaperone is acting in loco parentis and should exercise the care which a good parent might be reasonably expected to give to a child. The maximum number of children in the chaperone's care shall not exceed 12.
- 13.2 Potential chaperones will be required to supply photographic proof of identity (e.g. passport, driving licence) and two references from individuals with knowledge of their previous work with children, unless already well known to the society. They will also be asked to sign a declaration stating that there is no reason why they would be considered unsuitable to work with children.
- 13.3 Chaperones will be made aware of the society's Safeguarding Policy and Procedures.
- 13.4 Chaperones should endeavor to ensure they are never left alone with children. In such event as this is not possible, the length of time should be kept to as short as is possible.
- 13.5 Chaperones will not usually have unsupervised access to children in their care. If unsupervised access is unavoidable, or if this is a requirement of the Local Authority, a criminal record disclosure will be sought.
- 13.6 Where chaperones are not satisfied with the conditions for the children, they should bring this to the attention of the Safeguarding Officer, who will in turn inform the producer. If changes cannot be made satisfactorily, the chaperone should consider not allowing the child to continue.
- 13.7 If a chaperone considers that a child is unwell or too tired to continue, the chaperone must inform the Safeguarding Officer and producer and not allow the child to continue. The child's parents should be contacted
- 13.8 Under the Dangerous Performances Act, no child of compulsory school age is permitted to do anything which may endanger life or limb. This could include working on wires or heavy lifting. Should such an incident occur, chaperones should tell the producer to cease using children in this way and should contact the Local Authority at their earliest opportunity.
- 13.9 During performances, chaperones will be responsible for meeting children at the stage door and signing them into the building. Details of signing the children in and out at each production will be made know to parents before the children first enter the theatre.
- 13.10 Children will be kept together at all times except when using separate dressing rooms.
- 13.11 Boys and girls must have separate dressing rooms.
- 13.12 Chaperones will be aware of where the children are at all times and be responsible for escorting children (as age and ability appropriation dictates – at the discretion of the chaperone).
- 13.13 Children are not to leave the theatre unsupervised by chaperones unless in the company of their parents/guardians, and have been appropriately signed out.
- 13.14 Children will be adequately supervised while going to and from the toilets.
- 13.15 Children will not be allowed to enter the adult dressing rooms.
- 13.16 Young adults (as defined above) are to share dressing rooms with adults as they fall outside of legislation surrounding Chaperoning.

- 13.17 Chaperones should be aware of the safety arrangements and first aid procedures in the venue, and will ensure that children in their care do not place themselves and others in danger.
- 13.18 Chaperones should ensure that any accidents are reported to and recorded by the society.
- 13.19 First aid should only be administered by a trained and qualified person – details of which should be known by chaperones.
- 13.20 Chaperones should examine accident books each day. If an accident has occurred, the producer is not allowed to use that child or young adult until a medically qualified opinion has been obtained (not just the word of the parent/guardian or child).
- 13.21 Chaperones should have written arrangements for children after performances. If someone different is to collect the child, a telephone call should be made to the parent to confirm the arrangements.
- 13.22 Children should be signed out when leaving and a record made of the person collecting.
- 13.23 If a parent has not collected the child, it is the duty of the chaperone to stay with that child or make arrangements to take them home.

I4 Photography and Videography

- 14.1 It is our duty to ensure that all publications and media represent children and vulnerable adults appropriately and with due respect
- 14.2 It is not our intention to prevent parents/guardians from taking pictures of their children but rather to ensure photographic practices are carefully monitored and to deter anyone with undesirable intentions.
- 14.3 Any person wishing to engage in the use of video or photography must register their intentions and provide proof of identity to the society.
- 14.4 The use of photographic mobile phones at organised events or training is prohibited, unless registered as an approved person to take photographs or videos. Their device will also be authorised to hold images until their use and deleted as soon as appropriate decision is made regarding their use.
- 14.5 At the event, following registration and proof of identity, a sticker with the name and date will be issued and must be worn during the event.
- 14.6 Failure to adhere to these criteria may result in the individual being refused entry or being asked to leave a performance situation.
- 14.7 If any member of the society suspects inappropriate photography or filming, they will request the person to leave the venue and to surrender any film relating to the event.
- 14.8 A list of registered persons will be confidentially archived to facilitate any enquires by police or social services.
- 14.9 A statement regarding these procedures will be displayed at the performance event and be included in the programme.
- 14.10 A photograph or video/still image of a child printed in publications or on our website or social media pages should not be published without written consent from parent/guardian, and

personal information of any individual should not accompany the image.

- 14.11 If commissioning a professional photographer or inviting the press to an event, it is important that they understand your expectations. *NB It is common policy for the Press to print personal details in their publications if they obtain the information, however you must ensure that they are aware of our policy and that parents are aware it is at the discretion of the press to publish personal details not our own.*
- 14.12 Care must be taken to ensure that images of children are not recorded or published without permission without permission from the parent/guardian.
- 14.13 Simultaneous streaming of images onto a website should be avoided to inappropriate editing of the images. It is also recommended that an independent server is used to ensure that images cannot be accessed, copied or downloaded.

I5 Health & Safety

15.1 Our Health & Safety policy, set out in a separate document, reflects the consideration we give to the protection of our children both physically within the school environment, and for example in relation to internet use, and when away from the school and when undertaking school trips and visits.

I6 Monitoring and Evaluation

Our Safeguarding Policy and Procedures will be monitored and evaluated by:

- Management Committee audits
- Child and Vulnerable Adult surveys and questionnaires
- Scrutiny of Attendance data
- Scrutiny of range of risk assessments
- Scrutiny of Next Generation and Management Committee minutes
- Review of parental concerns and parent questionnaires

APPENDIX ONE

Recognising signs of child abuse

Categories of Abuse:

- Physical Abuse
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse
- Neglect

Signs of Abuse:

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour
- Child Sexual Exploitation.

Risk Indicators

The factors described in this section are frequently found in cases of abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with safeguarding officer / chairman (or in the absence of those individuals, an experienced member)
- May require consultation with and / or referral to Local Authority

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child/vulnerable adult may:

- Appear frightened of the parent/s
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

Members should be aware of the potential risk when individuals, previously known or suspected to have abused, move into the household.

Recognising Physical Abuse

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/guardians are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a "cry for help" and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint.

Non-mobile persons rarely sustain fractures.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- There is an unexplained fracture in the first year of life

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/guardian e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a “loner” – difficulty relating to others

Recognising Signs of Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child or vulnerable adult to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child or vulnerable adult discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Sexual Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

Assessment

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- **Equality** – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- **Consent** – agreement including all the following:
 - Understanding that is proposed based on age, maturity, development level, functioning and experience
 - Knowledge of society’s standards for what is being proposed
 - Awareness of potential consequences and alternatives
 - Assumption that agreements or disagreements will be respected equally
 - Voluntary decision
 - Mental competence
- **Coercion** – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.

Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

Sexual Exploitation

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

Signs include:

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with school, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault.

APPENDIX TWO

SAFEGUARDING CHILDREN – CAUSE FOR CONCERN EXISTING INJURY / INCIDENT FORM

If you have concerns about a child, complete this form and discuss the concerns with the Designated Safeguarding Lead (DSL) soon as possible (within one working day)

If a child has made a disclosure, do not promise to keep it a secret. Tell the Designated Safeguarding Lead (DSL) immediately and write down everything the child has told you.

N.B. At all stages confidentiality is crucial.

Individual's Name:	Date of birth:
Address:	
Post code	
Telephone Number:	
Person with parental responsibility:	
Concern / Incident:	
Date concern noted:	
Reporting Member's name:	
Signature:	

Date passed on to DSL:	
Action taken:	
Signature of DSL:	Date:
Parent/guardians Signature:	Date:

N.B. Print names after signatures

APPENDIX THREE

To Whom it may Concern,

I write to you concerning Safeguarding procedures at Workington and District Amateur Musical Society.

This letter is to confirm that all appointed adults with supervision responsibilities and/or contact with children and/or vulnerable adults (including Chaperones) have been checked in line with our Safeguarding Policy and our separate policy on the vetting of personnel. Such vetting procedures are a rigorous process and the society, as a result, currently holds personal information on each appointed adult (including photographic identification, two references, a DBS check, and a signed statement of their intent to work within our safeguarding parameters).

As a result of the data protection act, and in the best interest and practice of information sharing, it is our policy not to share this information without due cause. Such cause may include:

- an allegation made against the member/s
- an incident concerning member/s
- a particular concern involving member/s
- an inspection of practice from an external regulatory body (incl Local Authority)

Such causes must be substantiated with evidence and the release of the sensitive information will be at the discretion of the Management Committee.

Yours Faithfully

Workington and District Amateur Musical Society Management Committee

APPENDIX FOUR

Physical Intervention Record Form

Name of child/young person

When did the incident occur?

Date	Day of week	Time	Where?
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Member involved

Name	Designation	Physical Intervention Trained?	Involved: physically? (P) as observer? (O)	Signature

Please describe the incident and include:

1. What was happening before? 2. What do you think triggered this behaviour? 3. What de-escalating techniques were used prior to physical intervention? 4. Why was a PI deemed necessary? 5. Any other information relevant to include.

Team Teach technique(s) used (tick as appropriate)

Technique	Standing/escort	Sitting/chairs	Kneeling	Ground
Breakaway/defensive				
One person				
Two people				

Please give details below of hold, e.g. single elbow, double elbow, wrap, etc.

How long was the child/young person held?

If the child/young person was held on the ground: Did they go to ground independently?

Were they taken to ground by staff?

Good practice dictates that the society should review what happened and consider what lessons can be learned, which may have implications for the future management of the child or vulnerable adult concerned.

Has the child/young person been held before?	Yes/No
<i>A child/young person should have an individual plan clearly detailing reactive strategies and physical intervention approaches if they have been involved in physical interventions on more than one occasion.</i>	
Does the individual support plan need to be reviewed as a result of this incident?	Yes/No
Does the risk assessment need to be reviewed as a result of this incident?	Yes/No
If yes, who will action and when? (less than four weeks)	
Who was the incident reported to, and when?	
.....	
Was there any medical intervention needed?	Yes/No
Include names of any injured person and brief details of injuries	
.....	
.....	

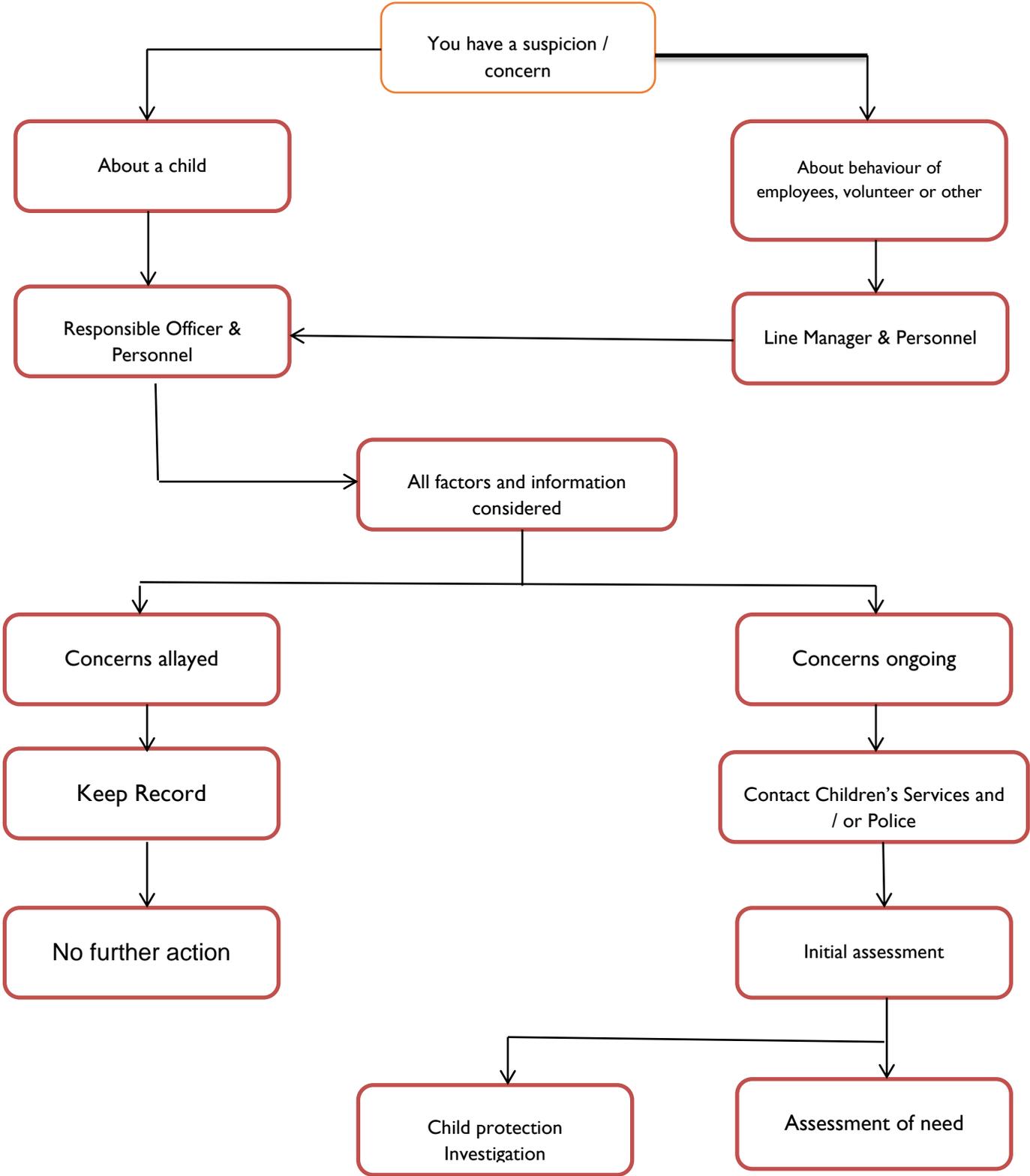
Parents/guardians were informed

Date	Time	By whom?	By direct contact, telephone, letter?

Form completed by:	Name	Designation	Date and time

APPENDIX FIVE

REPORTING CHILD PROTECTION CONCERNS



APPENDIX SIX

Workington and District Amateur Musical Society recognises the need to ensure the welfare and safety of children and vulnerable adults. As part of our commitment to ensure their safety we will not permit photographs, video or other images of children to be taken or used without the consent of the parent/guardian.

Workington and District Amateur Musical Society follows guidance for the use of photographs or recorded images as set out in our Safeguarding Policy. We will take all steps to ensure any images are solely used for the purpose they are intended.

TO BE COMPLETED BY PARENT/GUARDIAN

Name of Child: _____
Address: _____
_____ Post Code: _____

I _____ (insert parent/carer full name), consent to Workington and District Amateur Musical Society, photographing and/or videoing _____ (name of child) under the stated rules to be used in local papers and or other publicity material including the Theatre website. I also confirm that I am legally entitled to give consent.

I also confirm that _____ (name of child) is not under a court order.

Signed: _____	Date: _____
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Received by: _____

NB: Workington and District Amateur Musical Society will not print any personal details with photographs/images however, please be aware that it is common policy for the Press to print personal details in their publications if they obtain the information. We will ensure that they are aware of our policy

APPENDIX SEVEN

Cumbria Child Employment and Entertainment Team	Blencathra House Tangier Street, Whitehaven CA28 7UW	Cumbria Safeguarding Children's Partnership 03332401727
Cumbria Police		08453300247
Department of Health	Consultancy Services Room 133 Dept. of Health Wellington House 133-135 Waterloo Rd. London SE1 8NG	
Childline Childline is a service provided by NSPCC	Freepost 1111 London NI OBR	0800 1111
DISCLOSURE AND BARRING Bureau	15 Perry Avenue Rhewl Oswestry SY10 7AW	01691 662255 Helpline: 01325 953795
The NSPCC	Weston House 42 Curtain Rd. London EC2A 3NH	020 7825 2500 Helpline 0808 800 5000
NODA	National Operatic and Dramatic Association 15 The Metro Centre, Peterborough, Cambridgeshire, England. PE2 7UH.	Tel 01733 374 790 Fax 01733 237 286