

Safeguarding Children

This resource booklet outlines the key procedures to follow when there is a concern that a child* is in need of protection.

There is also a step by step guide on how best to deal with safeguarding issues and a body map resource. Please feel free to print these specific pages and use as part of the safeguarding process.

For further queries, please contact: safeguarding@istd.org

* In all relevant legislation, a child is any person whose age has not reached 18 years.

Detailed procedures where there is a concern about a child

Child abuse can take many forms:

- Physical abuse
- · Psychological or emotional abuse
- Sexual abuse
- Grooming
- Child trafficking
- Child sexual exploitation
- Criminal exploitation and gangs
- Domestic abuse
- · Female genital mutilation
- Organisational or institutional abuse
- Neglect or acts of omission
- Online abuse

Allegations of any form of abuse

If a child has a physical injury, a symptom of neglect or where there are concerns about emotional abuse in the child's home, the Member will contact their local Designated Safeguarding Lead (DSL) where one is available. The Member / DSL will:

- Contact Children's Social Services, or thirtyone:eight, or the NSPCC, or the Ann Craft Trust, for advice in cases of deliberate injury, if concerned about a child's safety, or if a child is afraid to return home.
- Not tell the parents or carers unless advised to do so, having contacted Children's Social Services.
- Seek medical help if needed urgently, informing the doctor of any suspicions.
- For lesser concerns, (e.g., poor parenting), encourage the parent/carer to seek help, but not if this places the child at risk of significant harm.
- Where the parent/carer is unwilling to seek help, offer to accompany them. In cases of immediate danger, if the parent/carer still fails to act, contact Children's Social Services direct for advice.
- Seek and follow advice given by the NSPCC, thirtyone:eight, or the Ann Craft Trust if unsure whether or not to refer a case to Children's Social Services.

Allegations of sexual abuse

In the event of allegations or suspicions of sexual abuse, the Member/DSL will:

- Contact the Children's Social Services Department Duty Social Worker for children and families or Police Child Protection Team direct. They will NOT speak to anyone else.
- Seek and follow the advice given by the NSPCC, thirtyone:eight, or the Ann Craft Trust or if, for any reason, they are unsure whether or not to contact Children's Social Services / Police.



Step-by-step guide

If you have safeguarding concerns in relation to a child:

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- Stay calm do not rush into inappropriate action.
- Seek medical help if needed urgently. Inform the doctor of any suspicions you have.
- Maintain confidentiality
- Make a record of your concern and how it came to your attention (use your dance centre's recording form if there is one, otherwise use a blank sheet of paper and use the heading "Safeguarding Incident") and sign and date.
- Use a child body map (see page 6) to record any visible marks that you need to report.

Do not:

- Panic
- Delay taking action

If the child has made a disclosure to you:

Do

- Reassure the child that they are not to blame and confirm that you know how difficult it must be to confide.
- Listen to what the child says and show that you take them seriously.
- Keep questions to a minimum use clarifying questions and open questions, (i.e., those where more than a yes/ no response is required).
- Ensure that you clearly understand what the child has said so that it can be passed on to the appropriate agencies for investigation.

Do not

- Make promises you can't keep by explaining that you are not able to keep secrets and may have to tell other people in order to stop what is happening whilst maintaining maximum possible confidentiality.
- Make the child repeat the story unnecessarily.
- Ask any questions beyond those which are designed to clarify what the child is disclosing. Investigations into safeguarding concerns are conducted through multi-agency cooperation and it is important that the investigation is carried out by the appropriate person – your role is to report the disclosure as accurately as possible, and not to investigate.
- Ask leading questions. The law is strict, and cases
 of alleged child abuse have been dismissed where it
 appeared that the child was led or that words or ideas
 were suggested to the child.

Once you have gathered the information:

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 Consult with the Designated Safeguarding Lead (DSL) at the centre where you work – ensuring that you communicate all the information accurately.

Do not

 Tell anyone about what you have reported other than the person you reported it to, and anyone involved in investigating what you have reported.

If you are the DSL (or person responsible for safeguarding):

Do

- Contact Children's Social Services, or thirtyone:eight, or the NSPCC, or the Ann Craft Trust, for advice in cases of deliberate injury, if concerned about the child's safety, or if the child is afraid to return home.
- Seek medical help if needed urgently. Inform the doctor of any suspicions you have.
- Record the details of all contact that you have in relation to the matter.

Do not

 Tell the parents or carers unless advised to do so, having contacted Children's Social Services.

If your concern involves alleged or suspected sexual abuse:

- Contact the Children's Social Services Department Duty Social Worker for children and families or Police Child Protection Team direct.
- If, for any reason, you are unsure whether or not to contact the police or children's social services, seek and follow the advice given by the NSPCC, thirtyone:eight, or the Ann Craft Trust.

• Talk to anyone else about the allegation or suspicion unless advised to do so by the police or children's social services.

If your concern is of a lesser nature:

- Speak with the parent/carer if it is safe, and you feel comfortable to do this - encourage them to seek help.
- In cases of immediate danger, if the parent/carer still fails to act, contact children's social services for advice.
- If you are unsure whether to contact children's social services, seek and follow advice given by the NSPCC, thirtyone:eight, or the Ann Craft Trust.

Do not

• Speak with the parent/carer about your concern if this places the child at risk of significant harm.

If the concern involves an employee or member of the ISTD:

- Contact the Designated Safeguarding Officer at the
- If the Designated Safeguarding Officer is not available, contact the Deputy Designated Safeguarding Officer or the Safeguarding in Dance Specialist.
- If a child has been or is in danger of being significantly harmed, contact children's social services.
- If you believe a crime has been committed, contact the
- Seek medical help if needed urgently. Inform the doctor of any suspicions you have.
- Take whatever practical steps you can to ensure that the employee/member is kept apart from children who could be at risk of harm while the concern is being investigated.

Do not

• Intervene in any way that might place yourself, the child, or other children at risk of harm.

Child Body Map

Guidance

Body maps should be used to document and illustrate visible signs of harm and physical injuries.

Always use a black pen (never a pencil) and do not use correction fluid or any other eraser.

Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment.

*At no time should an individual teacher/member of staff or centre take photographic evidence of any injuries or marks to a child's person, the body map below should be used. Any concerns should be reported and recorded without delay to the Designated Safeguarding Lead (DSL), or by the DSL to the appropriate safeguarding services (e.g. the local authority children's social services department) or advice service (e.g. NSPCC, Ann Craft Trust, thirtyone:eight).

When you notice an injury to a child, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:

- Exact site of injury on the body, e.g. upper outer arm/left cheek
- Size of injury in appropriate centimetres or inches
- · Approximate shape of injury, e.g. round/square or straight line
- Colour of injury if more than one colour, say so
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff etc?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?
- Has the child's body shape changed/are they holding themselves differently?

Importantly the date and time of the recording must be stated as well as the name and designation of the person making the record. Add any further comments as required.

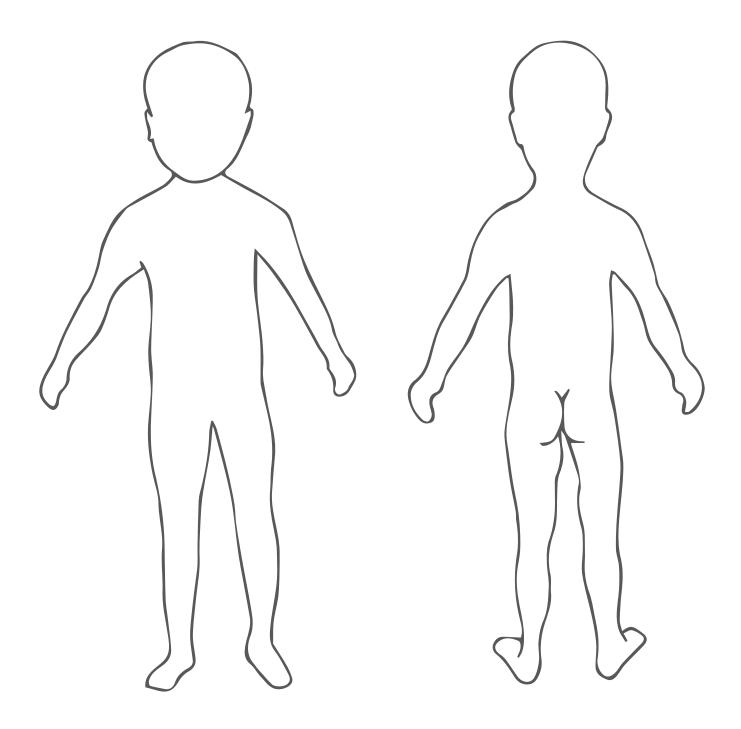
Ensure First Aid is provided where required and record.

A copy of the body map should be kept on the child's concern/confidential file.

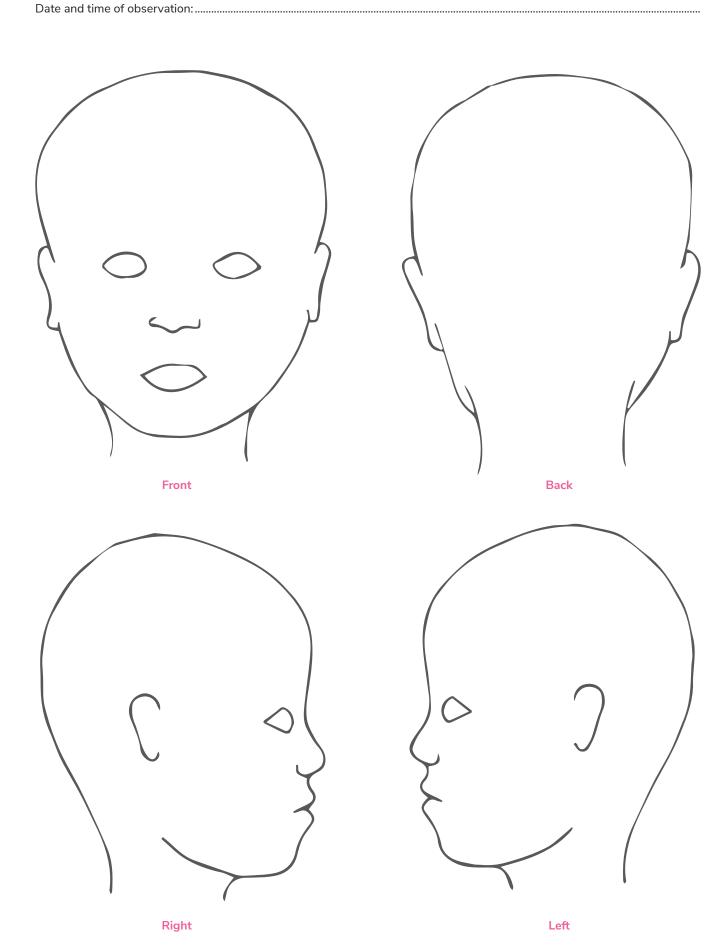
Must be completed at time of observation

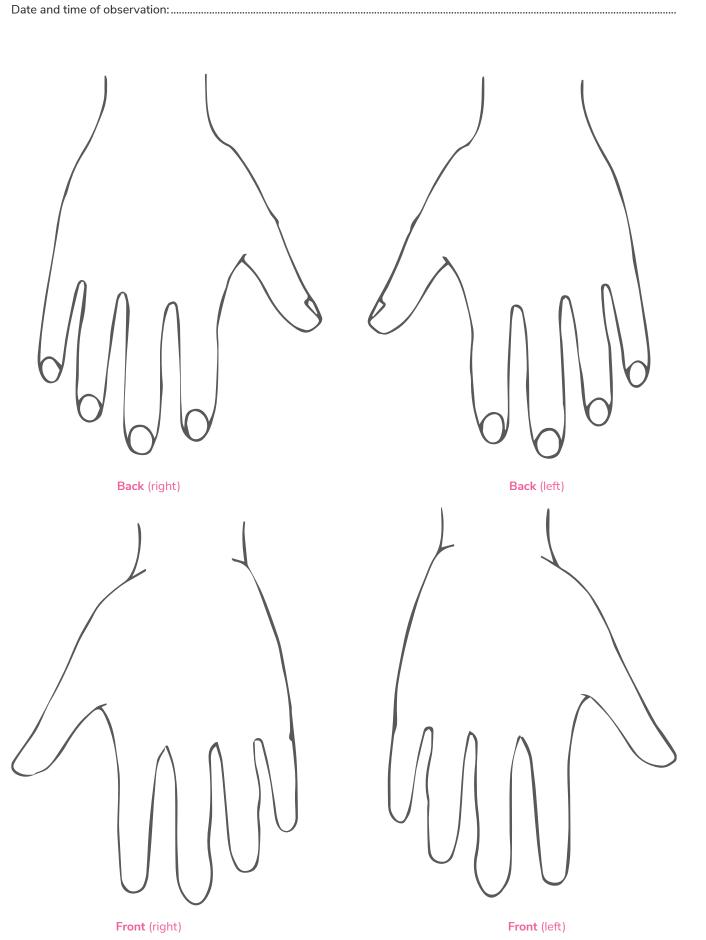
Full name of child:	Date of birth:
Full name of staff:	loh title:

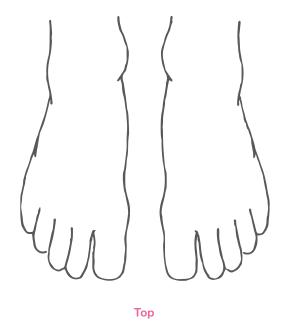
Date and time of observation:.....



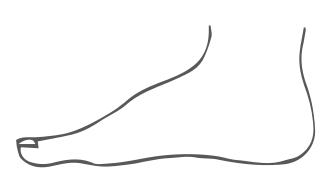
Front Back

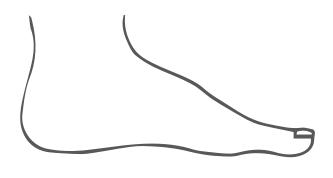








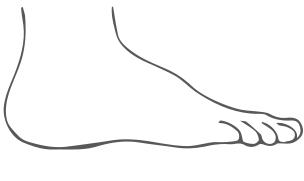




Bottom

Inner (right)

Inner (left)





Outer (right)

Outer (left)

Notes Control of the

If you have concerns regarding a child, please contact:

Thirtyone:eight

PO Box 133, Swanley, Kent BR8 7UQ Tel: 0303 003 1111

Childline

Weston House, 42 Curtain Road, London EC2A 3NH Tel: 0800 1111

NSPCC

Weston House, 42 Curtain Road, London EC2A 3NH Tel: 0808 800 500

The Ann Craft Trust

Centre for Social Work, Nottingham, Nottinghamshire NG7 2RD Tel: 0115 951 5400

For any queries regarding the ISTD and safeguarding, please email the Designated Safeguarding Lead: **safeguarding@istd.org**

