



Willow Tree Dance and Theatre Arts CIC
Policy and procedures on safeguarding

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1. Introduction and policy statement

- 1.1. WDTA has a 'duty of care' to provide a safe environment that is conducive to promoting the health and well-being of children and young people under the age of 18 years. WDTA will take all reasonable steps to ensure that safeguarding and promoting the welfare of children is embedded in our contact through the training and activities we provide for them.
- 1.2. The protection of children is important to WDTA. The aim of WDTA Policy and Procedures on Safeguarding Children (the Policy) is to ensure that the children with whom WDTA comes into contact are well protected and that there is a system in place to protect their welfare.
- 1.3. WDTA believe that the welfare of the child is paramount, that all children regardless of age, disability, gender, race, sexual orientation or identity, or religious belief have the right to equal protection from all types of harm or abuse.
- 1.4. The purpose of these policies and procedures are:
 - to facilitate protection of children under the age of 18 during any activity provided by WDTA.
 - to provide staff with the procedures to follow in the event that they suspect a child may be experiencing abuse; or be at risk of harm,
 - or where there is concern about the behaviour of an adult that might harm a child.
- 1.5. Definition: Under the Children Act 1989, which applies mainly to England and Wales 'a child' is up to the age of 18 years. For child protection purposes, all of the four nations use an age band up to 18 years old. This can also be up to the age of 25 years if they are receiving help from Social Services or Education. Other relevant legislation includes the Children Act 2004 and the Children, Schools and Families Act 2010.
- 1.6. WDTA will embrace the guidance contained in 'Working Together to Safeguard Children 2013'. This covers the legal requirements of and expectations on individual services to safeguard and promote the welfare of children and to provide a clear framework for Local Safeguarding Children Boards (LSCB's) to monitor the effectiveness of local services.

Safeguarding and promoting the welfare of children is defined as:

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

Safeguarding is everyone's responsibility and everyone who comes into contact with children and families has a role to play.

1.7. These policies and procedures have been drawn up on the basis of UK law and guidance,

1.8. WDTA will seek to safeguard children by:

- valuing them, listening to and respecting them
- adopting child protection procedures
- sharing information about child protection and good practice with children, parents, staff and the companies and organisations with which we work
- sharing information about concerns with the appropriate agencies
- implementing a code of conduct and policy
- keeping information safe, confidential and on a need to know basis.
- ensuring safe recruitment, selection and vetting of staff.

1.9. The Policy is designed to assist all individuals in WDTA to meet their duty of care to safeguard all children who take part in the activities provided by WDTA. And, to ensure that where WDTA employees, students, or visitors have concerns about the welfare of children, they are in a position to take appropriate steps to address them.

1.10. This Policy will be available on the WDTA website and all WDTA employees will be made aware of this through staff meetings, training and personal development. All policies will be reviewed annually or sooner if there are changes in legislation, guidance or in the event of an incident.

1.11. WDTA is committed to providing a clear child protection safeguarding policy and procedures and will ensure that it is communicated to all WDTA employees, or visitors. All WDTA employees will undergo mandatory child protection awareness training through online NSPCC e-learning biannually to support understanding and implementation of the policy and supporting practice guidance. All other parties that have contact with the WDTA including visitors will be made aware of the policy via the website and expected to adhere to it.

1.12. A full glossary of terms used in the Policy is available in Appendix 2.

1.13. There are four recognised categories of child abuse: physical abuse, sexual abuse, neglect and emotional abuse. In addition WDTA are aware of other areas such as self-harm and bullying that affect children and young people.

1.14. WDTA has a Designated Safeguarding Officer (DSO) who is responsible for safeguarding and following procedures which are described in Section Two of this document.

2. Responding to incidents, suspicions and allegations of abuse involving children.

- 2.1. These procedures aim to strike a balance between the need to protect children from abuse and the need to protect WDTA employees, students, and visitors from false allegations.
- 2.2. It is not the responsibility of anyone working at WDTA in a paid or voluntary capacity to decide whether a child is being abused or might be abused, but there is a responsibility to act on their concerns in order that appropriate agencies can then make enquiries and take any necessary action to protect them.
- 2.3. It is the remit of the appropriate authority and not anyone connected with the WDTA to investigate the incident.
- 2.4. If an incident, allegation or suspicion of abuse (hereinafter referred to as incident) is seen, heard or suspected, the person receiving the information, whether a WDTA employee, student, or a visitor to WDTA, should follow the procedure below:
 - Stop other activity and focus on what they are being told or seeing. Responding to the incident being reported should take immediate priority.
 - Where an incident is being reported, react in a calm and considered way but show concern.
 - Tell the child, or third party that it is right for them to share this information.
 - Take what the child, or third party has said seriously and allow extra time if a child has a speech difficulty and differences in language.
 - Keep questions to an absolute minimum necessary to ascertain a clear and accurate understanding of what has been said but do not interrogate the child, or third party.
 - Listen to the child, or third party and do not interrupt if they are recounting significant events.
 - Offer reassurance to the child.
 - Consider whether immediate action is needed to protect any child who may be at risk. Think about the child who is the immediate concern and any others who may be at risk, in light of what you have been told or seen. If a DSO is not immediately available you should alert the appropriate authority and stay with those you think are at immediate risk until they can be transferred to safe care, where practical.
 - Make a comprehensive record of what is said or seen and actions taken at the earliest possible opportunity. Where possible this should always be reported using the Incident Report Form in Appendix 3 and within the timescales stated. Keep all original notes as they may be needed as evidence. The comprehensive and confidential record should include the following:

- a) A detailed record of the incident in the child's own words or the words of the third party reporting it. You should note this record may be used later in a criminal trial and therefore needs to be as full and accurate as possible.
 - b) Details of the nature of the incident.
 - c) A description of any injury. Please note that you must not remove the clothing of a child or vulnerable adult to inspect any injuries.
 - d) Dates, times or places and any other information that may be useful.
 - e) Written records including emails and letters.
 - f) The incident should be reported in writing immediately to a DSO for appropriate action to be taken.
 - g) The DSO will pass on any allegations to the Local Authority.
 - h) Remember, safeguarding is everyone's business and if anyone tells you, or if you see mistreatment or abuse or have concerns about a child, or young person being harmed or at risk, it is your role to respond sensitively and alert others who have a designated role within the WDTA.
- 2.5. Anyone with concerns and unsure what to do, should contact the Police, local Social Services Department (0345 155 1071 or out of hours 0845 6000 388) or the NSPCC Child Protection Helpline on 0808 800 5000 or Childline on 0800 1111 or MASH 0345 1551071.
- 2.6. A quick guide to reporting procedures can be found in Appendix 4.
- 2.7. All WDTA employees, students and visitors to WDTA must adhere to this Policy.
- 2.8. If you believe an incident has not been dealt in accordance with the Policy this should be reported to the Directors of the WDTA in writing immediately.

3. Code of behaviour and good practice

- 3.1. WDTA believes that the Code of behaviour and good practice will assist everyone with advice on protecting children and also help with identifying any practices which could be misinterpreted or lead to false allegations. WDTA employees, and assistants must adhere to this code as set out below:
- 3.1.1. All children should be treated with respect by WDTA employees, students and visitors.
- 3.1.2. All activities involving children should include a ratio of one adult to every 12 children on the premises who are in a dance/ theatre arts class. For children up to the end of Key Stage 1, there will always be two staff in the classroom e.g. a teacher, pianist or class assistant over the age of 14 who can summon the support of reception staff. Where this is not possible, WDTA will ensure that activities take place within the sight or hearing of other adults that can be summoned by the class assistant who will be aged 14 or above.
- 3.1.3. Respect should be given to a child's rights to personal privacy.
- 3.1.4. In all activities, WDTA employees, assistants and visitors should be aware that physical contact with a child or young person may be misinterpreted and should be avoided. Where any physical touching is required, 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.
- 3.1.5. In activities, feedback should always be constructive rather than negative and be mindful of the language used so as not to be threatening or upsetting.
- 3.1.6. 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.
- 3.1.7. If first aid is required, where possible, it should be administered by a trained first aider in the presence of another adult, and the DSO should be informed.
- 3.1.8. Written parental or guardian consent should always be obtained for the use of any photographs, film or videos involving children.
- 3.1.9. In all activities, WDTA employees, assistants, and visitors, are required to challenge unacceptable behaviour in accordance with the provisions of this code of conduct and good practice.
- 3.1.10. Any incidents, allegations or suspicions of abuse should be reported immediately to a DSO, as per the reporting guidelines.
- 3.1.11. In all dealings with children WDTA employees, assistants, and visitors, should never:
- leave children who are in their care unsupervised by an adult on WDTA premises,

- play rough physical or sexually provocative games, involving or observed by children whether based on talking or touching.
- allow or engage in any form of inappropriate physical activity involving children, or any bullying of a child by an adult or another child,
- allow children to use mobile phones within class except under the supervision of the teacher
- form or seek to form relationships of a sexual nature or which may lead to sexual activity (i.e. 'grooming');
- allow children to use inappropriate language e.g. language of a derogatory nature or sexually explicit without challenging it,
- make sexually suggestive or discriminatory comments even in jest,
- intentionally reduce a child to tears as a form of control,
- use any physical punishment as part of disciplining a child .
- shout or use harsh criticism,
- consume alcohol or take drugs during the working day, including any breaks or when involved in activities with children,
- give your personal contact details to a child whom you have met through WDTA or using social networking sites, staff should not make or accept contact with students under the age of 18 through telephone / text / social media without specific written consent of their guardian.
- allow yourself to get into a situation where an abuse of trust may occur. This means that you should not form a close personal relationship, sexual or otherwise with a child, even if they are seeking and are consenting to such a relationship.
- transport a child in a personal vehicle unless consent has been given by a parent or guardian. In the case of an emergency, the DSO must be informed.
- allow allegations made by a child to go unrecorded or not acted upon in accordance with these procedures.
- 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 of and, where appropriate, assistance from the parents or carers.

3.1.12. Any incidents which cause concern in respect of a child are required to be reported immediately to a DSO. Below are examples of incidents which are to be reported. When:

- a child has been left unsupervised on WDTA property,
- a child 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 is becoming attracted to you,
- you are worried that a child is becoming attracted to a colleague who cares for them,
- you think a child has misunderstood or misinterprets something you have done,
- you have been required to take action to prevent a child from harming themselves or another or from causing significant damage to property. Unless you have received specific training on how to restrain a child, 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,
- you hear of any allegations made by a child of events both inside and outside of the WDTA.

3.1.13. The DSO for WDTA should be informed of any activity involving children well in advance and provided with full details of the activity. This will include any potential 'visitors' to the site or filming or recording of such activities.

4. Designated Safeguarding Officer

- 4.1. The details of the named DSO can be found in Appendix 6 where a full description of roles and responsibilities is provided. This list is updated annually or sooner in the event of a person leaving or changing their job.

5. Recruitment and disclosure and barring:

- 5.1. As part of WDTA's commitment to safeguarding we will ensure that safer recruitment practices are integrated into our recruitment, vetting, and selection processes.
- 5.2. On 1 May 2012, the Protection of Freedoms Bill became an Act of Parliament confirming changes to the system of barring and criminal record checks. The Act made a number of changes.
- 5.3. The Criminal Records Bureau and the Independent Safeguarding Authority merged to become the Disclosure and Barring Service (DBS) in November 2012. New requirements have also been introduced in relation to vetting and checking of employees and volunteers.

6. Training:

- 6.1. All WDTA employees who work with children will be requested (as appropriate) to undertake training on a biannual basis in relation to the safeguarding of children through Devon Children's safeguarding board online training.
- 6.2. Assistants will be provided with a briefing on the safeguarding of children as part of their programme of study.

7. Photography and filming of children

- 7.1. No unauthorised filming or photography should take place during WDTA activities without gaining appropriate written, informed parent or guardian and student permission. This should explain the purposes for which any photographic images will be used.
- 7.2. Use of photography and film including children is set out in the Registration form. However there are some good practice guidelines listed below that should be adhered to in relation to photography and recording images of children, especially as there is evidence that some people do use activities and events as an opportunity to take photographs or footage of young and disabled children and young people which could be manipulated or used inappropriately:
 - All young people featured in photographs or recordings must be appropriately dressed for the activity they are undertaking.
 - Wherever possible, images of the young people and should be recorded in small groups and focus on the activity.
 - Assistants and instructors can still be allowed to use equipment to record an activity as a teaching aid, providing that written consent of the parents or guardians and young person or adult is sought and that this is placed on file.
 - Care needs to be taken with regard to the storage and dissemination of the photographs or video material.

8. Allegations of abuse against members of staff, assistants, volunteers and visitors

- 8.1. Child abuse can and does take place outside the family setting, including within organisations. This can include anyone involved in working with children or vulnerable adults in a paid or voluntary capacity. Evidence in this area indicates that abuse which takes place in an organisation is rarely a one-off event, so it is important that all staff within WDTA are aware of this and take the appropriate action to respond to an allegation.
- 8.2. If a member of staff or anyone involved in an activity within WDTA has a concern about the behaviour of another staff member they should discuss this with the DSO within the same working day. A decision will be made as to the best course of action. This could include a referral to the police, children's social care and or the Local Authority Designated Officer (LADO) in England. Following this course of action and the outcome, WDTA may then wish to refer the individual for consideration for barring and will contact the Disclosure and Barring Service. The LADO 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 harmed a child,
 - possibly 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. (More information on the LADO is in Appendix 2 – Glossary.)
- 8.3. It is important that all allegations against staff are taken seriously and are acted upon whether the allegation constitutes abuse or not.
- 8.4. Any member of staff, assistant, or volunteers hearing allegations will be expected to provide a written report and a summary of any additional information including the names and addresses of potential witnesses. There should be two copies of this document signed and dated which will be stored centrally and in a personnel file, if applicable.
- 8.5. The parents or guardians of the child or vulnerable adult should be contacted as soon as possible following decisions made by the DSO, NSPCC, Children's Social Services or LADO.

9. Record keeping, using and storing information

- 9.1. Where an incident has been reported against a WDTA employee, assistant or student, all documents relevant to the incident will be returned to the Directors to be kept in the personal file of the person concerned when the case has been concluded. If the incident was found to be malicious or without foundation, a record may be kept in the personal file.
- 9.2. Where an allegation is made against a visitor to WDTA, records should be kept securely by the directors and should an investigation be carried out copies of these records should be passed to the appropriate authority.

10. Review of policy and procedures

- 10.1. The Policy will be reviewed 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 as per the Terms of reference in Appendix 7 in consultation externally where it is considered necessary, to ensure that the Policy continues to meet the safeguarding legislation and best practice.

11. Signature of Directors

.....
Vicki Baker

.....
Alison Coffey

.....
Kate Searle

Appendix A

Types & Definitions of abuse; child protection & vulnerable adults

Child Protection: The original statutory guidance of 'Working Together to Safeguard Children 2010' defined four areas of abuse relating to children. This guidance has been replaced by 'Working Together to Safeguard Children 2013' which covers the legislative requirements and expectations on individual services to safeguard and promote the welfare of children. The definitions from the original 2010 guidance are still relevant and are as follows:

- **Physical Abuse:** This 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 persistent adverse effects on the child's emotional development. It may involve conveying to children 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 the child's development capability, as well as over protection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another.

It may involve serious bullying (including cyber bullying), 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, though it may occur alone.

- **Sexual Abuse:** This 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, 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 images, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

- **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 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.

The new Working Together to Safeguard Children 2013 streamlines previous guidance to clarify the responsibilities of professionals in terms of safeguarding children. There is greater emphasis on effective systems to ensure that the child's needs are paramount, and that all professionals who come into contact with children and families are alert to their needs and any risks of harm, and to share information in a timely way.

Consideration, however, needs to be given to a number of factors:

- 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.
 - 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 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
 - In the street

- **Who can abuse?**

The person responsible for the abuse is often well known to the victim, and could be:

- a paid carer in a residential establishment or from a home care service,
- a social care worker, health worker, nurse, doctor or therapist, or
- a relative, friend or neighbour.

- **Bullying:**

The Anti-Bullying Alliance defines bullying as:

- Bullying behaviour deliberately causes hurt (either physically or emotionally)
- Bullying behaviour is repetitive (though one-off incidents such as the posting of an image, or the sending of a text which is then forwarded to a group, can quickly become repetitive and spiral into bullying behaviour)
- Bullying behaviour 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.
 - Behaviour that all parties have consented to and enjoy (though watch this one 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.
 - Disability – bullying 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 focussing, on the issue of a young person's actual or perceived sexual orientation.

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

- **Self-Harm:**

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

- Cutting themselves (usually with a knife or razor)
- Burning their body
- Bang their heads (not to be confused in situations when working with a young person who may have additional (special) needs, but this could be an indicator)
- Throw their body against something hard
- Punch themselves
- Stick things in their body
- Swallow inappropriate objects or tablets

- **Eating disorders:**

Eating disorders are not just about food, they are a way of coping with emotional distress. Eating disorders can affect both sexes, people of any background and any age. About 10% of people with eating disorders are male. 18% of anorexics will die.

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
- 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 – 10% of eating disorders – 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:
- 40% of cases mainly with adolescent onset – 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 behaviours 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 behaviours 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 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 available on: www.b-eat.co.uk

Appendix B

Role of Designated Officer

1. The Designated Safeguarding Officer is the first point of contact for all staff and volunteers to go to for advice if they are concerned about a child (this may also need to be out of hours so staff and volunteers should always know how to contact them or you can also appoint a Deputy);
2. They have a higher level of safeguarding training and knowledge than the rest of the staff
3. They are responsible for ensuring that their organisation's safeguarding policy is kept up to date. They ensure that Willow Tree comply with safe recruitment procedures for new staff members.
4. They support staff to assist in information regarding concerns and support decision making about whether staff concerns are sufficient enough to notify Children's Social Work Services.
5. They make formal referrals to the MASH Team
6. They ensure that concerns are logged and stored securely
7. They have joint responsibility with the Directors to ensure that the organisation's safeguarding policy and related policies and procedures are followed and regularly updated;
8. They are responsible for promoting a safe environment for children and young people;
9. They know the contact details of relevant statutory agencies e.g. Children's Social Work Services (CSWS), Police, Local Safeguarding Children Board, and the Local Authority Designated Officer (LADO) for allegations against staff.

It is not the responsibility of the designated safeguarding officer to decide whether a child has been abused or not- that is the responsibility of investigative statutory agencies such as Children's Social Work Services or the police. However keeping children safe is everybody's business and all staff should know who to go to and how to report any concerns they may have about a child being harmed or at risk of being harmed.

Willow Tree Designated Safeguarding Officer: Becky Budden

Willow Tree Deputy: Vicki Baker

Appendix C

Glossary of Terms – The LADO

In the HM Government guidance ‘Working Together to Safeguard Children(2013)’. The LADO works 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.
- possibly committed a criminal offence against children, or related child, or
- behaved towards a child or children in a way that indicates they are unsuitable to work with children.

The LADO helps co-ordinate information sharing with the right people and will also monitor and track and investigate, with the aim to resolve them as quickly as possible.

You can find your local LADO via the local authority in the area the child/young person resides.

Willow Tree Dance and Theatres Arts Employees

Permanent employees, temporary workers, freelance tutors, teachers and pianists

Chaperones

Volunteers or any other person working on a paid or voluntary basis on behalf of WDTA

The Policy

WDTA Safeguarding Policy and Procedures: Children

Students

Dance or Theatres Arts students.

WDTA

Willow Tree Dance and Theatres Arts CIC

Visitors

General visitors

Parents/Guardians attending WDTA activity on or off the WDTA premises.

DSO

Designated Safety Officer.

Appendix D

Incident, allegation and suspicion of abuse (hereafter 'incident')

Date Incidence reported.....

Person recording the incidence.....

Person reporting the incident	
Job Role	
Knowledge and relationship to the child/vulnerable adult	
Contact Address	
Telephone number	
Mobile Number	
E-mail address	

Child/Vulnerable adult details	
Full name	
Date of Birth	
Contact Address	
Telephone number	
Mobile Number	
Disability (if applicable)	

Incident details	
Location of incident (if relevant)	
Date and time of the incident	
Detailed information (where applicable in child/vulnerable adults own words if possible)	
<p>Details of any observations made by you or to you (e.g. description of visible bruising, other injuries, child/vulnerable adults emotional state) N.B. Make clear distinction between what is fact and what is hearsay:</p>	

Actions taken so far:	
Alleged abuser's details (if know)	
Full name	
Date of Birth/Age	
Relationship with the child/vulnerable adult	
Occupation	
Address	
Telephone number	
Mobile Number	
Disability	

External Agencies contacted:						
Agency	Yes/ No	Contact Name	Contact Number	Date	Time	Details of advice received
Police						
Social Services						
Local Authority <small>state if LADO contacted</small>						
NSPCC						
Other (please name)						

I acknowledge that the details described are accurate and will remain strictly confidential between the 'appropriate reporting channels' and myself.

Signed.....Date.....

Please submit this form immediately to a DSO. A full list of DSO's can be found in Appendix 6 of WDTA Safeguarding Policy and Procedures.

Appendix E

Statement of Agreement for all in relation to WDTA Safeguarding Policy and Procedures

All WDTA employees, (freelance and permanent), Volunteers and Visitors will be expected to sign this statement of understanding as part of their terms and conditions relating to their employment or placement.

I.....acknowledge that I have read and understood the terms WDTA Safeguarding Policy and Procedures.

I agree to adhere to this policy and the respective procedures and take action as required in the event of any concerns relating to children, young people or vulnerable adults. Should any concerns arise which indicated that I may be in breach of this policy, I understand that disciplinary action may be taken.

Name of member of staff.....

Date.....

Signature.....

.

Name of Director.....

Date.....

Signature.....

Appendix F

Principles for information sharing

The Department for Children, Schools and Families, and Communities and Local Government published 'Information Sharing: Guidance for practitioners and managers' in 2008 and 2009. The guidance was provided to assist practitioners who have to make decisions about sharing personal information, whether working in the public, private or voluntary sectors and also for managers who support these practitioners and others with responsibility for information governance. This guidance produced 'Seven golden rules for information sharing' to support organisations and workers when making decisions about when it is appropriate to share information with others:

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be open and honest with the person (and/or with their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
4. Where possible, share with consent and respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.