

South London Dance School – Safeguarding for Staff and Volunteers

Good Practice Guidelines

- Work, and be seen to work, in an open and transparent way.
- Be responsible for your own actions and behaviour and avoid any conduct which would lead any reasonable person to question your motivation and intentions.
- Where possible, work in an open environment i.e. ensure the other teachers on site can see into your dance studio.
- Treat all children equally and with respect and dignity.
- Do not misuse your power and influence over children.
- Always put the welfare of each child first.
- Avoid spending time alone with children away from others save in essential one to one situations (such as private lessons where the parent / guardian in advance has been made aware of the environment) and extreme care should be exercised.
- Ensure your behaviour remains professional at all times, including in regard to dress and use of language.
- Don't engage in personal email or telephone contact with children, including instant messaging, text messaging and social networking sites etc.
- Any contact outside of the dance school should be formally planned and agreed with senior staff and parents / carers.

Responding appropriately to a concern

You may become aware whilst looking after or working with a child that there are problems at

home, school or elsewhere that give you cause for concern. Even in the short period of time for which a child is with you, abused children can show a change in their behaviour and demeanour. You may notice unexplained marks or bruising, or sometimes a child can display aggressive behaviour, become withdrawn, uncommunicative or unable to concentrate. If you are worried about the safety of any young person in this school, you must report this to the Designated Safe Guarding Lead.

Responding appropriately to a disclosure

- Stay calm – do not display shock, disbelief or make any judgements / criticise the alleged perpetrator.
- Take what the child tells you seriously, as children rarely lie about such matters.
- Listen to the child carefully in particular names, dates, places and other relevant details. Try to remember their own language.
- Ask open questions, but don't interrogate the child.
- Allow the child to set the pace of the conversation.
- Reassure the child, but only so far as is honest.
- Never guarantee to a child to keep their disclosure a secret / confidentiality - explain that you must pass the information on to someone who can help to keep them safe, even if the child doesn't want you to.
- Tell the child what will happen next, if you are aware.
- *In the event of you being in the situation where a child is scared to go home, or you would be concerned about them leaving your care / going*

home / other location, NSPCC advise that you call 999 or NSPCC immediately – 0808 800 500.

Recording observations or a disclosure

- Write up your notes in pen on a **Child Protection Concern Form** as soon as possible.
- Make your notes as detailed as possible including stating any of the child's verbatim speech that you are able to recall. Do not interpret what is seen or heard; simply record the facts.
- Also, note your own observations.
- Ensure you state the date, time, place of your conversation plus your name and job title. You should also sign the form.
- If you recall any more information later then do not change your form, instead add the information as an addendum.
- Retain any notes you made during the conversation with the child in case they are required in court.

Reporting observations or a disclosure

- Report your concerns / give your **Child Protection Concern Form** and any additional notes you may have made to the Designated Safe Guarding Lead, as soon as possible. If the perpetrator is another member of staff or volunteer then you should report it to the Principal, unless the Principal is the perpetrator in which case you should report it to the Designated Safe Guarding Lead.
- **Remember that complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues.**

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Sharing your concern with the parent / carer

You should always speak to the parent / carer unless it could put the child at increased risk of harm, or if you believe their reaction could make the child's situation worse. However, where possible, you should first discuss with the Designated Safeguarding Lead as they might be able to advise about how best to approach the matter with the parent(s) / carer(s).

Looking after yourself

Seek support for yourself if you need it. NSPCC can provide help, call **0808 800 500**.

Recognising possible child abuse

Indicators of PHYSICAL ABUSE

Bruises:

- To the eyes, mouth or ears
- Fingertip bruising (grasp mark)
- Bruises of different ages in the same place
- Outline bruises (prints of hands, belts, shoes, etc.)
- Bruises without obvious and verifiable explanations
- Bruises to non-mobile babies should always be referred to Children's Social Care
- Unexplained bruising, e.g. where the skin does not cover a bony area i.e. stomach, back, under arms or inner thigh.

Burns, bites and scars:

- Clear impressions of teeth (more than 3cms across unlikely to have been made by a child)
- Burns or scalds with clear outlines
- Small round burns which may be from cigarettes
- Large numbers of different aged scars
- Unusual shaped scars
- Scars that indicate the child did not receive medical treatment

Fractures:

- Alleged unnoticed fractures – fractures cause pain and it would be difficult for a carer to be unaware of the child's distress at the time of injury – HOWEVER fractures in young children heal quickly and babies may be able to use a fractured limb without pain within a few days, this may mask a healing fracture.

Other injuries:

- Poisoning, injections, ingestion or other applications of damaging substances (including drugs and alcohol).
- Female genital mutilation, including female circumcision.

Signs of shaking, including:

- facial petichiae (small blood spots)
- black eyes

Indicators of NEGLECT

Children who are:

- Not receiving adequate food consistent with their potential growth
- Exposed through lack of supervision to injuries, including ingestion of toxic substances
- Exposed to inadequate, dirty and/or cold environments
- Abandoned or left in circumstances without appropriate adult supervision which are likely to endanger them

- Prevented by their carers from receiving appropriate medical advice or treatment
- Not given appropriate medical assistance when necessary.

Indicators of SEXUAL ABUSE

- Sexual transmitted diseases
- Recurrent urinary infections
- Genital and rectal itching and soreness
- Unexplained bleeding and discharges
- Bruising in the genital region
- Sexual play/masturbation that is judged to be inappropriate to a child's age, development and circumstances
- Sexually explicit behaviour
- Young children with an inappropriate level of sexual knowledge
- Sexual abusive behaviour towards other children, particularly those younger or more vulnerable than themselves
- Unexplained pregnancy

Indicators of EMOTIONAL ABUSE

- Abnormally passive, lethargic or attention seeking behaviour
- Specific habit disorders e.g. faecal smearing, excessive drinking, eating unusual substances, and self-harm
- Severely delayed social development, poor language and speech development not otherwise explained
- Excessively nervous behaviour such as rocking or hair twisting
- Low self esteem
- Subjected to/viewing/hearing domestic violence
- Demonstrate high levels of anxiety, unhappiness or withdrawal.