

Policy and procedures on safeguarding children and vulnerable adults

Created: January 2018

Last updated: April 2021

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1. Introduction and policy statement

Purpose and scope of policy

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

1.2. The protection of children and vulnerable adults is important to ATP. The aim of ATP's Policy and Procedures on Safeguarding Children and Vulnerable Adults (the "Policy") is to ensure that children and vulnerable adults with whom ATP comes into contact are well protected and that there is a system in place to protect their welfare.

1.3. ATP believes that the welfare of the child is paramount, and that all children and vulnerable adults 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.

The purpose of this policy and associated procedures is:

1.4. to facilitate protection for children under the age of 18 years and vulnerable adults during any activity provided by ATP

1.5. to provide employees with procedures to follow in the event that they suspect a child or vulnerable adult may be experiencing abuse or be at risk of abuse or harm

1.6. to protect children and vulnerable adults where there is a concern about the behaviour of an adult, including a ATP employee

1.7. to assist all individuals at ATP to meet their duty of care to safeguard all children and vulnerable adults who take part in ATP activities; and

1.8. to ensure that where ATP employees, participants or visitors have concerns about the welfare of children or vulnerable adults, they are in a position to take appropriate steps to address them.

Statutory and legislative frameworks

1.9. This policy has been drawn up on the basis of UK law and guidance, but due to the nature of ATP's work globally it also embraces all the principles contained in the United Nations Convention on the Rights of the Child 1991 (UNCRC). This is the only international human rights treaty to include civil, political, economic and social and cultural rights. It sets out in detail what every child needs to have: a safe, happy and fulfilled childhood regardless of their sex, religion, social origin and where and to whom they were born.

1.10. ATP will embrace the statutory guidance contained in Working Together to Safeguard Children (2015, updated February 2017). 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 (LSCBs) to monitor the effectiveness of local services.

1.11. Safeguarding and promoting the welfare of children is defined as: • protecting children from maltreatment

- preventing the 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 have the best outcomes.

1.12. ATP will also follow the statutory guidance outlined in Keeping children safe in education: Information for all school and college staff (September 2016) which is a document outlining the duty to safeguard and promote the welfare of children.

1.13. Under the Children Act 1989, which applies to England and Wales, a child is a person up to the age of 18 years. For child protection purposes, all four UK nations use an age band up to 18 years old. This can also be up to the age of 25 years in the case of someone who is receiving help from Social Services or Education. Other relevant legislation includes the Children Act 2004 and the Children, Schools and Families Act 2010.

1.14. Relevant policies in Scotland include the Children (Scotland) Act 1995; Protection of Children (Scotland) Act 2003; Protection of Vulnerable Groups (Scotland) Act 2007, and in Northern Ireland, the Children (Northern Ireland) Order 1995 and Safeguarding Vulnerable Groups (NI) Order 2007.

1.15. The definitions of abuse relating to vulnerable adults are taken from No Secrets (Department of Health, 2000). The types of abuse relating to adults can be found in Appendix 1.

1.16. Additional guidance or legislation relevant to these safeguarding procedures include the Data Protection Act 1998, Children and Adoption Act 2006, Sexual Offences Act 2003 (Remedial Order) 2012, Safeguarding Vulnerable Groups Act 2006, Protection of Freedoms Act 2012, Female Genital Mutilation Act 2003 (as inserted by the Serious Crime Act 2015) and Counter-Terrorism and Security Act 2015.

Responsibilities

1.17. ATP will safeguard children and vulnerable adults by:

- valuing, listening to and respecting them
- adopting child protection procedures
- sharing information about child protection and good practice with children, vulnerable adults, parents, employees and the companies and organisations with which we work
- working openly and in partnership with parents and guardians in relation to child protection and safeguarding concerns
- sharing information about concerns with the appropriate agencies
- implementing and adhering to a Code of Behaviour and Good Practice
- providing information about who people can contact should they be concerned about something or somebody, including an email option in case they prefer to email rather than speak directly to someone.
- ensuring safe recruitment, selection and vetting of employees
- providing effective management through supervision, appraisal, support, training and development
- having due regard to the need to prevent people (children and vulnerable adults) from being drawn into terrorism, known as the Prevent Duty
- ensuring the security of ATP premises where activities involving children and vulnerable adults take place, including the use of staff and visitor passes as appropriate.

1.18. Safeguarding and promoting the welfare of children and vulnerable adults is everyone's responsibility. Everyone, including those who work for ATP and particularly those who come into contact with children and families, has a role to play. All professionals should ensure that their approach considers at all times what is in the best interests of the child ('child-centred') or vulnerable adult.

1.19. No single professional, including those at ATP, can have a full picture of a child or vulnerable adult's needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

Embedding safeguarding in ATP

1.20. This policy works in conjunction with other ATP policies and procedures, in particular:

- GDPR Data Protection Policy
- Grievance Policy and Procedure
- Harassment Policy
- DanceEast Lone Working Policy
- DanceEast Health and Safety Policy

1.21. This policy is available on the ATP website and all ATP employees are made aware of this through the Employee Handbook, Terms and Conditions of Engagement, training and/or personal development programmes. It will also be referred to in relevant correspondence, briefings and presentations, and for site visits. The policy is reviewed annually and associated policies are reviewed biennially or sooner if there are changes in legislation, guidance or in the event of an incident. All employees are notified of any changes to the policy.

1.22. All ATP employees who will come into contact with children and young people will undergo safeguarding training. All other parties that have contact with ATP, including visitors, contractors and external hirers will be made aware of the policy via signing in/out sheets, terms and conditions, contracts, notices and the ATP website and will be expected to adhere to it.

1.23. This is a ATP corporate policy with which all employees are expected to abide. It is a condition of employment or engagement that employees abide by the rules, regulations and policies made by ATP and which are referred to in the Employee Handbook or Education Terms and Conditions. Acceptance of employment or engagement signifies an agreement to abide by this policy. Any failure to comply with the policy may be considered a disciplinary matter and will be dealt with in accordance with the appropriate disciplinary procedure, which may lead to dismissal.

1.24. This policy is conceived and presented from a UK perspective. However, ATP is a global organisation and the standards and principles of this policy apply to all ATP employees, students, volunteers and visitors worldwide. We recognise that there may be international legal and cultural variants in safeguarding children and vulnerable adults however, unless superseded by a local policy, the procedures outlined in this policy will apply globally.

Terminology and definitions

1.25. A full glossary of terms used in the policy is available in Appendix 4.

1.26. There are four recognised categories of child abuse: physical abuse, sexual abuse, neglect, and emotional abuse; in addition ATP is aware of other considerations and practices such as self-harm, eating disorders bullying (including cyber-bullying), female genital mutilation (FGM), honour based violence, radicalisation and child sexual exploitation that affect children and young people.

1.27. ATP may also work with vulnerable adults who are protected by different legislation. The main forms of abuse in relation to a vulnerable adult include: physical abuse, sexual abuse, psychological abuse, financial or material abuse, neglect, acts of omission, and discriminatory abuse.

1.28. The full definitions relating to child abuse and vulnerable adults (and additional information about bullying, self-harm, eating disorders, FGM, honour based violence, radicalisation, and child sexual exploitation), can be found in Appendix 1.

1.29. ATP has a Designated Safeguarding Officer (DSO) and a Senior Safeguarding Officer (SSO) whose responsibilities are described in Section 4 of this policy.

2. Responding to incidents, suspicions and allegations of abuse

2.1. Abuse, neglect and safeguarding issues rarely follow a consistent pattern or can be covered by one definition or label. In most cases, multiple issues will overlap with one another and decisions about responses will be nuanced and complex.

Overview and responsibilities

2.2. These procedures aim to strike a balance between the need to protect children and vulnerable adults from abuse and the need to protect ATP employees, volunteers and visitors from false allegations.

2.3. It is not the responsibility of anyone working at ATP in a paid or voluntary capacity to decide whether a child or vulnerable adult has been abused in the past, is being abused or might be abused, but there is a responsibility to act on their concerns in order that children and vulnerable adults can be supported and protected in the short term, and that appropriate agencies can make enquiries and take any necessary action to protect them.

2.4. It is the remit of the appropriate authority and not anyone connected with ATP to investigate incidents.

2.5. Abuse of children and vulnerable adults can and does take place outside the family setting, including within organisations, potentially by anyone involved in working with children or vulnerable adults in a paid or voluntary capacity. Evidence indicates that abuse which takes place in an organisation is rarely a one-off event, so it is important that all employees within ATP are aware of this and take the appropriate action to respond to an allegation or suspicion.

2.6. Abuse of children and vulnerable adults can be perpetrated by another child or vulnerable adult and where this occurs the age and understanding of the alleged perpetrator must be taken into consideration. The circumstances of the alleged abuser must be assessed separately from those of the alleged victim and must include exploration of why the behaviour has occurred.

Responding to a safeguarding incident or concern involving a child or vulnerable adult

2.7. If an incident, allegation or suspicion of abuse or any other matter which calls the wellbeing of a child or vulnerable adult into question (hereinafter referred to as 'incident') is disclosed, seen, heard or suspected, the person receiving the information, whether an ATP employee, member of another organisation with which ATP is working, or a visitor to ATP, should follow the procedure below:

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

2.8. In cases where there is an immediate risk of harm to a child or vulnerable adult and it is unsafe to wait until the next working day, the person raising the concern should do so to a member of staff at the working venue / organisation, and call the DSO. (See Section 4 for details) who will be on call for the duration of the activity.

2.9. The DSO will immediately call the SSO who will have access to contact telephone numbers of members of the Executive Board, and local social services, IPOC (Initial Point of Contact), Children Social care or Adult Social Care, the LADO and the Police.

2.10. If the DSO or the SSO is not immediately available and a child is in immediate danger or at risk of harm 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.

Responding to a safeguarding incident or concern involving an ATP employee, volunteer or visitor

2.11. If anyone has a concern about the behaviour of a ATP employee, volunteer or visitor, they should discuss this with their line manager, appropriate member of staff, DSO or SSO as soon as possible. Line managers and members of staff who are notified of such concerns will be expected to report this to the DSO or the SSO as soon as possible and ideally within the same working day.

2.12. All employees, volunteers and visitors should feel able to raise concerns about poor or unsafe practice, and know that these concerns will be taken seriously by the SSO and the Executive Board and will be dealt with sensitively and appropriately. It is not necessary for safeguarding concerns to be in writing (other than the Incident Report Form) in order for them to be acted upon.

2.13. ATP teachers or any other member of ATP staff working in a partner school or other organisation should ensure that they are aware of the designated person for safeguarding in that organisation and familiarise themselves with the school or organisation's own Safeguarding or Child Protection Policy as soon as they commence work there.

2.14. Where the concern about the behaviour of a colleague, volunteer or visitor occurs in a partner organisation the report should be made to the designated person in that organisation and also to the DSO / SSO at ATP. Where appropriate, the ATP SSO will liaise with the partner organisation to ensure that appropriate action is taken and followed up.

2.15. If an employee is concerned about their own line manager, they should report the matter to a member of the Executive Board who will liaise with the SSO to make a decision on the course of action to be followed as set out above. If an employee has a concern about the conduct of the SSO or any member of the Executive Board they should report it to the Chief Executive or Chair of the Board of Trustees.

2.16. If an employee is concerned that appropriate action is not being taken about the conduct of an employee, volunteer or visitor, they should raise the issue with the Chair of the Board of Trustees and/or contact the NSPCC for concerns about children.

2.17. Where it is known that an ATP employee, visitor, or volunteer is under investigation by a third party or an appropriate authority, for actions that may have occurred either as a result of their work with ATP or in their private life and which might give cause for concern about their suitability to work with children and vulnerable adults, this must be reported to the SSO.

Reporting a safeguarding incident or concern

2.18. Make a comprehensive record of what is said or seen and actions taken at the earliest possible opportunity. Report this using the Incident Report Form within the timescales stated. The Incident Report Form is available in Appendix 5 of this Policy. If you have any concerns or need any advice or guidance about filling in an Incident Report Form then contact the DSO or SSO.

2.19. The Incident Report should include the following:

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

- written records including emails and letters.

2.20. The Incident Report should be submitted to the DSO as soon as possible, preferably immediately, and certainly within 24 hours. If the concerns relate to the DSO, then it should be reported to the SSO.

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

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

2.23. The DSO will pass on any allegations to the SSO and to the appropriate employee (see definition in Glossary of terms Appendix 4).

2.24. If the concerns relate to the SSO then the matter should be reported to the Executive Producer or Chair of the Board.

2.25. If the concern relates to a child or vulnerable adult abusing another child or vulnerable adult the process outlined in Appendix 3 should be followed.

2.26. Following decisions made by the SSO, the parents or guardians of the child(ren) or vulnerable adult(s) (where known / identified) may be contacted and if appropriate a referral made to the Children's Social Services, MASH and/or LADO. There may be occasions where it is inappropriate for parents to be contacted and the matter will immediately be referred to Children's Social Services, IPOC and/or LADO.

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

Early intervention and help

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

2.29. When emerging problems are identified employees, volunteers and visitors should liaise with the DSO and the SSO so that information can be shared with IPOC (or the Local Authority) so that where necessary an Early Help Assessment (EHA) can be conducted to identify the child or vulnerable adult's needs and enable professional support to be provided from other agencies.

2.30. When “Early Help” is provided and ATP is made aware, they will monitor the situation and refer to IPOC if any further concerns arise or the child or vulnerable adult’s situation does not improve.

After a safeguarding incident or concern has been reported

2.31. The SSO will decide on any action to be taken, including whether to contact the parent, carer or guardian and / or refer the matter to an appropriate authority, and will ensure that ATP complies in full with any resulting investigation.

2.32. Where an allegation, suspicion or incident, in the opinion of the SSO, is of low level concern, does not require immediate referral to the relevant authorities but requires monitoring, no further immediate action will be taken other than to feed back to the DSO.

2.33. Whether or not any referral is made, the SSO will monitor the situation and refer again if it appears that any concerns remain.

2.34. The LADO (within IPOC) has a specific role within Children’s Services and should be alerted to all cases in which it is alleged that a person who works with children has:

2.34.1. behaved in a way that has harmed, or may have harmed a child

2.34.2. committed a criminal offence against children, or related to a child; or

2.34.3. 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 4)

2.35. Depending on the outcome of any referral and where applicable, ATP will refer a named individual for consideration for barring and will contact the Disclosure and Barring Service.

2.36. An ATP employee or volunteer under investigation will be prevented from working or otherwise interacting with children and vulnerable adults at ATP and where applicable will have their ATP employment suspended, until the outcome of the investigation is known and a decision made.

2.37. A visitor to ATP under investigation will not be permitted to enter ATP premises until the outcome of the investigation is known and a decision made.

2.38. A further course of action will be considered under the relevant code of conduct, and ATP’s disciplinary procedures.

2.39. There may be occasions where it is appropriate for information to be shared with other dance membership or accreditation organisations, when a referral is made related to an individual that may or may not be an ATP member.

Further advice and guidance

2.40. Remember, safeguarding is everyone's business and if anyone tells you, or if you see mistreatment or abuse or have concerns about a child, young person or vulnerable adult being harmed or at risk, it is your responsibility to respond sensitively and share information by alerting others who have a designated role within ATP.

2.41. The seven golden rules of information sharing in Appendix 9 highlight that fears about sharing information cannot be allowed to prevent the need to safeguard and promote the welfare of children or vulnerable adults at risk of abuse. No one should assume that someone else will pass on information which may be critical to keeping a child or vulnerable adult safe.

2.42. Anyone who wishes to seek guidance from an external agency may contact the Police or Social Services Department (via Multi Agency Safeguarding Hub (IPOC) if applicable). Guidance and advice is also available from the NSPCC Adult Child Protection Helpline on 0808 800 5000, or Childline for children and young people on 0800 1111 or the Pan European number – 116 111 (whilst in Europe).

2.43. The Department for Education has also published "What to do if you're worried a child is being abused; Advice for Practitioners 2015" which has information on understanding and identifying abuse and neglect. Examples of potential signs of abuse and neglect are highlighted throughout the advice.

2.44. A quick guide to reporting procedures can be found in Appendix 6.

2.45. If you believe an incident has not been dealt with in accordance with these procedures, it should be reported to the Chair of the Board in writing immediately.

3. Code of Behaviour and Good Practice

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

3.1.1. All children and vulnerable adults should be treated with respect.

3.1.2. All activities involving children and vulnerable adults should include a ratio of one adult to every 10 children / vulnerable adults and one adult to every eight children / vulnerable adults for trips. For younger children under the age of nine, there should always be at least one additional employee (e.g. a teacher, musician or assistant). Where this is not possible, ATP will ensure that activities take place within sight or hearing of other adults.

3.1.3. Respect should be given to a child's or vulnerable adult's rights to personal privacy.

3.1.4. Physical contact with a child or young person may be misinterpreted and should be avoided. Where any physical touching is required for purposes of instruction, it should be provided openly in front of other students. Parents, guardians and participants will be warned in advance that physical touching may be required for correctional purposes only.

3.1.5. Feedback should always be constructive rather than negative, and language used should never 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 an appropriate consent form by a parent or guardian and recorded (e.g. for a 1:1 private dance lesson).

3.1.7. Children with special educational needs / disabilities may be especially vulnerable to abuse and extra care should be taken to interpret apparent signs of abuse or neglect. They may be disproportionately impacted by behaviour such as abuse or bullying without outwardly showing any signs through communication barriers.

3.1.8. Assumptions should not be made that indicators of abuse (e.g. behaviour, mood and injury) relate to a child's disability or learning difficulty without further exploration.

3.1.9. If first aid is required, where possible, it should be administered by a trained first aider in the presence of another adult. Teachers will always know who the first aider is at the workshop venue. A First Aider will complete an Incident Report Form if they have any safeguarding concerns as a result of administering the first aid.

3.1.10. Written parental or guardian consent should always be obtained by ATP for the use of any photographs, film or videos involving children and vulnerable adults. This should clearly indicate the uses to which the photographs, film or videos will be put.

3.1.11. ATP employees, volunteers and visitors to ATP where appropriate, should challenge unacceptable behaviour in accordance with the provisions of this code of conduct and good practice.

3.1.12. Any incidents, allegations or suspicions of abuse should be reported immediately to the DSO, as per the reporting guidelines laid out in Section 2 and Appendix 6.

3.2. In all dealings with children and vulnerable adults, ATP employees, volunteers and visitors to ATP where appropriate, should never:

3.2.1. leave children who are in their care unsupervised on ATP premises

3.2.2. play rough, physical or sexually provocative games, involving or observed by children or vulnerable adults whether based on talking or touching

- 3.2.3. share a room overnight with a child or vulnerable adult
- 3.2.4. enter the private room of a child or vulnerable adult unless it is absolutely necessary and, wherever possible, accompanied by another adult
- 3.2.5. allow or engage in any form of inappropriate physical activity involving children or vulnerable adults, or any bullying of a child by an adult or another child
- 3.2.6. form or seek to form relationships of a sexual nature which may lead to sexual activity (i.e. 'grooming')
- 3.2.7. allow children or vulnerable adults to use inappropriate language (e.g. of a derogatory or sexually explicit nature) without challenging it
- 3.2.8. make sexually suggestive or discriminatory comments even in jest
- 3.2.9. intentionally reduce a child or vulnerable adult to tears as a form of control
- 3.2.10. use any physical punishment as part of disciplining a child or vulnerable adult
- 3.2.11. shout or use harsh criticism
- 3.2.12. consume alcohol or take drugs during the working day (including breaks) or when involved in activities with children or vulnerable adults
- 3.2.13. give their own personal contact details to a child or vulnerable adult whom they have met through work including via social networking sites
- 3.2.14. allow themselves to get into a situation where an abuse of trust may occur – this means not forming a close personal relationship (sexual or otherwise) with a child or vulnerable adult, even if they are seeking and are consenting to such a relationship
- 3.2.15. transport a child or vulnerable adult in a personal vehicle unless consent has been given by a parent or guardian – where this is necessary in an emergency, the DSO must be informed
- 3.2.16. allow allegations made by a child or vulnerable adult to go unrecorded or not acted upon in accordance with these or other ATP procedures; or
- 3.2.17. 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. A vulnerable adult may be able to give their own consent.

3.3. Any incidents which cause concern in respect of a child or vulnerable adult must be reported immediately to the DSO. Below are examples of incidents which are to be reported. When:

3.3.1. a child has been left unsupervised on ATP property / premises 3.3.2. a child or vulnerable adult is hurt accidentally

3.3.3. there is a concern that a relationship is developing which may be an abuse of trust

3.3.4. you are worried that a child or vulnerable adult is becoming attracted to you

3.3.5. you are worried that a child or vulnerable adult is becoming attracted to a colleague who cares for them

3.3.6. you think a child or vulnerable adult has misunderstood or misinterpreted something you have done

3.3.7. you have been required to take action to prevent a child or vulnerable adult from harming themselves or another, or from causing significant damage to property. Unless you have received specific training on how to restrain a child or vulnerable adult, this should only be done as a last resort. Do not do it alone, call for assistance, write up what happened and pass the information to the DSO

3.3.8. you see any suspicious marks on a child or vulnerable adult

3.3.9. you hear of any allegations made by a child or vulnerable adult or any other person relating to events giving rise to a safeguarding concern which have happened recently or in the past

3.3.10. a child, vulnerable adult or student under the age of 18 discloses that they have been a victim of female genital mutilation (FGM) or are going to be in the future

3.3.11. you are concerned that a child or vulnerable adult is being drawn, or may be at risk of being drawn, into terrorism or extremism; or

3.3.12. you are concerned that a child or vulnerable adult is being subjected to honour based violence.

3.4. All personnel will be briefed by their line manager or equivalent as to the expectations in the Code of Behaviour and Good Practice as part of their induction or before any such activities take place. These people will also assist in the event that anyone suspects or is made aware of an incident suggesting that the ATP Code of Behaviour and Good Practice is not being adhered to. Such incidents should be reported to the DSO.

3.5. Any external hirers or contractors must adhere to the ATP Code of Behaviour and Good Practice as part of their contractual arrangement. The DSO must be informed if such personnel are going to be present during activities or training provided by ATP. They will also be required to sign a declaration stating that their employees and volunteers (as appropriate) have had the necessary disclosure and barring checks, and that the organisation has its own safeguarding policy and procedures.

4. Senior Safeguarding Officer and Designated Safeguarding Officer

4.1. ATP has a structure in place to deal with incidents. There is one Senior Safeguarding Officer (SSO), who has overriding responsibility for dealing with all safeguarding incidents in consultation with appropriate employees or external agencies. Reporting to the SSO is one Designated Safeguarding Officer (DSO). In most cases, the DSO will deal with all safeguarding incidents as the first point of contact. In some cases, incidents may immediately be referred to the SSO.

4.2. The details of the named SSO and DSO along with a full description of their roles and responsibilities can be found in Appendix 7. This list is updated annually or in the event of a person stepping down from their position as SSO or DSO, for example because they change their job role or leave ATP.

4.3. The SSO provides employees with the opportunity to shape safeguarding arrangements and policy. The SSO audits this policy to ensure it is working effectively, that all incidents are recorded, action is taken and best practice is in place.

4.4. The SSO has agreed a number of key objectives:

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

5. Recruitment, selection and vetting

5.1. As part of its commitment to safeguarding, ATP will ensure that safe practice is integrated into all recruitment, selection, vetting and induction processes.

5.2. ATP has policies on the vetting of all employees, including criminal record checks (where necessary) and referencing, the recruitment of ex-offenders and the secure storage, use, retention and disposal of disclosures and disclosure information. These policies inform this Safeguarding Policy and can be found on the ATP website.

5.3. ATP uses the Disclosure and Barring Service (DBS) in the UK for criminal record checks and follows its advice with regard to requirements in relation to vetting and checking employees.

5.4. Young people under the age of 18 years will not be employed in positions where they are responsible for teaching or supervising children and students under the age of 18 years.

6. Training and support

6.1. ATP is committed to providing appropriate training to employees and a detailed Safeguarding training strategy can be found in Appendix 8.

6.2. The SSO and DSO will undergo regular Prevent awareness training so as to be able to advise and support others on protecting children, vulnerable adults and students from radicalisation.

6.3. ATP recognises that employees (including SSOs and DSOs) dealing with safeguarding issues may find situations stressful or upsetting. We will ensure that opportunities are provided for employees to be supported in these circumstances and to talk through any anxieties they may have.

6.4. Employees needing support should speak with their line manager.

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

7.1. No filming or photography of children or vulnerable adults should take place without gaining written permission from the appropriate parent, guardian or carer. The purposes for which any photographic images or film will be used should be clearly explained and outlined on the disclaimer document. All written consent obtained must be placed securely on file.

7.2. Use of photography and film including children and vulnerable adults is set out in ATP's Visual Media Policy which provides more detailed information as to how visual media should be procured, presented and protected.

8. Data handling, monitoring and evaluation

8.1. The SSO will collate details of any incidents relating to safeguarding children and vulnerable adults and keep them in a central record. This will include all concerns, discussions and decisions made and the reasons for those decisions. Copies of these records will be passed as necessary to the any appropriate authority.

8.2. In addition to the central record, where an incident has been reported against an ATP employee or volunteer, a note relevant to the incident and/or any relevant documents will also be kept in the personal file of the person concerned when the case has been concluded.

8.3. Where an allegation was made against a visitor to ATP, records will be kept securely by the DSO.

8.4. Incidents will be reported confidentially in an anonymous form to the SSO and the Board of Trustees at their meetings. Any concerns or patterns that emerge will be identified and dealt with appropriately by the SSO.

9. Review of policy and procedures

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

Policy last updated: April 2021

Policy due to be reviewed: April 2022

Appendix 1: Types and definitions of abuse

1. Children

The statutory guidance document 'Working Together to Safeguard Children' (2010) defined four areas of abuse relating to children. This guidance has been replaced by the later editions in 2013 and 2015, which cover the legislative requirements and expectations on individual services to safeguard and promote the welfare of children. The definitions are also from the guidance 'Keeping children safe in Education' (2016) and are as follows:

Abuse: A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them, or more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children.

Physical abuse: A form of abuse that 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.

It is important to recognise that many children will be living (or may have lived) in families where domestic abuse is a factor and that these situations have a harmful impact on children emotionally, as well as placing them at risk of physical harm.

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.

2. Vulnerable adults

The following definitions of abuse relating to vulnerable adults are from No Secrets, DoH 2000.

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

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

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

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

Abuse can happen anywhere:

- in 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.

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

Physical abuse: includes hitting, slapping, pushing, kicking, scratching, biting, burning, misuse of medication, restraint or inappropriate sanctions

Sexual abuse: including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting

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

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

Neglect and acts of omission: including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating; and

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

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

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

In addition, statutory offences have been created which specifically protect those who may be incapacitated in various ways. Examples of actions which may constitute criminal offences are: assault, whether physical or psychological, sexual assault and rape, theft, fraud or other forms of financial exploitation, and certain forms of discrimination, whether on racial or gender grounds.

Criminal offences: These offences differ from all other non-criminal forms of abuse in that the responsibility for initiating action rests with the Police and the Crown Prosecution Service. Also,

when complaints about alleged abuse suggest that a criminal offence may have been committed, it is imperative that reference should be made to the police as a matter of urgency.

3. Bullying

The Anti-Bullying Alliance defines bullying behaviour as follows:

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

Bullying is not:

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

Bullying can take the following forms:

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

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

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

4. Self-harm

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

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

5. Eating disorders

Eating disorders are not just about food – they are a way of coping with emotional distress.

They can affect both sexes, people of any background and any age.

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

There are three official categories of eating disorders:

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

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

Anorexia nervosa:

- the rarest – typically affects young people aged 12-20 years
- individuals with anorexia nervosa do not maintain or have a body weight that is normal or expected for their age and height – they are usually less than 86% of their expected weight
- even when underweight, individuals with anorexia continue to be fearful of weight gain. Their thoughts and feelings about their size and shape have a profound impact on their sense of self-esteem as well as their relationships
- women with anorexia often stop having their periods
- they often do not recognise or admit the seriousness of their weight loss and deny that it may have permanent adverse health consequences.

Bulimia nervosa:

- mainly affects individuals between the ages of 18-25 years
- individuals with bulimia nervosa experience binge-eating episodes which are marked by eating an unusually large amount of food within a couple of hours, feeling compelled to eat and find it difficult if not 'impossible' to stop eating
- this is then followed by attempts to 'undo' the consequences of the binge by using unhealthy behaviour such as self-induced vomiting, misuse of laxatives, enemas, diuretics, severe caloric restriction or excessive exercising

- individuals are obsessed and preoccupied with their shape and weight and often feel their self-worth is dependent on their weight or shape.

Binge-eating disorder:

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

BED is not an officially recognised disorder, but is included in the EDNOS category Eating problems never exist in isolation; they are usually a symptom of other problems e.g. coping with painful feelings and/or situations, boredom, anxiety, anger, shame, sadness, loneliness. Adolescence can be a key time. Stressful or traumatic events can trigger an eating problem (e.g. bullying, bereavement, family tensions, school problems, self-harm, low self-esteem, sexual, physical, emotional abuse or neglect, negative criticism, fragile sense of self) and it can be more about control than about food itself.

More information is available on: www.b-eat.co.uk

6. Female genital mutilation (FGM)

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

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

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

7. Child sexual exploitation

Child sexual exploitation involves exploitative situations, contexts and relationships where young people receive something (for example, food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities.

Sexual exploitation can take many forms ranging from the seemingly consensual relationship where sex is exchanged for gifts, to serious organised crime by gangs or groups. The

perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops.

Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyber-bullying and grooming. However it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

8. Radicalisation

ATP is committed to safeguarding the welfare of its employees and participants and to meeting its duty under the Counter-Terrorism and Security Act 2015 and the UK Government's associated Prevent strategy. Where possible ATP will intervene to support children, young people, vulnerable adults and employees from being radicalised. Whilst there is a low risk of extremist activity at ATP our duty of care to children, young people and employees is of the utmost importance.

Radicalisation refers to the process by which a person or group of people come to adopt increasingly extreme political, social or religious ideals. The outcome of radicalisation can be both violent and non-violent and is reflected in vocal or active opposition to fundamental British values (including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs). The definition of extremism also includes calls for the death of members of British armed forces, whether in this country or overseas.

The process of radicalisation has multiple pathways. Identification of individuals who are likely to be susceptible to extremism can happen in many different ways. Background factors, which are often reinforced by family, friends or online, and/or combined with specific needs for which an extremist or terrorist group may appear to provide an answer, may contribute to vulnerability. The internet and use of social media in particular has become a major factor in radicalisation of young people.

Employees should be alert to changes in children, young people, vulnerable adults and colleagues' behaviour which could indicate that they may be in need of help or protection. If you have any concerns regarding children and young people who might be at risk of radicalisation please report the concern using the normal safeguarding Incident Report Form and associated procedure. An SSO may then make a referral to the appropriate authorities (including CHANNEL and/or IPOC, where applicable).

9. Honour based violence

Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community. It is often linked to family members or

acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. For example, honour based violence might be committed against people who:

- become involved with a boyfriend or girlfriend from a different culture or religion
- want to get out of an arranged or forced marriage; or
- wear clothes or take part in activities that might not be considered traditional within a particular culture.

Girls are the most common victims of honour based violence; however it can also affect boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' might include:

- domestic abuse
- threats of violence
- sexual or psychological abuse
- forced marriage
- being held against your will or taken somewhere you don't want to go
- assault

A forced marriage is one that is carried out without the consent of both people. This is very different to an arranged marriage, which both people will have agreed to.

Appendix 2: Guidance on recognising signs of abuse 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
- parents / carers are uninterested or undisturbed by an accident or an 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; and
- 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 is provided:

- bruising in or around the mouth, 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 in places 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; and
- 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 in shape. Those over 3 cm in diameter are more likely to have been caused by an adult or an 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 this 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 of its 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; or
- scalds to the buttocks of a small child, particularly in the absence of burns to the feet (indicative of dipping into a hot liquid or bath).

Fractures

Fractures may cause pain, swelling and discoloration over a bone or a joint. Non-mobile children 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; or
- 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 body, may suggest abuse.

Behavioural indications

Some children may behave in ways that alert you to the possibility of physical injury, for example:

- withdrawal from physical contact
- fear of returning home
- self-destructive tendencies; or
- aggression towards others.

Emotional abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. 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 / carer e.g. anxious, indiscriminate or no attachment
- 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
- over-reaction to mistakes
- fear of new situations
- inappropriate responses to painful situations

- neurotic behaviours
- self-harming; or
- running away

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 basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- listless, apathetic and unresponsive with no apparent medical cause
- failure to grow within normal expected pattern, with accompanying weight loss
- thrives away from home environment
- frequently absent or late
- left with adults who are intoxicated or violent
- abandoned or left alone for excessive periods; or
- compulsive stealing or scavenging

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 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 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 for 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 for e.g. sports events (but this may be related to cultural norms or physical difficulties)
- concerning changes in behaviour or general presentation
- regressive behaviour
- distrust of a particular adult
- unexplained gifts of money
- sleep disturbances or nightmares
- phobias or panic attacks

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 areas, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen in vagina, anus, external genitalia or clothing
- wetting or soiling

Appendix 3: Procedure for dealing with abuse between children / vulnerable adults

Where an instance of child on child or vulnerable adult on vulnerable adult abuse comes to light, is disclosed or where there is evidence to indicate it has occurred, the normal reporting procedures should be followed including, where appropriate, referral to appropriate authorities in respect of both children or vulnerable adults involved.

The interests of the identified victim must always be considered of paramount importance. Where the allegation relates to an incident that took place within ATP venues, the following should happen:

- keep the involved children separate during the remainder of the activity or classes taking place to avoid collusion or intimidation
- establish what is alleged to have taken place and then avoid talking to the children any further about the incident
- keep a detailed log of actions, discussion and decisions (using the Incident Report Form)
- consider the risks of the abuse being repeated. Ensure that non-teaching times are considered, especially when children are moving around ATP venues or are unsupervised in changing rooms as the child or vulnerable adult who has been harmed may feel particularly vulnerable at such times
- be aware that whether the incident(s) happened at ATP venues or elsewhere, other ATP participants may know what has happened (or is alleged to have happened). Other children / vulnerable adults may have been involved, either directly or indirectly
- parents of all those known to have been involved should be contacted, unless after referral to authorities advice is given that this would not be appropriate e.g. for complex cases or in the case of sexual exploitation; and
- consideration should be given to whether the situation warrants information being shared with other ATP parents/guardians (anonymously) e.g. where media coverage is likely

The decision as to whether or not the behaviour directed at another child or vulnerable adult is harmful is dependent on the individual circumstances. The following considerations may apply:

- the relative chronological and developmental age of the children / vulnerable adults involved
- whether the alleged abuser is supported or joined by other children or vulnerable adults
- any differentials such as race, gender, or physical, emotional or intellectual vulnerability of the victim
- the actual facts of the behaviour
- whether the behaviour could be described as age appropriate or involves inappropriate sexual knowledge or motivation
- the degree of coercion, physical aggression, intimidation or bribery
- the victim's experience of the behaviour and the impact it is having on them
- attempts to ensure secrecy
- duration and frequency of the behaviour.

In cases where the abuse is considered serious enough to refer to the authorities, the case will be dealt with for each child / vulnerable adult separately.

If the investigation / assessment by the relevant authorities concludes that allegations are substantiated, the children or vulnerable adults should not be expected to attend ATP activities together and where possible children / vulnerable adults should be separated in classes / activities.

Depending upon the severity of the abuse, it is possible that the child / vulnerable adult responsible for the abuse will be asked to leave ATP activities and/or not be permitted to attend future classes / events.

The views and wishes of the harmed child / vulnerable adult and their parents, guardians, carers should be appropriately considered in the decision making.

Appendix 4: Glossary of terms

Appropriate authority This is the correct authority to which to refer an incident, allegation or suspicion. It might be the police, IPOC, social services (children's social care or adult social care), the local safeguarding children's board or statutory committee.

Appropriate employee The head of department or departmental manager relevant to the incident, allegation or suspicion of abuse that has been made.

CHANNEL

A programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. The programme uses a multi-agency approach to protect vulnerable people identifying individuals at risk; assessing the nature and extent of that risk; and developing the most appropriate support for the individual.

Child / children Persons under the age of 18 years.

Child Sexual Exploitation (CSE) CSE is a form of child sexual abuse. It occurs where an individual; or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and / or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact, it can also occur through the use of technology.

DSO Designated Safeguarding Officer – Reports to the Senior Safeguarding Officer within the structure of ATP's Safeguarding

Policy and Procedures.

Early intervention Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising, for example, if it is provided as part of a support plan.

Employees Permanent, fixed term and temporary employees, casual workers, freelancers, tutors, teachers, musicians, mentors, practical teaching supervisors, chaperones, assistants, or any other person working on a paid or unpaid basis on behalf of ATP.

LADO Local Authority Designated Officer.

The role of the LADO is set out in the HM Government guidance 'Working Together to Safeguard Children (2013)'. The LADO works within Children's Services (alongside IPOC) 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 to a 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 any investigation, with the aim to resolve it as quickly as possible. You can find the LADO via the local authority in the area where the child/young person resides.

IPOC Initial Point of Contact for a team of individuals under the remit of a local authority / council who come from different organisations. for example, the council, the health service and the police working together to protect children and young people from harm.

SSO Senior Safeguarding Officer – the most senior role within the reporting structure of ATP's Safeguarding Policy and Procedures. Prevent duty The duty in the Counter-Terrorism and Security Act 2015 on specified authorities, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism.

Arts Trust Productions.

The Policy The ATP Safeguarding Policy and Procedures: Children and Vulnerable adults
Third parties Other schools or employers, universities and agencies.

Trusted adult Someone (who might be a DSO) who children and vulnerable adults know that they can approach if they are concerned or worried about something that has happened to them whilst they have been at an ATP activity or elsewhere.

Visitors External hirers, contractors, delivery persons, general visitors, parents/guardians attending an ATP activity on or off ATP premises.

Volunteers People who fulfil a responsibility or role at ATP in a voluntary (unpaid) capacity, including Trustees.

Vulnerable adults Persons aged 18 or over whose physical or mental impairment or condition places them at risk of exploitation or abuse.

Appendix 5: Safeguarding Incident Report Form

Safeguarding incident, allegation, and/or suspicion of abuse (hereafter 'incident') report form

Date incident reported: _____

Your details:

Name of person reporting the incident:
Job title:
Knowledge of and relationship to the child/vulnerable adult (if known):
Knowledge of and relationship to the (alleged or potential) abuser (if known):
Contact address:
Telephone number:
E-mail:

Child / vulnerable adult details (if known):

Full name:
Date of birth:
Gender:
Address:
Telephone number:
Details of disability (if applicable):
Parent/carer's names and contact details:

Has the child/ young person/vulnerable adult made any allegations before? Does the child / young person / vulnerable adult have a social worker?

Incident Details:

Location of incident (if relevant):
Date and time of incident (if relevant):

Detailed information (where applicable in child/vulnerable adults own words if possible):

Details of any observations made by you or to you (e.g. description of visible bruising, other injuries, child/vulnerable adults emotional state). Make a clear distinction between what is fact and hearsay:

Details of any observations made by you or to you (e.g. description of visible bruising, other injuries, child/vulnerable adults emotional state). Make a clear distinction between what is fact and hearsay:

Were there any witnesses to the alleged incident? If yes, please give name and where applicable job title of each witness.

Have the parents / carers of the child / vulnerable adult been informed? If yes, give details and if not include the reason that they have not been informed.

Other actions (including safeguarding measures) taken so far:

Please tick if this is considered a low level concern that you feel is unlikely to require action other than continued monitoring:

Alleged / potential abuser's details (if known):

Full name:

Date of birth/age:
Gender:
Relationship with child/vulnerable adult:
Occupation / Role / Job title:
Home address:
Telephone number:

Disability (if applicable):
 Name and address of the setting in which the person works:
 Is the alleged / potential abuser an ATP employee, worker or volunteer? (If yes, state applicable category):
 If the alleged / potential abuser is an ATP employee, worker or volunteer complete as much of this section as possible and/or seek the advice of the SSO:

Length of service in current post:
When was the person last DBS checked?
Was the DBS clear?
Are there are any previous allegations, complaints or concerns in relation to this person (not necessarily safeguarding related)?
Does this person work with children or vulnerable adults in any other capacity? If yes, please give details:

Does the person have children of their own? If yes please give any known details: Is the person aware that an allegation, complaint or concern has been raised?
 NB. Referrals related to ATP employees, workers or volunteers must be made to IPOC via email and followed up with a telephone call to the Duty LADO officer
 I acknowledge that the details described are accurate and will remain strictly confidential between the 'appropriate reporting channels' and myself.
 Signed..... Date.....

If you are not a DSO please submit this form immediately to the DSO. Details of the DSO can be found in Appendix 7 of the ATP Safeguarding Policy and Procedures: Children and Vulnerable Adults. The DSO will then liaise with the SSO.

External agencies contacted (to be completed by SSO):

AGENCY	YES/NO	CONTACT NAME	CONTACT NUMBER	DATE	TIME	ADVICE RECEIVED
Police						
IPOC						
Social Services						
L.A.D.O.						
Local authority (other)						
NSPCC						
Charity Commission						
Ofsted						
Ofqual						
CHANNEL						
Other (please name)						

Name of SSO reviewing case: SSO
signature: Date

Appendix 6: A quick guide to reporting procedures

1. If concerned about a child or vulnerable adult – report your concern to the DSO/SSO within 24 hours. If this is not possible and if there is an immediate risk, report it to the appropriate authority, e.g. police, NSPCC, MASH, children’s social care or adult social care (social services).
2. Record the details of the abuse/allegation/suspicion. Record accurately what the child/young person or vulnerable adult has said or what has been seen or reported.
3. Include information about how the child/vulnerable adult appeared (angry/upset), recording any visible signs on the child/vulnerable adult e.g. burn on the hand. Do not ask the person to remove clothing. Do not ask leading questions or investigate. Complete the form in Appendix 5 the same day.
4. DSO will discuss the matter with SSO and make a decision regarding the concern/incident within 24 hours of receiving the information.
5. Action by DSO/SSO – concern allayed or considered low level concern – record the decision and store securely in HR.
6. Still concerned? Make a referral to the local Children’s Social Services, Adult Social Care, via MASH, LADO, Police, NSPCC (0808 800 5000) or Childline (0800 1111).

Appendix 7: List of Senior Safeguarding Officer and Designated Safeguarding Officer

as at 20 January 2020

Senior Safeguarding Officer:

Martin Collins, Director
07941660192
m.collins@artstrust.co.uk

Designated Safeguarding Officer:

ATP General Manager

Duties of the Senior Safeguarding Officer

- to be accountable for ATP safeguarding practice
- to ensure safeguarding is afforded priority at the most senior level within ATP
- to ensure funding and resources are available to fulfil safeguarding responsibilities
- to support the Designated Safeguarding Officer
- to ensure monitoring and review systems are in place to respond to new guidance and legislation and to test existing systems
- to ensure that ATP has procedures for dealing with incidents, allegations or suspicions of abuse against ATP employees, participants and visitors
- to ensure all ATP employees are trained appropriately according to their roles
- to refer incidents, allegations or suspicions of abuse to relevant investigating agencies
- to keep securely detailed and accurate records of any incidents, allegations or suspicions of abuse
- to report annually any incidents, allegations or suspicions of abuse in an anonymous form to the Board of Trustees
- to liaise with the DSO to inform them of any issues and ongoing investigations
- to organise and chair annual safeguarding meeting for the SSO and DSO
- to ensure the DSO is appropriately supported to fulfill their safeguarding duties
- where appropriate, to inform the relevant person about incidents, allegations or suspicions of abuse
- to report incidents to the Charity Commission (see: <https://www.gov.uk/government/news/alert-on-reporting-serious-incidents-rsi>), Ofsted, Ofqual, and other external agencies as appropriate
- to refer to any incidents in the ATP Annual Report which are felt serious enough to be reported to the Charity Commission
- to undertake annual training to keep up to date to the most relevant safeguarding procedures for dealing with children and vulnerable adults; and
- to undertake Prevent Awareness training so as to be able to provide advice and support to others on protecting children, vulnerable adults and students from the risk of radicalisation

Duties of the Designated Safeguarding Officer

- to refer allegations or cases of suspected abuse to the SSO
- to act as a first point of contact and source of support, advice and expertise within ATP
- where applicable to act as a “trusted adult” for children participating in ATP activities
- to ensure that there is always cover for this role if not in attendance or on call
- to inform the SSO immediately if they feel unable to fulfil their duties within this role at any point
- to attend the annual safeguarding meeting for SSOs and DSOs and (on a voluntary basis)
- to undertake annual training to keep up to date with safeguarding legislation and best practice
- to keep under review any ATP activities which involve children and vulnerable adults; and
- in conjunction with HR and/or the relevant recruiting manager, to ensure that individuals assisting in ATP activities, be they employees, students, volunteers or visitors are suitable to work with children or vulnerable adults and that they have undergone the necessary Vetting and Barring checks, which have been followed up and checked via the Disclosure and Barring Service, and records kept securely in the Human Resources department.

Appendix 8: Safeguarding Training Strategy

As part of its commitment to safeguarding children and vulnerable adults ATP has a dedicated safeguarding training strategy as set out below:

Induction

All new permanent, fixed term and temporary employees (irrespective of duties) are given an induction by the General Manager within which a copy of the Safeguarding policy and procedures is issued and special attention drawn to ATP’s Safeguarding reporting procedures and types and definitions of abuse. Employees will have previously been alerted to the policy through the Employee Handbook and they are kept informed of any policy amendments. Employees will also be given Part One of Keeping Children Safe in Education (2016) guidance.

All new casual workers, freelance workers and volunteers (irrespective of duties) are given an induction briefing document and a copy of Safeguarding policy and procedures with special attention drawn to ATP’s Safeguarding reporting procedures and types and definitions of abuse. These workers will have previously been alerted to the policy through their Terms and Conditions of engagement and they are kept informed of any policy amendments. They will also be given Part One of Keeping Children Safe in Education (2016) guidance.

Training

In addition to induction, employees, casual workers, freelance workers and volunteers receive additional training (which in some cases is mandatory) as outlined below:

For SSOs, DSOs and other members of staff managing projects with children and vulnerable adults:

- Comprehensive mandatory training on child protection and safeguarding (equivalent to Level 3) is provided to SSOs, DSOs and other members of staff working with children and vulnerable adults. The training will be delivered in a classroom environment, will be repeated every 2-3 years, and will be provided by an external trainer/organisation with expertise in Safeguarding and Child Protection. These employees are also given access to mandatory online training which they will be expected to complete every 2-3 years or in place of the face to face training, if they have been unable to attend that year.

For those who hold roles which include training, teaching, instructing, caring and/or supervision of children under 18 and / or vulnerable adults:

- Permanent, fixed term employees, casual and freelance workers and volunteers who hold roles which include responsibility for the training, teaching, instructing, caring and/or supervision of children under 18 and / or vulnerable adults are required to complete mandatory Safeguarding online training (equivalent to Level 2) which they are expected to complete every 2-3 years or in place of the face to face training, if they have been unable to attend that year.

For those with no direct involvement in working with children or vulnerable adults:

- Employees and volunteers of any type with no specific responsibilities for safeguarding or who have no direct contact with children and vulnerable adults are made aware of the policy with special attention drawn to the ATP Safeguarding Reporting procedures and types and definitions of abuse. They are kept informed of amendments to the policy. They will also be given access to online training courses (equivalent to Level 2) which they may complete on a voluntary basis for their general knowledge.

ATP Trustees and members of the Board have ultimate responsibility for approving the Safeguarding policy and procedures. Upon appointment Trustees will be given a copy of Safeguarding policy and procedures with special attention drawn to the report procedures and types and definitions of abuse. They are informed of amendments to the policy as part of the policy approval process. They will also be given access to online training courses (equivalent to Level 2) which they are expected to complete.

Appendix 9: Principles of information sharing

HM Government published non-statutory guidance Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers in March 2015. This guidance, which supersedes guidance published in 2008 and 2009, is for frontline practitioners and senior managers working with children, young people, parents and carers who have to make decisions about sharing personal information on a case by case basis. It might also be helpful for practitioners working with adults who are responsible for children who may be in need.

The guidance includes 'Seven golden rules of information sharing' to support organisations and workers when making decisions about when it is appropriate to share information with others which are reproduced here:

1. Remember that the GDPR laws are not a barrier to justified information sharing but provide 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. Share with informed consent where appropriate and where possible respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason for doing so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
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.