

1. Introduction and policy statement:

- 1.1 The Susan Handy School of Dance (SHSOD) has a 'duty of care' to provide a safe environment that is conducive to promoting the health and well-being of children and young people under the age of 18 years, and vulnerable adults. The SHSOD will take all reasonable steps to ensure that safeguarding and promoting the welfare of children and vulnerable adults is embedded in our contact through the training and activities we provide for them.
- 1.2 The protection of children and vulnerable adults is important to the SHSOD. The aim of the SHSOD's Policy and Procedures on Safeguarding Children and Vulnerable Adults (the "Policy") is to ensure that children and vulnerable adults with whom SHSOD comes into contact are well protected and that there is a system in place to protect their welfare.
- 1.3 The SHSOD believes that; the welfare of the child is paramount, that all children regardless of age, disability, gender, race, sexual orientation or identity, or religious belief have the right to equal protection from all types of harm or abuse. Adults can be deemed to be at risk of harm as a consequence of the personal care and support they receive from others rather than because of a particular impairment or illness. Vulnerable adults are covered within the provision of the Safeguarding vulnerable adult's guidance which can be found in Appendix 1.
- 1.4 The purpose of these policies and procedures are:
- to facilitate protection for children under the age of 18 years and vulnerable adults during any activity provided by the SHSOD
 - to provide staff 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
 - or where there is concern about the behaviour of an adult that might harm a child or vulnerable adult.
- 1.5 Definition: Under The Children Act 1989, which applies mainly to England and Wales; 'a child' is up to the age of 18 years. For child protection purposes, all of the four nations use an age band up to 18 years old. This can also be up to the age of 25 years if they are receiving help from Social Services or Education. Other relevant legislation includes the Children Act 2004 and the Children, Schools and Families Act 2010.
- Similar arrangements exist in Scotland under The Children (Scotland) Act 1995; The Protection of Children (Scotland) Act 2003; The Protection of Vulnerable Groups (Scotland) Act 2007 and in Northern Ireland; The Children (Northern Ireland) Order 1995; Safeguarding Vulnerable Groups (NI) Order 2007.
- 1.6 SHSOD will embrace the guidance contained in 'Working Together to Safeguard Children 2013'. This covers the legal requirements of and expectations on individual services to safeguard and promote the welfare of children and to provide a clear framework for Local Safeguarding Children Boards (LSCB's) to monitor the effectiveness of local services.

Safeguarding and promoting the welfare of children is defined as:

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

Safeguarding is everyone's responsibility and everyone who comes into contact with children and families has a role to play. (A child is defined as anyone who has not yet reached their 18th birthday).

- 1.7 These policies and procedures have been drawn up on the basis of UK law.
- 1.8 Vulnerable Adults: The definitions of abuse relating to vulnerable adults are taken from (*No Secrets*, DoH 2000 and from the 1997 Consultation *Who Decides* issued by the Lord Chancellor's Department). The types of abuse relating to adults can be found in Appendix 1.
- 1.9 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 and Protection of Freedoms Act 2012.
- 1.10 The SHSOD will seek to safeguard children and vulnerable adults by:
 - valuing them, listening to and respecting them
 - adopting child protection procedures
 - sharing information about child protection and good practice with children, vulnerable adults, parent and staff
 - sharing information about concerns with the appropriate agencies
 - implementing a code of conduct and policy
 - ensuring safer recruitment, selection and vetting of staff
- 1.11 This Policy works in conjunction with other SHSOD regulations, policies and procedures, in particular, SHSOD's policy statement on the recruitment of exoffenders; recruitment and selection best practice; various Code of Conduct policies; the statement on Secure storage, use, retention and disposal of disclosures and disclosure information; Whistle Blowing policy; Visual and social Media Policy; and various documents related to advice to applicants on (criminal records), disclosure and barring checks.
- 1.12 The Policy is designed to assist all individuals in SHSOD to meet their duty of care to safeguard all children and vulnerable adults who take part in the activities provided by SHSOD. And, to ensure that where SHSOD employees, students/trainees or visitors have concerns about the welfare of children or vulnerable adults, they are in a position to take appropriate steps to address them.
- 1.13 All policies will be reviewed annually or sooner if there are changes in legislation, guidance or in the event of an incident.
- 1.14 The SHSOD is committed to providing a clear child protection and vulnerable adults safeguarding policy and procedures and will ensure that it is communicated to all SHSOD employees, student/trainees or visitors. All other parties that have contact with the SHSOD, including visitors will be made aware of the policy and expected to adhere to it.
- 1.15 There are four recognised categories of child abuse: physical abuse, sexual abuse, neglect and emotional abuse, in addition SHSOD are aware of other areas such as self-harm and bullying that affect children and young people.
- 1.16 SHSOD also works with vulnerable adults who are protected by different legislation. The main forms of abuse in relation to a vulnerable adults include; physical abuse; sexual abuse; psychological abuse; financial or material abuse; neglect and acts of omission and discriminatory abuse.
- 1.17 The full definitions relating to child abuse and vulnerable adults (and additional information about bullying, self-harm and eating disorders), can be found in Appendix 1.

- 1.18 The SHSOD has a Designated Safeguarding Officer (DSO) who is responsible for safeguarding which are described in Section Two of this document.

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

- 2.1 These procedures aim to strike a balance between the need to protect children and vulnerable adults from abuse and the need to protect SHSOD employees, students, trainees, visitors from false allegations.
- 2.2 It is not the responsibility of anyone working at SHSOD in a paid or voluntary capacity to decide whether a child or vulnerable adult is being abused or might be abused, but there is a responsibility to act on their concerns in order that appropriate agencies can then make enquiries and take any necessary action to protect them.
- 2.3 It is the remit of the appropriate authority and not anyone connected with the SHSOD to investigate the incident.
- 2.4 If an incident, allegation or suspicion of abuse (hereinafter referred to as incident) is seen, heard or suspected, the person receiving the information, whether an SHSOD employee, student/trainee, a member of another organisation with which the SHSOD is working or a visitor to the SHSOD, should follow the procedure below:
- Stop other activity and focus on what they are being told or seeing. Responding to the incident being reported should take immediate priority.
 - Where an incident is being reported, react in a calm and considered way but show concern.
 - Tell the child, 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 if a child or vulnerable adult has a speech difficulty and differences in language.
 - Keep questions to an absolute minimum necessary to ascertain a clear and accurate understanding of what has been said but do not interrogate the child, vulnerable adult or third party.
 - Listen to the child, vulnerable adult or third party and do not interrupt if they are recounting significant events.
 - Offer reassurance to the child or vulnerable adult.
 - Do not give assurances of confidentiality but explain you will need to pass on this information to those that need to know.
 - Consider whether immediate action is needed to protect any 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. You should alert the appropriate authority and stay with those you think are at immediate risk until they can be transferred to safe care, where practical.
 - Make a comprehensive record of what is said or seen and actions taken at the earliest possible opportunity. Where possible this should always be reported using the Incident Report Form in Appendix 2

and within the timescales stated. Keep all original notes as they may be needed as evidence. The comprehensive and confidential record should include the following:

- a) A detailed record of the incident in the child or vulnerable adult's own words or the words of the third party reporting it. You should note this record may be used later in a criminal trial and therefore needs to be as full and accurate as possible.
- b) Details of the nature of the incident.
- c) A description of any injury. Please note that you must not remove the clothing of a child or vulnerable adult to inspect any injuries.
- d) Dates, times or places and any other information that may be useful.
- e) Written records including emails and letters.

- The incident should be reported in writing immediately to the office.
- The office will pass on any allegation by contacting the best authority,
- 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 role to respond sensitively and alert others who have a designated role within the SHSOD.

2.5 Anyone with concerns and unsure what to do, should contact the Police, local Social Services Department or the NSPCC Adult Child Protection Helpline on 0808 800 5000 or Childline for children and young people on 0800 1111

3. Code of behaviour and good practice

- 3.1 The SHSOD believes that the Code of behaviour and good practice will assist everyone with advice on protecting children and vulnerable adults and also help with identifying any practices which could be misinterpreted or lead to false allegations. SHSOD employees students/trainees and students organising any activities on behalf of the SHSOD, involving children and/or vulnerable adults, must adhere to this code as set out below:
 - 3.1.2 All children and vulnerable adults should be treated with respect by SHSOD employees, FOE students/trainees, students and visitors.
 - 3.1.3 All activities involving children and vulnerable adults should include a ratio of one adult to every 10 children. For younger children under the age of nine, there will always be an additional member of staff e.g. a teacher, pianist or class assistant. Where this is not possible, the SHSOD will ensure that activities take place within the sight or hearing of other adults.
 - 3.1.4 Respect should be given to a child's or vulnerable adult's rights to personal privacy.
 - 3.1.5 In all activities, SHSOD employees, students, and visitors to the SHSOD should be aware that physical contact with a child or young person may be misinterpreted and should be avoided. Where any physical touching is required, it should be provided openly in front of other students. Parents, guardians and students will be warned in advance that physical touching may be required for correctional purposes only.

- 3.1.6 In activities, feedback should always be constructive rather than negative and be mindful of the language that you use so as not to be threatening or upsetting.
- 3.1.7 Private or unobserved contact with a young person or vulnerable adult should be avoided wherever possible unless authorised on the appropriate consent form by a parent or guardian and recorded, e.g. for a 1:1 private dance lesson.
- 3.1.8 If first aid is required, where possible, it should be administered by a trained first aider in the presence of another adult, and the DSO should be informed. As part of the renewal process for training, in future there will be a rolling programme to undertake paediatric first aid.
- 3.1.9 Written parental or guardian consent should always be obtained for the use of any photographs, film or videos involving children and vulnerable adults.
- 3.1.10 In all activities, SHSOD employees, students, and visitors to the SHSOD where appropriate, are required to challenge unacceptable behaviour in accordance with the provisions of this code of conduct and good practice.
- 3.1.11 Any incidents, allegations or suspicions of abuse should be reported immediately to Miss Levi Knock, as per the reporting guidelines.
- 3.1.12 In all dealings with children and vulnerable adults, SHSOD employees, students, and visitors to the SHSOD where appropriate, should never:
- leave children who are in their care unsupervised on SHSOD premises,
 - 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,
 - allow children or vulnerable adults to use inappropriate language e.g. language of a derogatory nature or sexually explicit without challenging it,
 - make sexually suggestive or discriminatory comments even in jest,
 - intentionally reduce a child or vulnerable adult to tears as a form of control,
 - use any physical punishment as part of disciplining a child or vulnerable adult.
 - shout or use harsh criticism,
 - consume alcohol or take drugs during the working day, including any breaks or when involved in activities with children or vulnerable adults,
 - give your personal contact details to a child or vulnerable adult whom you have met through work or using social networking sites (see SHSOD's Visual and Social Media policy),
 - transport a child or vulnerable adult in a personal vehicle unless consent has been given by a parent or guardian. In the case of an emergency, Miss Levi Knock must be informed.
 - allow allegations made by a child or vulnerable adult to go unrecorded or not acted upon
 - 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 consent for themselves.

3.1.13 Any incidents which cause concern in respect of a child or vulnerable adult are required to be reported immediately to Miss Levi Knock. Below are examples of incidents which are to be reported. When:

- a child has been left unsupervised on SHSOD property,
- a child or vulnerable adult is hurt accidentally,
- you think a child or vulnerable adult has misunderstood or misinterpreted something you have done,
- 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 Miss Levi Knock,
- you see any suspicious marks on a child or vulnerable adult,
- you hear of any allegations made by a child or vulnerable adult of events both inside and outside of the SHSOD.

3.2 All of the personnel listed in 3.1 will be briefed as to the expectations in the Code of behaviour and good practice guidelines as part of their induction or before any such activities take place. These will assist in the event that anyone suspects or is made aware of an incident showing that the SHSOD Code of behaviour and good practice is not being adhered to. Such incidences should be reported to Miss Levi Knock.

3.3 Any visitors, such as external hirers or contractors must adhere to SHSOD's Code of behaviour and good practice as part of their contractual arrangement. Miss Levi Knock must be informed if such personnel are going to be present during activities. They will also be required to sign a declaration stating that their staff and volunteers, where appropriate will have had the necessary disclosure and barring checks, and that the organisation has its own safeguarding policy and procedure.

4. Recruitment and disclosure and barring:

4.1 As part of SHSOD's commitment to safeguarding we will ensure that safer recruitment practices are integrated into recruitment, vetting, selection and induction processes.

4.2 The SHSOD has policies on and barring clearance, the recruitment of ex-offenders and the secure storage, use, retention and disposal of disclosures and disclosure information which inform this Policy.

4.3 On 1 May 2012, the Protection of Freedoms Bill became an Act of Parliament confirming changes to the system of barring and criminal record checks. The Act made a number of changes.

The Criminal Records Bureau and the Independent Safeguarding Authority merged to become the Disclosure and Barring Service (DBS) in November 2012. New requirements have also been introduced in relation to vetting and checking of employees and volunteers.

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

5.1 No unauthorised filming or photography should take place during SHSOD activities without the person running the activity gaining appropriate written, informed parent or guardian and student permission. This

should explain the purposes for which any photographic images will be used. This applies to both children and vulnerable adults.

5.2 SHSOD is committed to providing a safe and enjoyable learning experience for young people and vulnerable adults.

5.3 Use of photography and film including children and vulnerable adults

- All young people and vulnerable adults featured in photographs or recordings must be appropriately dressed for the activity they are undertaking
- Wherever possible, images of the young people and vulnerable adults should be recorded in small groups and focus on the activity
- Teachers can be allowed to use equipment to record an activity as a teaching aid, providing that written consent of the parents or guardians and young person or adult is sought and that this is placed on file
- Care needs to be taken with regard to the storage and dissemination of the photographs or video material.

6. **Allegations of abuse against members of staff**

6.1 If a member of staff or anyone involved in an activity within SHSOD has a concern about the behaviour of another staff member or adult working within SHSOD, even as a visitor, they should discuss this with Miss Levi Knock and a decision will be made as to the best course of action.

6.2 Any member of staff or volunteers hearing allegations will be expected to provide a written report and a summary of any additional information including the names and addresses of potential witnesses. There should be two copies of this document signed and dated which will be stored centrally and in a personnel file, if applicable.

6.3 The parents or guardians of the child or vulnerable adult should be contacted as soon as possible following decisions made by Miss Levi Knock.

Signature

Appendix 1 Types & Definitions of abuse; child protection & vulnerable adults

Child Protection:

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

Physical Abuse: This may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse: The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's development capability, as well as over protection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another.

It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse: This involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration, or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual images, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect: The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment), , protect a child from physical and emotional harm or danger, , ensure adequate supervision (including the use of inadequate care-givers), or , ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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

Vulnerable Adults:

Definitions of abuse relating to vulnerable adults (No Secrets, DoH 2000 and from the 1997 Consultation 'Who Decides' issued by the Lord Chancellor's Department)

What constitutes abuse? This 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. , 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 main different forms of abuse in relation to a Vulnerable Adult are:

Physical Abuse: includes hitting, slapping, pushing, kicking, 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, that 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 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.

Bullying:

The Anti-Bullying Alliance defines bullying as:

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

- Teasing and banter between friends without intention to cause hurt , Falling out between friends after a quarrel or disagreement , Behaviour that all parties have consented to and enjoy (though watch this one as

coercion can be very subtle) Bullying can take the following forms:

- Emotional – being unfriendly, ignoring someone, not involving them in activities, sending

hurtful or tormenting texts, humiliating or ridiculing someone , Physical – pushing, kicking, hitting, punching or pinching or any use of violence , Racist – racial taunts, graffiti or gestures , Disability – bullying because of how somebody looks or presents related to their

disabilities. Children with disabilities are more likely than their non- disabled peers to be excluded from activities

- Sexual – unwanted physical contact or sexually abusive comments. Sexual bullying can also relate to gender and gender identity and includes those who do not fit with the gender role prescribed to them
- Homophobic – because of, or focussing, on the issue of a young person’s actual or perceived sexual orientation , Verbal – in the case of children with disabilities this can take place in sign language – name calling, sarcasm, spreading rumours or teasing

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

- Cutting themselves (usually with a knife or razor) , Burning their body , Bang their heads (not to be confused in situations when working with a young person

who may have additional (special) needs, but this could be an indicator) , Throw their body against something hard , Punch themselves , Stick things in their body Swallow inappropriate objects or tablets

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

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

There are three official categories of eating disorders:

- Anorexia nervosa ● Bulimia nervosa ● Eating disorder not otherwise specified (EDNOS)

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

Anorexia Nervosa:

- The rarest – 10% of eating disorders – typically affects young people aged 12-20 years
- Individuals with anorexia nervosa do not maintain or have a body weight that is normal or expected for their age and height – they are usually less than 86% of their expected weight
- Even when underweight, individuals with anorexia continue to be fearful of weight gain. Their thoughts and feelings about their size and shape have a profound impact on their sense of self-esteem as well as their relationships
- Women with anorexia often stop having their periods, They often do not recognise or admit the seriousness of their weight loss and deny that it may have permanent adverse health consequences Bulimia Nervosa:
- 40% of cases mainly with adolescent onset – affects individuals between the ages of 18-25 years
- Individuals with bulimia nervosa experience binge-eating episodes which are marked by eating an unusually large amount of food within a couple of hours, feeling compelled to eat and find it difficult if not 'impossible' to stop eating
- This is then followed by attempts to 'undo' the consequences of the binge by using unhealthy behaviours such as self-induced vomiting, misuse of laxatives, enemas, diuretics, severe caloric restriction or excessive exercising
- Individuals are obsessed and preoccupied with their shape and weight and often feel their self-worth is dependent on their weight or shape Binge Eating Disorder:
- Individuals with binge eating disorder (BED) engage in binge eating, but do not regularly use inappropriate or unhealthy weight control behaviours such as fasting or purging to counteract the binges
- BED is more common amongst individuals who are overweight or obese, terms used to describe these problems include; compulsive overeating, emotional eating or food addiction
- BED is not an officially recognised disorder, but is included in the EDNOS category Eating problems never exist in isolation; they are usually a symptom of other problems e.g. coping with painful feelings and/or situations, boredom, anxiety, anger, shame, sadness, loneliness. Adolescence can be a key time. Stressful or traumatic events can trigger an eating problem; e.g. bullying, bereavement, family tensions, school problems, self-harm, low self-esteem, sexual, physical, emotional abuse or neglect, negative criticism, fragile sense of self, and it can be more about control than about food itself.

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

Incident, allegation & suspicion of abuse (hereafter 'incident') report form

Date Incident reported: _____ Person recording the incident: _____

Person reporting the incident:
Name:
Job role:
Knowledge of and relationship to the child/vulnerable adult:
Contact address:
Telephone numbers(s):
E-mail:
Full name of child/vulnerable adult:

Person reporting the incident:
Name:
Job role:
Knowledge of and relationship to the child/vulnerable adult:
Contact address:
Telephone numbers(s):

Person reporting the incident:	
Name:	
Job role:	
Knowledge of and relationship to the child/vulnerable adult:	
Contact address:	
Telephone numbers(s):	
E-mail:	
Full name of child/vulnerable adult:	
Date of birth:	
Contact address:	
Telephone numbers(s):	
Disability (if applicable):	
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). N.B. Make a clear distinction between what is fact and hearsay:	

Child/Vulnerable adult Details:

Incident Details:

Person reporting the incident:	
Name:	
Job role:	
Knowledge of and relationship to the child/vulnerable adult:	
Contact address:	
Telephone numbers(s):	
E-mail:	
Full name of child/vulnerable adult:	
Date of birth:	
Contact address:	
Telephone numbers(s):	
Disability (if applicable):	
Person reporting the incident:	
Name:	
Job role:	
Knowledge of and relationship to the child/vulnerable adult:	
Contact address:	
Telephone numbers(s):	
E-mail:	
Full name of child/vulnerable adult:	
Date of birth:	
Contact address:	
Telephone numbers(s):	
Disability (if applicable):	
Location of incident (if relevant):	Date and time of incident (if relevant):
Detailed information (where applicable in child/vulnerable adults own words if possible):	

Alleged abuser's details (if known):

External agencies contacted:

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

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

Please submit this form immediately to Miss Levi Knock. A full list of DSOs can be found in Appendix 6 of the SHSOD Safeguarding Policy and Procedures: Children and Vulnerable Adults.

Dance School Principal Duties

- To be accountable for the SHSOD's safeguarding practice
- To ensure safeguarding is afforded priority at the most senior level within the SHSOD
- To ensure that the SHSOD has procedures for dealing with incidents, allegations or suspicions of abuse against SHSOD employees, Students and Visitors
- To ensure all SHSOD employees are trained appropriately according to their roles
- To refer incidents, allegations or suspicions of abuse to relevant investigating agencies
- To securely keep detailed and accurate records of any incidents, allegations or suspicions of abuse
- To ensure all staff are aware of the safeguarding policies.

SHSOD Employees

SHSOD casual and freelance employees

Within the terms and conditions of engagement, casual and freelance workers will be made aware of the SHSOD safeguarding policy and procedures and will be asked to read this to ensure they understand it in relation to their roles and responsibilities. Acceptance of the engagement will indicate an agreement to comply.

Where possible, an induction should be undertaken where they will be given a copy of safeguarding policy and procedures with special attention drawn to the reporting procedures and types and definitions of abuse.

Volunteers

Upon appointment, volunteers will be asked to adhere to the safeguarding policy and procedures with special attention to the report procedures and types and definitions of abuse.

Contractors

Within the contract, contractors will be made aware of where to find the SHSOD safeguarding policy and procedures and will be asked to read this to ensure they understand it in relation to the activity. Acceptance of the contract will indicate an agreement to comply.

Parents/Guardians

Within the activity Terms and Conditions, parents and guardians of students attending an SHSOD activity on or off SHSOD premises will be made aware of the safeguarding policy and procedures. Acceptance of the Terms and Conditions will indicate an agreement to comply.

Principles for information sharing

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

Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

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.

Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

Where possible, share with consent and respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

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.

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.

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.