Drama Queens
Child Protection Policy

Written: 31st August 2021 Review Date: 30th August 2022

POLICY STATEMENT

Safeguarding is everyone's responsibility.

Everyone has a duty to be alert to concerns about the abuse and the neglect of children and young people and know to whom they should report their concerns.

Drama Queens' is committed to practice which protects children from harm. Staff and volunteers within this organisation accept and recognise our responsibilities to develop awareness of the issues which cause children harm. 'Drama Queens' is also committed to reviewing our Child Protection Policy and Procedures on an annual basis.

WHO TO CONTACT

'Drama Queens' has designated senior members of staff to take specific responsibility for child protection matters. These designated people are:

Ros Escott (Principal): Child Protection Officer Tel: 07753 119624 Home: 01600 861811

Rachel Bryant (Vice Principal): Deputy Child Protection Officer Tel: 07500 110761

All cases of alleged or suspected abuse should be **immediately** reported to the designated Child Protection Officer, or to the Deputy Child Protection Officer. In the absence of any of the above-named Officers, you should contact your local Social Services office: -

Monmouthshire- social services duty officer on 01291 635669; emergency contact team 0800 328 4432

Newport- social services duty officer on 01633 656656; emergency contact team 0800 328 4432

Torfaen- social services duty officer 01495 762200; emergency contact team 0800 328 4432

Police Station 101, 999 in an emergency

National advice – NSPCC Helpline – 0800 800500 (24 hr)

LEGISLATION AND GUIDANCE

These documents are based on the following detailed legislation and guidance: -

i) The Social Services and Well-being (Wales) Act 2014
ii) Working Together to Safeguard People (Last updated 18 March 2021)
iii) Working Together to Safeguard Children (Last updated 9 December 2020)
iv) The Children's Act 1989
v) The Protection of Children Act 1999
vi) Keeping Young Performers Safe: best practice (April 2017)
vii) Keeping Young Performers Safe (October 2015)

WHO DOES THIS AFFECT?

These documents are designed for the guidance of all staff and volunteers of 'Drama Queens', as well as all children and their families and carers who are utilising the club's services. The policy and procedures will be made available to all of the above-mentioned individuals/groups.

A child is defined as any individual under the age of 18 years. The policy and procedures may also be relevant for use in the case of any vulnerable young person over the age of 18 years who is utilising the services of the club.

'Drama Queens' Child Protection policy and procedures apply to all children and young people regardless of gender, ethnicity, disability, sexuality or religion.

PROCEDURES

Sharing information about concerns with agencies who need to know, and involving parents and children appropriately

DEFINITIONS OF ABUSE

Child abuse occurs when the behaviour of someone in a position of greater power than a child causes harm. Harm cannot always be easily categorised as children can be abused in several ways, but four broad definitions of abuse can be identified:

Physical – where children are hurt by ill-treatment, or deliberate or neglectful failure to prevent injury or harm. Emotional – where children are persistently or severely emotionally neglected or rejected, for example, by not being given enough love or attention, made to feel worthless, or being intimidated by threats or taunts. Sexual – where children are encouraged or forced to observe or participate in any form of sexual activity. Neglect – where children's physical and/or psychological needs are persistently or severely neglected, or the failure to protect a child from exposure to any kind of danger.

DISABLED CHILDREN

Disabled children, including the visually impaired, may be more vulnerable to abuse than other children. Safeguards are essentially the same as those for non-disabled children.

Where a child has communication or learning difficulties, attention must be paid to the child's special needs and to ways of ascertaining his/her perception of events. The child's wishes may be identified by use of non-verbal communication systems, interpreters or facilitators.

Particular attention needs to be paid to promoting high standards of care and raising awareness of the risks to disabled children in order to strengthen the capacity of children and their families to protect themselves.

Measures include:

Helping disabled children make their wishes and feelings about their care and treatment known. Ensuring that all disabled children know how to raise concerns if they are worried or angry about something. They should have access to people with whom they can communicate. Disabled children with communication difficulties should have a means of being always heard available to them. Commitment to and understanding of all children's safety and welfare needs among providers of services. Close contact with parents and carers and a culture of openness on the part of services.

AWARENESS OF ABUSE

Awareness is the key issue in both the detection and prevention of abuse. A staff member, volunteer, parent or carer may become aware or suspicious of abuse of a child by:

i)being told in confidence by the individual child ii) being told by another person as hearsay or as a witness iii) observing symptomatic behaviour iv) observing outward signs of physical abuse/injury

The abuse may:

a) have taken place a long time ago – even in early childhood and the child may still be suffering the consequences b) be an on-going form of abuse which takes place outside the club – e.g. typically at home c) be a current or very recent abuse that has taken place within the club.

HOW TO RECOGNISE SIGNS OF ABUSE

Possible indicators may include:

Physical Abuse: Any visible injuries particularly not normal child-like bumps and scrapes; Children who find it painful to walk, sit down, to move their jaws or demonstrate other pain; Being furtive or secretive, or displaying uncharacteristic aggression or withdrawn behaviour; Compulsive eating or sudden loss of appetite; Having difficulty in staying awake or suddenly becoming un-coordinated; Giving confused or conflicting explanations of injuries

Emotional Abuse: Poor attachment relationship between the child and parent/carer; Parent/carer displaying unresponsive or neglectful behaviour towards the child or making negative comments about the child; Child demonstrating emotional indicators such as low self-esteem, unhappiness, fear, distress, or anxiety; Child demonstrating behavioral indicators such as attention seeking, opposing, withdrawing or insecurity.

Sexual Abuse: Awkwardness in walking or sitting down; Tummy pains; Tiredness Extreme variations in behaviour, such as anxiety, aggression or withdrawal; Sexually provocative behaviour or knowledge that is incompatible with the child's age and understanding; Drawings and/or written work which are sexually explicit; Direct disclosure – it is important to recognise that children have neither the experience nor the understanding to be able to make up stories about sexual assault.

Neglect: Underweight or obese; Unkempt dirty appearance, inadequate/unwashed clothes; Hunger; Listlessness; Indiscriminate friendliness or poor social relationships; Poor concentration; Low self-esteem, confidence and/ or self-worth.

RESPONDING TO SUSPECTED ABUSE

No member of staff, volunteer, parent or carer should investigate reports of physical or sexual abuse him/herself. Alleged victims, perpetrators, those reporting abuse and others involved should not be interviewed beyond the point at which it is clear that there is an allegation.

Medical attention should be sought immediately for the child if required. Any individual to whom an allegation of child abuse is made should then:

Step 1: Limit any questioning to the minimum necessary to seek clarification only, strictly avoiding "leading" the child by making suggestions or asking questions that introduce their own ideas about what may have happened.

Step 2: Stop asking any more questions as soon as the child has disclosed that he/she believes that something abusive has happened to him/her or to someone else.

Step 3: Tell the child that the relevant designated Child Protection Officer or Authority will now be made aware of the issue.

Step 4: Depending on the age of the child, ask the child what steps he/she would like taken to protect him/her now that an allegation has been made and assure him/her that the club will try to follow those wishes.

Step 5: Report the information immediately to the designated Child Protection Officer. If the allegation or suspicion is about the designated person, the report should be made to the Deputy Child Protection Officer. If the volunteer or member of staff would prefer to speak to someone other than designated persons within the club, he/she should contact Social Services directly. All contact details are as given in this document. Step 7: If the report has been made to a staff member or volunteer, inform the child's parents/carers unless there is a suspicion of their involvement.

Step 6: Complete a Record of Concern form and pass this to the designated Child Protection Officer, or relevant Authority if required. Records of Concern must be stored confidentially, in a secure place accessed only by a designated Child Protection Officer.

Additionally, any staff member, volunteer, parent or carer who is told indirectly of any incident or witnesses or suspects any form of child abuse must report the information immediately, as detailed in Step 5.

DO'S AND DON'TS

Do	**Don't**
Treat any allegation seriously	Make promises you can't keep
Display belief in what the child is telling you	Interrogate the child
Tell the child he/she is right to tell you	Cast doubt on what the child tells you
Reassure that he/she is not to blame	Interrupt or change the subject
Be honest about who you have to tell and why	Say anything that makes the child feel responsible for the abuse
Take further action immediately	Do nothing – tell the relevant person or authorities immediately
Write down everything said and what was done	
Seek medical attention if necessary	
Inform parents/carers unless there is suspicion of their involvement	

CONFIDENTIALITY

Staff members, volunteers, parents or carers should never give absolute guarantees of confidentiality to children or other colleagues wishing to tell them something serious. They should, however, guarantee that they will only pass on information to the minimum number of people who must be told to ensure proper action is taken. They should guarantee that they will not tell anyone who does not have a clear "need to know" and that confidentiality will be respected within the designated team. If any staff member, volunteer, parent or carer has any suspicion, allegation or disclosure that a child is suffering or is likely to suffer significant harm, then this must always be referred to the relevant Child Protection Officer or Social Services.

'Working Together to Safeguard Children' 1999 states the following:

'Those providing services to adults and children will be concerned about the need to balance their duties to protect children from harm and their general duty to their service user. Where there are concerns that a child is, or may be, at risk of significant harm however, the needs of the child must come first. In these circumstances the over-riding objective must be to safeguard the child.

Research and experience have shown repeatedly that keeping children safe from harm requires professionals and others to share information about a child's health and development and exposure to possible harm; about a parent who may need help to care for a child adequately and safely; about those who may pose a risk of harm to a child. Often it is only when information from a number of sources has been shared and is then put together that it is clear that the child is at risk or is suffering significant harm.

APPROPRIATE CONDUCT AND BEHAVIOUR

Staff members, volunteers, parents and carers should:

Be aware of a visually impaired child's need for physical contact but ensure that contact is appropriate and given only with the consent of the child or young person – in the case of restraining a child to prevent injury or comforting a distressed child, ensure physical contact is ceased at the earliest possible moment. Avoid initiating physical expressions of emotion such as kissing or hugging but remember that a visually impaired child or young person may need to physically express emotion in these ways – if a child initiates such expressions, cease it at the earliest possible moment without causing the child to feel rejected. Avoid intrusive forms of play (i.e. tickling, horseplay) – if physical contact is offered from a child, cease it at the earliest possible moment without causing the child to feel rejected.

Not allow children and young people to use inappropriate language unchallenged. Ensure that at least two adults are present when supervising children or young people. Not spend excessive amounts of time alone with children, away from others – meetings with individual children or young people should take place as openly as possible. If privacy is required, the door should be left open and other staff or volunteers informed of the meeting. Avoid taking individual children on car journeys, however short – where this is unavoidable, it should be with the full knowledge and consent of parents/carers and a member of management. Not meet with children outside organised activities unless it is with the knowledge and consent of parents and a member of management. Never do things of a personal nature for a child or young person that they can do themselves. Never let allegations a child or young person makes go without being addressed and recorded.

The following forms of behaviour between staff members or volunteers and children or young people are not allowed under any circumstances:

Sexual conduct; Lending or borrowing of money or property; Giving or receiving gifts; Exclusive or secretive relationships.

Sharing information about child protection and good practice with children, parents, staff and volunteers

It is essential that children and young people understand that any concerns they may have will be listened to and taken seriously. It is also essential that parents and carers are aware of and understand the procedures the club has in place for maintaining the welfare of children and young people using its services.

Club management is responsible for ensuring that relevant information is available to and exchanged between all those involved in the operation of the club and its activities. Confidential information should only be shared on a need-to-know basis.

Management and staff are responsible for:

Ensuring children and young people have information about how and with whom they can share their concerns, complaints and anxieties. This information must be shared in a manner appropriate to the age of the child/young person. Ensuring all information is available in multiple formats for the blind and visually impaired. Ensuring parents and carers are aware of the nature of relationships with adults with whom their children form friendships. Publicising information to parents and carers about the club's activities, its Child Protection Policy and Procedures, and the name of the person(s) to contact in the event of concerns or complaints. Ensuring all staff and volunteers have the information required to deal with emergencies and child protection issues.

Providing effective management for staff and volunteers through supervision, support and training

'Drama Queens' will ensure that all staff and volunteers are well informed and supported, as part of their general induction, new staff and volunteers will be familiarised with this Policy and Procedures document.

APPENDIX I: RECORD OF CONCERN

Name of Child: Age: Child's Address:

Name of Parent/Carer: Telephone no:

Is the person making this report expressing his/her own concerns or passing on those of someone else?

What is said to have happened or what was seen?

When and where did it occur?

Has the child been spoken to? If so, what was said?

Who else, if anyone, was involved and how?

What was said by those involved?

Were there any obvious signs, e.g. bruising, bleeding, changed behaviour?

Has anybody been alleged to be the abuser?

Have the child's parents been contacted?

Who else has been told about it and when?

Signed:…… Date:……..Time:…….……

Print Name:……. Role:…….

APPENDIX 2: GUIDELINES FOR CHILD PROTECTION OFFICERS

The **responsibilities** of a designated Child Protection Officers are:

To ensure that 'Drama Queens' Child Protection Policy and Procedures are followed; to undertake training in the recognition and investigation of child abuse; to develop knowledge of the procedures involved in reporting abuse and to make this knowledge available to all staff, volunteers, parents, carers and children as appropriate to manage the process of referring cases or suspected cases of abuse to Social Services by:

i.Ensuring all staff, volunteers, parents, carers and children know who is the designated Child Protection Officer ii.Ensuring that all staff, volunteers, parents, carers and children know that concerns about abuse or possible abuse must be brought to the designated Child Protection Officer or in his/her absence, the Deputy Child Protection Officer iii.Deciding, after discussion with the relevant parties, if the case should be referred or not, or if further clarification should be sought from the parents/carers at any point iv.Ensuring decisions and facts are recorded using a Record of Concern v.Reporting the case to Social Services, confirming the referral in writing under confidential cover.

To ensure all staff and volunteers undergo basic Child Protection awareness training as appropriate.

To be a contact point for external agencies needing to contact the club about child protection matters.

To identify when a child or young person is at risk and contact the relevant area social services team (see page 1). To complete and submit the 'Duty to Report Child Safeguarding (Multi Agency Referral Form)

To ensure written records are stored securely with access available to designated people only.

To ensure club recruitment procedures are followed and, where relevant, an Enhanced DBS is obtained for new staff and volunteers.

To identify the need for support that any employee or volunteer may have when involved in an abuse case and to liaise with necessary parties to establish how this support can be offered.

To identify when an adult is at risk and contact the relevant area social services team (see page 1). To complete and submit the 'Duty to Report Form'.

To know that the 'Duty to Report Child Safeguarding (Multi Agency Referral Form)' and the 'Duty to Report Form' is available from gwentsafeguarding.org.uk

Ros Escott
Principal