

## **CHILD PROTECTION POLICY**

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# CHILD PROTECTION POLICY

## **Policy Review**

This policy will be reviewed in full by Be Amazing Arts on an annual basis.

The policy was last reviewed and agreed by Be Amazing Arts in June 2021.

It is due for review in June 2022 (up to 12 months from the above date).

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## 1. INTRODUCTION

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children have the provision of safe and effective care.

Be Amazing Arts produces live theatre events, and its context of working with children is as performers at these events.

### **Purpose of a Child Protection Policy**

To inform freelance employees and volunteers about Be Amazing Arts's responsibilities for safeguarding children.

### **Mission Statement**

Establish and maintain an environment at any of our live music events, where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern.

Establish and maintain an environment where Be Amazing Arts' freelance employees and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well being of a child.

### **Implementation, Monitoring and Review of the Child Protection Policy**

Effective procedures are in place for responding to complaints, concerns and allegations of suspected or actual abuse.

Contribute to the five outcomes which are key to children's wellbeing:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing

The policy will be reviewed. Compliance with the policy will be monitored by the Child Protection Officer.

## 2. THE CHILD PROTECTION OFFICER

The Child Protection Officer for Be Amazing Arts is **James Aconley**.

It is the role of the Child Protection Officer to:

- Ensure that he/she receives refresher training at two yearly intervals to keep his or her knowledge and skills up to date
- Ensure that any organisation who provides young performers, at any of Be Amazing Arts events, sends a copy of their Child Protection Policy prior to their confirmed involvement and provides details of their own Child Protection Officer

- Ensure that freelance employees and volunteers are made aware of Be Amazing Arts's arrangements for safeguarding children within 7 working days of their commencement of work
- Ensure that Be Amazing Arts operates within the legislative framework and recommended guidance
- Ensure that the Director of Be Amazing Arts is kept fully informed of any concerns
- Develop effective working relationships with other agencies and services
- Decide upon the appropriate level of response to specific concerns about a child
- Liaise and work with Children's Services: Safeguarding and Specialist Services over suspected cases of child abuse
- Ensure that accurate safeguarding records relating to individual children are kept in a secure place, marked 'Strictly Confidential'.

### **3. BE AMAZING ARTS PROCEDURES - STAFF RESPONSIBILITIES**

If any freelance employees or volunteer is concerned about a child he or she must inform the Child Protection Officer.

The freelance employees must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations.

The Child Protection Officer (of Be Amazing Arts) will liaise directly with the Child Protection Officer of the organisation which the child is part of, to discuss any concerns.

The Child Protection Officer will decide whether the concerns should be referred to the Local Children's Services: Safeguarding and Specialist Services. If it is decided to make a referral to Children's Services: Safeguarding and Specialist Services this will be discussed with the parents, guardian or chaperone, unless to do so would place the child at further risk of harm.

### **4. WHEN TO BE CONCERNED**

All freelance employees and volunteers should be aware of the following types of abuse:

Physical – deliberate injury to a person however slight.

Emotional – ill treatment of a person that adversely affect their wellbeing or development. Emotional abuse is involved in all types of harm but can also occur on its own.

Sexual – the involvement of sexual activities when a person does not want or understand or unable to validate effective consent. This may include sexual assault, rape, exposure to inappropriate material or inappropriate sexual contact.

Neglect – continuous failure to prevent harm, not meeting a person's basic needs and/or psychological needs. Can impair health and development.

Internet – a form of bullying which uses communication technologies to either a group or individual that is intended to harm.

FGM (Female Genital Mutilation) – it is illegal in the UK and refers to a surgical procedure that intentionally change or cause injury to the female genital organs for non-medical reasons. It is also illegal to take a female out of the UK to do this.

Bullying – when either an individual or group of people engage in behaviour that is degrading, demeaning, aggressive, threatening and/or intimidating towards others.

Sexual exploitation – a type of sexual abuse where children are sexually exploited for power, status and/or money.

Radicalisation – is defined as a process when those who are vulnerable come to support terrorism and/or violent extremism to directly participate in or support terrorist groups.

Abuse is the violation of an individual's human and civil right usually for gratification. In the terms of safeguarding it is used to refer to any intentional or negligent act by another and any form of abuse is usually perpetrated as the result of deliberate intent.

All freelance employees and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – **see Appendix 1 for details.**

Generally, in an abusive relationship the child may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home
- Act in a way that is inappropriate to her/his age and development (full account needs to be taken of different patterns of development and different ethnic groups)
- Display insufficient sense of 'boundaries', lack stranger awareness
- Appear wary of adults and display 'frozen watchfulness'

## **5. DEALING WITH A DISCLOSURE**

If a child discloses that he or she has been abused in some way, the freelance employee/volunteer should immediately refer them to the Child Protection Officer, who will subsequently:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Not promise confidentiality – that the matter will be referred to the Child Protection Officer of the organisation which the child is part of, and it might be necessary to refer to Children's Services: Safeguarding and Specialist Services
- Reassure him or her that what has happened is not his or her fault

- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to the Director of Be Amazing Arts and/or the police without delay

## **6. CONFIDENTIALITY**

Safeguarding children raises issues of confidentiality that must be clearly understood by all freelance employees/volunteers.

- All freelance employees have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services: Safeguarding and Specialist Services and the Police).
- If a child confides in a freelance employee/volunteer and requests that the information is kept secret, it is important that the freelance employees/volunteers tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe.
- Freelance employees/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

## **7. RECORD KEEPING**

When a child has made a disclosure, the freelance employee/volunteer should:

- Make brief notes as soon as possible after the conversation
- Not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions

All records need to be given to the Child Protection Officer promptly. No copies should be retained by the freelance employee or volunteer.

## 8. ALLEGATIONS INVOLVING FREELANCE EMPLOYEES/VOLUNTEERS

An allegation is any information which indicates that a freelance employee/volunteer may have:

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children

This applies to any child the freelance employee/volunteer has contact within their personal, professional or community life.

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

Actions to be taken include making an immediate written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Child Protection Officer.

If the concerns are about the Child Protection Officer, then Roxanna Klimaszewska (Creative Director of Be Amazing Arts) should be contacted.

The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

The freelance employee/volunteer will not investigate the allegation themselves, or take written or detailed statements, but will refer the matter immediately to the Child Protection Officer, who will assess whether it is necessary to refer the concern to the Local Authority Designated Officer. If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay.

If it is decided that the allegation meets the threshold for safeguarding, this will take place in accordance with Local Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to Be Amazing Arts for consideration via Be Amazing Arts's internal procedures.

The Child Protection Officer should, as soon as possible, following briefing from the Local Authority Designated Officer inform the subject of the allegation.

## APPENDIX 1 - INDICATORS OF HARM

### **PHYSICAL ABUSE**

*Physical abuse 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.*

### **Indicators in the child**

#### **Bruising**

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- 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 on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- 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
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

#### **Fractures**

Fractures may cause pain, swelling and discoloration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- 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

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The

injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

### **Mouth Injuries**

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

### **Poisoning**

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self harm even in young children.

### **Fabricated or Induced Illness**

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

### **Bite Marks**

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, 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. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, 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.

Old scars indicating previous burns/scalds, which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks

### **Scars**

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

### **Emotional/behavioural presentation**

Refusal to discuss injuries

Admission of punishment which appears excessive

Fear of parents being contacted and fear of returning home

Withdrawal from physical contact

Arms and legs kept covered in hot weather

Fear of medical help

Aggression towards others

Frequently absent from school

An explanation which is inconsistent with an injury

Several different explanations provided for an injury

### **Indicators in the parent/guardian/chaperone**

May have injuries themselves that suggest domestic violence

Not seeking medical help/unexplained delay in seeking treatment

Reluctant to give information or mention previous injuries

Absent without good reason when their child is presented for treatment

Disinterested or undisturbed by accident or injury

Aggressive towards child or others

Unauthorised attempts to administer medication

Tries to draw the child into their own illness.

Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault

Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids

Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.

May appear unusually concerned about the results of investigations which may indicate physical illness in the child

Wider parenting difficulties may (or may not) be associated with this form of abuse.

Parent/carer has convictions for violent crimes.

### **Indicators in the family/environment**

Marginalised or isolated by the community

History of mental health, alcohol or drug misuse or domestic violence

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

### ***EMOTIONAL ABUSE***

***Emotional abuse is 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 developmental capability, as well as overprotection 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 cyberbullying), 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.***

**Indicators in the child**

Developmental delay  
Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment  
Aggressive behaviour towards others  
Child scapegoated 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 emotional responses to painful situations  
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)  
Self harm  
Fear of parents being contacted  
Extremes of passivity or aggression  
Drug/solvent abuse  
Chronic running away  
Compulsive stealing  
Low self-esteem  
Air of detachment – 'don't care' attitude  
Social isolation – does not join in and has few friends  
Depression, withdrawal  
Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention  
Low self esteem, lack of confidence, fearful, distressed, anxious  
Poor peer relationships including withdrawn or isolated behaviour

**Indicators in the parent/guardian/chaperone**

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.  
Abnormal attachment to child e.g. overly anxious or disinterest in the child  
Scapegoats one child in the family  
Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.  
Wider parenting difficulties, may (or may not) be associated with this form of abuse.

### **Indicators of in the family/environment**

Lack of support from family or social network.

Marginalised or isolated by the community.

History of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

### **NEGLECT**

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

### **Indicators in the child**

#### **Physical presentation**

Failure to thrive or, in older children, short stature

Underweight

Frequent hunger

Dirty, unkempt condition

Inadequately clothed, clothing in a poor state of repair

Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold

Swollen limbs with sores that are slow to heal, usually associated with cold injury

Abnormal voracious appetite

Dry, sparse hair

Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea

Unmanaged / untreated health / medical conditions including poor dental health

Frequent accidents or injuries

### **Development**

General delay, especially speech and language delay

Inadequate social skills and poor socialization

### **Emotional/behavioural presentation**

Attachment disorders

Absence of normal social responsiveness

Indiscriminate behaviour in relationships with adults

Emotionally needy

Compulsive stealing

Constant tiredness

Frequently absent or late at school

Poor self esteem

Destructive tendencies

Thrives away from home environment

Aggressive and impulsive behaviour

Disturbed peer relationships

Self harming behaviour

### **Indicators in the parent/guardian/chaperone**

Dirty, unkempt presentation

Inadequately clothed

Inadequate social skills and poor socialisation

Abnormal attachment to the child .e.g. anxious

Low self esteem and lack of confidence

Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene

Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy

Child left with adults who are intoxicated or violent

Child abandoned or left alone for excessive periods

Wider parenting difficulties, may (or may not) be associated with this form of abuse

### **Indicators in the family/environment**

History of neglect in the family

Family marginalised or isolated by the community.

Family has history of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Family has a past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals

Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating

Lack of opportunities for child to play and learn

### **SEXUAL ABUSE**

***Sexual abuse 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 (for example, rape or oral sex) 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 activities, 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.***

### **Indicators in the child**

#### **Physical presentation**

Urinary infections, bleeding or soreness in the genital or anal areas

Recurrent pain on passing urine or faeces

Blood on underclothes

Sexually transmitted infections

Vaginal soreness or bleeding

Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father

Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

### **Emotional/behavioural presentation**

Makes a disclosure.

Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit

Inexplicable changes in behaviour, such as becoming aggressive or withdrawn

Self-harm - eating disorders, self mutilation and suicide attempts

Poor self-image, self-harm, self-hatred

Reluctant to undress for PE

Running away from home

Poor attention / concentration (world of their own)

Sudden changes in school work habits, become truant

Withdrawal, isolation or excessive worrying

Inappropriate sexualised conduct

Sexually exploited or indiscriminate choice of sexual partners

Wetting or other regressive behaviours e.g. thumb sucking

Draws sexually explicit pictures

Depression

### **Indicators in the parent/guardian/chaperone**

Comments made by the parent/carer about the child.

Lack of sexual boundaries

Wider parenting difficulties or vulnerabilities

Grooming behaviour

Parent is a sex offender

### **Indicators in the family/environment**

Marginalised or isolated by the community.

History of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement. Family member is a sex offender.