

## **Israeli Dance Institute - Policy and procedures on safeguarding children and young people.**

### **1. Introduction and policy statement:**

- 1.1. The Israeli Dance institute (IDI) 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 (youth) under the age of 18 years. It does not generally work with vulnerable adults except by invitation from outside organisations (and on the premises and/or in the service of those outside organisations) which have their own safeguarding policies. The IDI will take all reasonable steps to ensure that safeguarding and promoting the welfare of children, young people and vulnerable adults is embedded in any contact through the training and activities we provide for them. Notwithstanding 1.5 below, we define children as those of Primary School age, and young people (hereinafter called "youth") as those of Secondary School age. This fits with our activities. Any inter-action with vulnerable adults would attract the same approach as working with children or young people.
- 1.2. The protection of children and youth is important to the IDI. The aim of the IDI's Policy and Procedures on Safeguarding Children and Youth (the "Policy") is to ensure that children and youth with whom IDI comes into contact, are well protected and that there is a system in place to protect their welfare.
- 1.3. The IDI believes that; the welfare of the child or young person 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.
- 1.4. The purpose of these policies and procedures are:
  - to facilitate protection for children and youth under the age of 18 years old during any activity provided by the IDI
  - to provide dance teachers with procedures to follow if they suspect a child or young person 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 young person.
- 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 four UK 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.

- 1.6. IDI 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.
- 1.7. 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 meets children and families has a role to play. (A child is defined from a legal perspective as anyone who has not yet reached their 18<sup>th</sup> birthday).
- 1.8. These policies and procedures have been drawn up based on UK law and guidance.
- 1.9. Vulnerable Adults: As stated above, IDI does not generally engage with vulnerable adults and if so, only in a safe context under the control; and supervision of other outside organisations.
- 1.10. 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.
- 1.11. The IDI will seek to safeguard children and youth by:
- valuing them, listening to and respecting them
  - adopting child protection procedures
  - sharing information about child protection and good practice with children, youth, parents, staff and the organisations with which we work
  - sharing information about concerns with the appropriate agencies
  - implementing a code of conduct and policy
  - ensuring safer recruitment, selection and vetting of staff
  - providing effective management through supervision, appraisal, support, training and development, and
  - providing a safeguarding committee with strategic responsibility and oversight of all safeguarding arrangements across the IDI.
- 1.12. This Policy works in conjunction with other IDI regulations, policies, and procedures.
- 1.13. The Policy is designed to assist all teachers in IDI to meet their duty of

care to safeguard all children and youth who take part in the activities provided by IDI and, to ensure that where IDI employees, students or visitors have concerns about the welfare of children or youth, they are in a position to take appropriate steps to address them.

- 1.14. This Policy will be available on the IDI's website and all IDI teachers will be made aware of, and be required to read, this through induction programmes, training and personal development. It will also be referred to in our relevant correspondence and in briefings and presentations, and for site visits. All policies will be reviewed annually or sooner if there are changes in legislation, guidance or in the event of an incident.
- 1.15. The IDI is committed to providing a clear child protection safeguarding policy and procedures and will ensure that it is communicated to all IDI employees and teaching consultants, or, as relevant, visitors. All IDI employees will undergo mandatory child protection policy training as part of their induction process and relevant existing IDI employees will undergo mandatory child protection awareness training to support understanding and implementation of the policy and supporting practice guidance. All other parties that have contact with the IDI, including visitors will be made aware of the policy via the website and expected to adhere to it.
- 1.16. A full glossary of terms used in the Policy is available in Appendix 2.
- 1.17. There are four recognised categories of child abuse: physical abuse, sexual abuse, neglect and emotional abuse, in addition IDI are aware of other areas such as self-harm and bullying that affect children and young people.
- 1.18. Vulnerable adults are protected by different legislation. The main forms of abuse in relation to a vulnerable adult s include: physical abuse; sexual abuse; psychological abuse; financial or material abuse; neglect and acts of omission and discriminatory abuse. It is unlikely that IDI teachers would work with vulnerable adults other than in the context of events arranged by organisations looking after vulnerable adults.
- 1.19. 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.
- 1.20. The IDI 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 youth from abuse and the need to protect IDI employees,

consultants, students, and visitors from false allegations.

- 2.2. It is not the responsibility of anyone working at IDI in a paid or voluntary capacity to decide whether a child or young person 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 IDI 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 IDI employee, consultant, student, a member of another organisation with which the IDI is working or a visitor to the IDI, 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, young person or third party that it is right for them to share this information.
  - Take what the child, young person 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, young person or third party.
  - Listen to the child, young person or third party and do not interrupt if they are recounting significant events.
  - Offer reassurance to the child or young person.
  - 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 young person who may be at risk. Think about the child or young person who is the immediate concern and any others who may be at risk, considering what you have been told or seen. If the DSO is not immediately available 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 3 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 young person'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 young person 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 a DSO for appropriate action to be taken.
- Remember, safeguarding is everyone's business and if **anyone** tells you, or if you see mistreatment or abuse or have concerns about a child or young person being harmed or at risk, it is your role to respond sensitively and alert others who have a designated role within the IDI.

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

2.6. A quick guide to reporting procedures can be found in Appendix 4.

2.7. If you believe an incident has not been dealt in accordance with the Policy this should be reported to the chair of the Safeguarding Working Group in writing immediately.

### 3. Code of behaviour and good practice

3.1. The IDI believes that the Code of behaviour and good practice will assist everyone with advice on protecting children and youth and also help with identifying any practices which could be misinterpreted or lead to false allegations. IDI employees, consultants and students organising any activities on behalf of the IDI, involving children and/or youth, must adhere to this code as set out below:

1. All children and youth should be treated with respect by IDI

employees, consultants, other students and visitors.

2. All activities involving children and youth 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 or parent present.
3. Respect should be given to a child's or young person's rights to personal privacy.
4. IDI employees, consultants, students, and visitors to IDI activities 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 dance placement correctional purposes only.
5. 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.
6. Private or unobserved contact with a young person 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.
7. 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.
8. Written parental or guardian consent should always be obtained for the use of any photographs, film or videos involving children and youth.
9. IDI employees, consultants, students, and visitors to IDI activities where appropriate, are required to challenge unacceptable behaviour in accordance with the provisions of this code of conduct and good practice.
10. Any incidents, allegations or suspicions of abuse should be reported immediately to the DSO, as per the reporting guidelines.
11. In all dealings with children and young people, IDI employees, consultants, students, and visitors to IDI activities where appropriate, should never:
  - leave children who are in their care unsupervised in IDI classes,
  - play rough physical or sexually provocative games,

involving or observed by children or young people whether based on talking or touching,

- share a room overnight with a child or young person,
  - enter the private room of a child or young person unless it is necessary and wherever possible should be accompanied by another adult,
  - allow or engage in any form of inappropriate physical activity involving children or young people or any bullying of a child by an adult or another child,
  - form or seek to form relationships of a sexual nature or which may lead to sexual activity (i.e. 'grooming').
  - allow children or young people 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 young person to tears as a form of control,
  - use any physical punishment as part of disciplining a child or young person.
  - 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 young people,
  - give your personal contact details to a child or young person whom you have met through work or using social networking sites
  - allow yourself to get into a situation where an abuse of trust may occur. This means that you should not form a close personal relationship, sexual or otherwise with a child or young person, even if they are seeking and are consenting to such a relationship,
  - transport a child or young person in a personal vehicle unless consent has been given by a parent or guardian. In the case of an emergency, the DSO must be informed.
  - allow allegations made by a child or young person to go unrecorded or not acted upon in accordance with these or

other IDI procedures, and

- undertake personal activities (such as washing or dressing) for a child or young person 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 young person may be able to consent for themselves.

12. Any incidents which cause concern in respect of a child or young person are required to be reported immediately to the DSO. Below are examples of incidents which are to be reported. When:

- a child has been left unsupervised when attending an IDI class,
- a child or young person is hurt accidentally,
- there is a concern that a relationship is developing which may be an abuse of trust,
- you are worried that a child or young person is becoming attracted to you,
- you are worried that a child or young person is becoming attracted to a colleague who cares for them,
- you think a child or young person has misunderstood or misinterpreted something you have done,
- you have been required to take action to prevent a child or young person 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 young person, 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,
- you see any suspicious marks on a child or young person,
- you hear of any allegations made by a child or young person of /events both inside and outside of the IDI.

3.2. 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 if anyone suspects or is made aware of an incident showing that the IDI Code of behaviour and good practice is not being adhered to. Such incidences should be



reported to the DSO.

- 3.3. Any visitors, such as external hirers or contractors must adhere to IDI's Code of behaviour and good practice as part of any contractual arrangement. The DSO must be informed if such personnel are going to be present during activities or training provided by IDI. If appropriate, they will also be required to sign a declaration stating that their staff will have had the necessary disclosure and barring checks, and that the organisation has its own safeguarding policy and procedure.
- 3.4. The DSO should be informed of any activity involving children or young persons well in advance and provided with full details of the activity. This will include any potential 'visitors' to the site or filming or recording of such activities.
- 3.5. The DSO has a number of key objectives:
  - To understand the IDI's obligations under UK Government Legislation
  - To review the Safeguarding Policy and Procedures on an annual basis for approval by the Trustees, and
  - To seek advice and independent consultancy on Safeguarding, as appropriate from external specialist individuals or organisations.

#### **4. Recruitment and disclosure and barring:**

- 4.1. As part of IDI's commitment to safeguarding we will ensure that safer recruitment practices are integrated into our recruitment, vetting, selection and induction processes.
- 4.2. The Criminal Records Bureau and the Independent Safeguarding Authority merged to become the Disclosure and Barring Service (DBS) in November 2012. New requirements were introduced in relation to vetting and checking of employees and volunteers.

#### **5. Training:**

- 5.1. All IDI employees who work with children or young persons will receive an initial briefing as part of their induction and thereafter will be required (as appropriate) to undertake training on a biannual basis in relation to the safeguarding of children and young people.
- 5.2. The IDI's Safeguarding training strategy can be found in Appendix 8.

#### **6. Photography and filming of children and/or youth**

- 6.1. No filming or photography should take place during IDI activities without the person running the activity gaining appropriate 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 young people. For events such as the IDI Annual Children's Dance Festivals, schools will be informed that photography will take place as will parents who purchase entrance tickets.

- 6.2. IDI is committed to providing a safe and enjoyable learning experience for young people and young people.
- 6.3. There are some good practice guidelines listed below that should be adhered to in relation to photography and recording images of children:
- All young people and young people featured in photographs or recordings must be appropriately dressed for the activity they are undertaking
  - Wherever possible, images of the young people and young people should be recorded in small groups and focus on the activity
  - Care needs to be taken regarding the storage and dissemination of the photographs or video material.

## **7. Allegations of abuse against members of staff, consultants, volunteers and visitors**

- 7.1. Child and adult abuse can and does take place outside the family setting, including within organisations. This can include anyone involved in working with children or young people in a paid or voluntary capacity. Evidence in this area indicates that abuse which takes place in an organisation is rarely a one-off event, so it is important that all staff within IDI are aware of this and take the appropriate action to respond to an allegation.
- 7.2. If a member of staff or anyone involved in an activity within IDI has a concern about the behaviour of another staff member or adult working within IDI, even as a visitor, they should discuss this with the DSO within the same working day. A decision will be made as to the best course of action. This could include a referral to the police, adult protection, children's social care and or the Local Authority Designated Officer (LADO), in England. Following this course of action and the outcome, the IDI may then wish to refer the individual for consideration for barring and will contact the Disclosure and Barring Service. The LADO 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:
- behaved in a way that has harmed, or may 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 unsuited to working with children.
- (More information on the LADO is in Appendix 2 – Glossary.)
- 7.3. It is important that all allegations against staff are taken seriously and are acted upon whether the allegation constitutes abuse or not.
- 7.4. Any member of staff, consultant, or volunteer 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.

- 7.5. The parents or guardians of the child or young person should be contacted as soon as possible following decisions made by the NSO, NSPCC, Children's Social Services or LADO.

## **8. IDI Employees, consultants, visitors or IDI members already under investigation.**

- 8.1. Where an IDI employee, consultant or visitor is under investigation by a third party or an appropriate authority, for actions that might give cause for concern about their suitability to work with children and youth, it must be reported to the DSO.
- 8.2. In this instance, the person under investigation will be prevented from working with children and youth through IDI activities.
- 8.3. A further course of action will be considered under the relevant code of conduct, Fitness to Practice procedure or the IDI's disciplinary procedures.

## **9. Record keeping, using and storing information**

- 9.1. Where an incident has been reported against an IDI employee or consultant, all documents relevant to the incident will be returned to the DSO to be kept in the personal file of the person concerned when the case has been concluded. If the incident was found to be malicious or without foundation, a record may be kept in the personal file.
- 9.2. Where an allegation was made against a visitor to the IDI, records should be kept securely and should an investigation be carried out, copies of these records should be passed to the appropriate authority.

## **10. Monitoring and Evaluation**

- 10.1. The DSO will collate details of any incidents relating to safeguarding children and young persons and keep them in a central record.

## **11. Review of policy and procedures**

- 11.1. The Policy will be reviewed by the Safeguarding Working Group 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 as per the Terms of reference in Appendix 7 in consultation with IDI departments, and externally where it is considered necessary, to ensure that the Policy continues to meet the safeguarding legislation and best practice.

## **12. Signature**

*Maurie Stone*

Chairman  
Israeli Dance Institute

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## Appendix 1

### Types & Definitions of abuse; child protection & young people

#### 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 caregivers), 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.

### Young persons:

#### **Definitions of abuse relating to young persons (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 'young person' taken from the above Consultation is a person:

### Who can abuse?

The person responsible for the abuse is often well known to the victim, and could be:

- 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 Young person 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 young person 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 young persons 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 focusing, 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](http://www.b-eat.co.uk)

## **Appendix 2 - glossary of terms**

<b>IDI Employees</b>	Permanent employees, temporary workers, freelance Teachers, volunteers or any other person working on a paid or voluntary basis on behalf of the IDI.
<b>The Policy</b>	The IDI's Safeguarding Policy and Procedures: Children and Young people.
<b>IDI</b>	The Israeli Dance Institute.
<b>Visitors</b>	External hirers, contractors, parents/guardians attending an IDI activity.

- Child / Children/ Youth**    Persons under the age of 18 years.
- Vulnerable adults**        Persons aged 18 or over whose physical or mental impairment or condition places them at risk of exploitation or abuse.
- DSO**                            Designated Safeguarding Officer – Reports to the Trustees of IDI.
- IDI premises**                Any space rented by IDI for activities.

**Appropriate Authority**    This is the correct authority to refer the incident, allegation, or suspicion. It might include the police, social services (children’s social care or adult social care), the local safeguarding children’s board or statutory committee.

**L.A.D.O.**                        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 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 your local LADO via the local authority in the area where the child/young person resides.

**Appendix 3  
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/young person:
Contact address:

Telephone numbers(s):
E-mail:

**Child/Young person Details:**

Full name of child/young person:
Date of birth:
Contact address:
Telephone numbers(s):
Any Disability (if applicable):

**Incident Details:**

Location of incident (if relevant):	Date and time of incident (if relevant):
Detailed information (where applicable in child/young person's own words if possible):	
Details of any observations made by you or to you (e.g. description of visible bruising, other injuries, child/youth emotional state). N.B. Make a clear distinction between what is fact and hearsay:	
Actions taken so far:	

**Alleged abuser's details (if known):**

Name:
Date of birth/age:
Relationship with child/vulnerable adult:
Occupation:
Address:
Telephone numbers(s):
Disability:

**External agencies contacted:**

AGENCY	YES /NO	CONTACT NAME	CONTACT NUMBER	DATE	TIME	DETAILS OF ADVICE RECEIVED
Police						
Social Services						
Local authority State L.A.D.O. contacted if						
NSPCC						
Other (please name)						

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 the DSO.**

## Appendix 4 A quick guide to reporting procedures

If you see, hear of or suspect abuse, are aware of serious poor practice or have concerns about a breach of IDI's code of behaviour in relation to child abuse or a vulnerable adult. Full details can be found in Section 2 of the Safeguarding Policy and

1

If concerned about a child or young person - report your concern to the DSO 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, 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 has said or what has been seen or reported

3

Include information about how the child/young person appeared (angry/upset), recording any visible signs on the child/young person 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 6 the same day

4

DSO will make a decision regarding the concern/incident within 24 hours of receiving the information

5

Action by DSO - concern allayed - record the decision and store securely

6

Still concerned:  
Make a referral to the local Children's Social Services, LADO, Police, NSPCC (0808 800 5000) or Childline (0800 1111)

## Appendix 5

### List of suggested Designated Safeguarding Officers as at 20 July 2020:

Leo Peters – 07980 451912

E: [info@idi.org.uk](mailto:info@idi.org.uk)

Duties of the DSO:

- To be accountable for the IDI's safeguarding practice
- To ensure safeguarding is afforded priority at the most senior level within the IDI
- To ensure that the IDI has a committee structure in place to fulfil its safeguarding responsibilities
- To ensure funding and resources are available to fulfil safeguarding responsibilities
- To ensure monitoring and review systems are in place to respond to new guidance and legislation and to test existing systems
- To ensure that the IDI has procedures for dealing with incidents, allegations or suspicions of abuse against IDI employees, ~~consultants~~ and Visitors
- To ensure all IDI 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 report annually any incidents, allegations, or suspicions of abuse in an anonymous form to the ~~Tribes~~ Trustees
- To undertake annual training to keep up to date to the most relevant safeguarding procedures for dealing with children and vulnerable adults.

## Appendix 6

### Safeguarding Training Strategy

IDI is committed to Safeguarding children and vulnerable adults. As part of this commitment the IDI have a dedicated safeguarding training strategy as set out below.

#### IDI Employees

##### **Permanent employees**

Upon recruitment all staff will be given an induction within which a copy of the safeguarding policy and procedures will be issued, and special attention will be drawn to the reporting procedures and types and definitions of abuse.

Permanent employees that work directly with children and vulnerable adults will be required to undertake regular training at least every two years in relation to safeguarding children and vulnerable adults. This training must be initially delivered within three months of commencing work at the IDI and can be delivered through external specialists, individuals or organisations both in person or online.

##### **IDI casual and freelance employees**

Within the terms and conditions of engagement, casual and freelance workers will be made aware of where to find the IDI 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.

### **Trustees**

The Trustees have ultimate responsibility for the 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.

### **Volunteers**

Upon appointment, volunteers will be given a copy of safeguarding policy and procedures with special attention drawn to the report procedures and types and definitions of abuse.

### **External hirers**

Within the terms and conditions of hire, external hirers will be made aware of where to find the IDI safeguarding policy and procedures, and will be asked to read this to ensure they understand it in relation to the activity. Acceptance of the hire agreement will indicate an agreement to comply. In addition to this, where external hirers are working with children or vulnerable adults they will be required to sign a declaration stating that their staff and/or volunteers have had the necessary criminal records checks and have their own safeguarding policy and procedures in place before the IDI will accept their booking.

### **Contractors**

Within the contract, contractors will be made aware of where to find the IDI 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.

### **Visitors**

All visitors to a venue where an IDI activity involving children or vulnerable adults is taking place, will be directed to a signing in/out sheet which informs them of the IDI's Safeguarding Policy and Procedures and a display copy will be made available. By signing the sheet, they are agreeing to comply. The premises or venue will clearly display notices informing visitors of the IDI's Safeguarding Policy and Procedures and where it can be found.

### **Parents/Guardians**

Within the activity Terms and Conditions, parents and guardians of students attending an IDI activity on or off IDI premises will be made aware of the safeguarding policy and procedures and will be asked to read this to ensure they understand it in relation to the activity. Acceptance of the Terms and Conditions will indicate an agreement to comply.

## **Appendix 7**

### **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:

1. 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.

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. 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.
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.

Note: Under GDPR regulations the situation has not changed.