



## Act Out Performing Arts

### Safeguarding Policy 2023/24

Your child's safety is paramount while they are with us at Act Out.

Our staff and teachers are DBS checked and undergo a thorough interview, referencing and training process before joining the Act Out Team. Health and Safety and Safeguarding Training is implemented regularly, and Health and Safety Officers complete Ofsted recognised Paediatric First Aid courses.

All Act Out venues are subject to detailed risk assessments & tailored Health and Safety & Safeguarding Procedures.

Policies per venue are available for enrolled parents.

We recognise well-being as integral to the health and safety of our students. Part of that is promoting equality by celebrating our student & staff's unique qualities and creating a safe space for all.

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To ensure the safety of the children in our care, we have implemented the following policies:

- All members of staff have a DBS Certificate, on the update service or issued within 3 years.
- No parent or unauthorised adult is permitted into classrooms, while lessons are in progress.
- Parents are not permitted in the building during sign in. Parents are welcome to wait in the waiting room once classes are underway. This is to reduce the number of people in the building.
- All students are signed in at the front doors.
- Students are supervised while at Act Out.
- Children under 11 are escorted between classes.
- Children under 11 are individually handed to their parent or guardian from their classroom.
- Students 11+ must have written permission to leave independently

## PROCEDURES

### Missing Child Procedure

In the event that a child goes missing, the following procedure **must** be followed:

- Call the emergency services immediately & the child's parents.



- Check the road, the bathrooms (and the lift.)
- Conduct a thorough search of the building.
- Check with classmates when the missing child was last seen.
- If the child is found, notify emergency services and the child's parents.

## **Bullying/Cyberbullying**

Preventative measures in place:

- Teachers must spend the first few weeks of term integrating the group and challenging group or "clique" dynamics.
- A "buddy system" is in place, to pair up new students with existing students.
- Students are not allowed any phones or electronic devices during class time.

Bullying can include:

Physical, Emotional, Relational, Cyberbullying

If bullying is reported, the following procedure **must** be followed

1. Log the complaint in the safeguarding book
2. Tell the Safeguarding Officer
3. Safeguarding Officer will inform the children's parents, and the child accused of bullying
4. A meeting will be arranged to address the allegation

## **Abuse**

Abuse is categorised into 8 main groups: physical, emotional, sexual, neglect, institutional, bullying and cyberbullying, and self-harm. PLEASE SEE BELOW FOR HOW TO SPOT ABUSE

If abuse is suspected or reported, the following procedure **must** be followed

1. Notify the Safeguarding Officer
2. Log the complaint in the safeguarding book
3. Safeguarding Officer will call the NSPCC and the police
4. If the abuser is not the child's parent, and the NSPCC advise as such, notify the child's parent
5. The child must be supported and supervised throughout, and their wellbeing is paramount.

If you suspect a colleague is harming or abusing a child, tell the manager or designated person, who will contact the police or local authority. If they are the person of concern, disclose to another member of staff & contact the NSPCC for advice. Report the colleague to the police.

## **Security Incidents**

**Theft** – Should be reported to the local police; parents will be notified, and children will be informed during registration.



In the event of an external person in the building causing a threat, notify the police immediately and ensure the safety of the children. If possible, evacuate the building. If not, instruct the children to hide and prevent the person from gaining further access.

## **Malpractice Procedure**

**Malpractice** is an "instance of **negligence** or incompetence on the part of a **professional**".

Act Out Performing Arts is a professional organisation and agrees to run as such. If Act Out suspects any malpractice incidents will be investigated and documented fully.

## **Whistleblowing Policy**

A Whistleblower is someone who reports malpractice – often within their own work setting. Protection for Whistleblowers is outlined in The Public Interest Disclosure Act 1998.

If you believe a colleague or the company is failing to comply with Safeguarding Policy or there is a case of Malpractice, outline your concerns to the manager. If your concerns are about the manager, notify another senior colleague. If your concerns are ignored contact OFSTED or my local authority, or the NSPCC. If a child or young person was directly in danger due to safeguarding failings, I would contact the police immediately.

As per the Act, ACT OUT agrees the Whistleblower and the individual being accused of malpractice have the right to confidentiality. The Whistleblower has the right to job security, safety and protection from harassment or victimisation as a result of making the report.

Any investigations carried out will be discreet and completed within a pre-determined, clear timescale. Both the Whistleblower and the accused will be kept informed throughout and offered support.

The person accused will be given reasonable time, information and support, in order to respond to the allegations, provide evidence and seek representation if required. Their safety will be protected and (depending on the nature of the allegation), so is their employment and liberty.

The procedure allows anyone witnessing malpractice to feel confident in making a report, without the risk of negative repercussions. This ensures the safety and well-being of the children is utmost, over what's best for the company. The policies in place allow the person accused the right to a fair, sensitive and thorough investigation. If the person accused has nothing to hide and is not guilty of malpractice, then the policies in place mean that the investigation should not negatively impact them in the long run.



## Spotting Abuse

### Physical

**Any physical abuse including hitting, slapping etc.**

**Force-feeding**

**Denial of, or forced medication**

**Enforced Isolation**

Physical characteristics may include marks from being physically hit or slapped; this could include cuts and bruises, broken bones, burns etc. They may be appearing regularly, and without explanation; or with consistent reasons, such as 'fights with siblings' or 'falling down.' Physical abuse also includes prevention from medical care, or medication being wrongly administered.

Behaviorally, the child or young person may appear subdued or physically in pain. They are likely to hide injuries of the abuse and may be reluctant to change clothes in public. They may seem in control of the person inflicting the abuse, for example, quoting them.

### Emotional

**Consistent threats**

**Verbal Abuse**

**Enforced Isolation**

**Denial of rights i.e. medical care**

**Humiliation**

A young person being emotionally abused may be restricted from certain basic human rights, such as using the toilet or socialising. This may result in incontinence, low self-esteem and anxiousness.

Young people with a disability are at risk of abuse, and emotional abuse may include confiscation of their equipment, such as hearing aids or a wheelchair. As well as the emotional distress this would cause, it could also impair their physical development.

They may exhibit fear of the abuser, or distress that their actions may result in negative consequences, for example, if they accidentally spill a cup of water, they will be punished.

### Sexual

**Any sexual contact with a child including rape, sexual assault, indecent exposure or indecent touching**

Physical consequences of sexual abuse can include pain or bleeding from the genital areas, which could be noticed on a young person's clothes or underwear. Non-consensual sexual activity could result in sexually transmitted infections, urinary-tract infections or pregnancy.

Emotionally, they are likely to become withdrawn or display changes in their sexual behaviour.

### Neglect



### **Failure to provide access to medical care, education or adequate environmental and social requirements**

A child or young person who is suffering neglect may appear unkempt for example, malnourished, poorly dressed or unhygienic. Their school attendance may be irregular and they may struggle academically as a result.

Neglect can have a long-term impact on a young person's mental health and emotional well-being, as they may struggle with anxiety, depression, low self-esteem, eating disorders, obsessive compulsive disorders. They may exhibit self-harming tendencies, either through cutting or through risky behaviour such as drugs or alcohol. Young people may wet the bed, suffer from nightmares and have irregular sleeping patterns.

### **Institutional**

#### **Malpractice**

#### **Abuse or neglect "covered up" to protect the service as opposed to the child or young person**

Neglect, physical and sexual abuse can occur in an institutional setting, therefore may have the same affects as outlined above. If institutional abuse has denied a child or young person their right to treatment or medical care, it could have serious repercussions on their physical health.

Behavioural characteristics may include obsessive compulsive tendencies and anxiety when there is a change in routine. They may struggle to with decision-making or display challenging behaviour.

### **Bullying**

#### **Any behaviour from an outside party which makes the child or young person feel threatened or intimidated, including physical, emotional, verbal or relational abuse.**

The child or young person may display physical marks from the abuse, such as bite marks, cuts or bruises. They may regularly "lose" personal items, such as books, toys or electronic items.

Emotionally, they may display similar characteristics to anyone being emotionally or physically abused, such as low self-esteem, difficulty sleeping or self-harming. There may be a change in their social circle or friendship group. They may attempt to avoid school by claiming illness, or skipping school altogether. If they are being bullied for academic achievement, they may begin to purposefully fail.

### **Cyberbullying**

#### **Any bullying that occurs over technology e.g., phone, social media e-mails Abusive messaging Explicit or embarrassing non-consensual photographs or videos**

A child or young person may appear physically distressed while on, or immediately after using their phone, iPad or laptop.



If cyberbullying is occurring within school, victims may avoid school or peers. As with “face-to-face” bullying, the child or young person is likely to experience low self-esteem and may exhibit self-harming tendencies, including alcohol or drug abuse, sabotaging their academic achievement or suicidal thoughts.

### **Self-Harm**

**Any action where a child or young person is actively hurting themselves or putting themselves in harm’s way i.e. cutting, burning, over/undereating, getting into fights**

Self-harm can include purposefully creating a physical wound, so a young person is likely to display physical marks – for example, cutting creates a cut, scab or scar, often on the wrists, arms, thighs or stomach; and undereating will result in excessive weight loss. They may attempt to conceal this through long sleeved tops or baggy jumpers.

Emotionally the child or young person may appear to be struggling with low self-esteem, personal identity or feelings or self-worth. They may appear emotionally unstable or irrational, which can affect their relationships with other people. They may experience suicidal thoughts or express suicidal intentions.