A1 Dance - Safeguarding Children

(These principles also apply to vulnerable adults)

At A1 Dance we recognise that the welfare of children is of paramount importance. We have a responsibility to protect and safeguard the welfare of all children and young people we work with and have an explicit duty to do so under the Children Act 1989 and 2004 and the Education Act 2002.

A 'child' is anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently, in further education, or working does not change his/ her entitlement to services or protection as a child.

At A1 Dance we believe that all children without exception have the right to protection from abuse regardless of gender, ethnicity, disability, sexuality or beliefs and that no child, or group of children should be treated any less favourably than others in being able to access the services and support to meet their needs.

This policy and procedures apply to all children and young people regardless of gender, ethnicity, disability, sexuality or religion.

All staff and volunteers have a strict duty never to subject a child to any form of harm or abuse. Failure to adhere to these procedures will be treated as gross misconduct.

Children and their parents / carers who attend A1 Dance may view our policy where appropriate and a copy will always be kept with class registers.

Designated safeguarding lead:

The designated safeguarding lead (DSL) within our organisation is the Principal Mrs Elizabeth A. Stagg.

The Designated Safeguarding Lead will advise members of staff and visitors to A1 Dance on best practice and expectations. They will be responsible for the monitoring and recording of any safeguarding concerns and for ensuring that all concerns are shared with the appropriate statutory authorities.

All staff and volunteers at A1 Dance will be made aware of this policy and will be able to demonstrate their roles and responsibilities for safeguarding and promoting the welfare of children and young people, including how to raise concerns with both children's social care and the police.

Overview of responsibilities:

All staff and volunteers must report all concerns to the designated safeguarding lead at the nearest available opportunity.

It is the responsibility of all staff and volunteers at A1 Dance to take steps to protect children, to keep them safe from hazards and to take appropriate action in the event of an accident.

It is the responsibility of all staff and volunteers to take reasonable steps to protect children and young people from harm and abuse while in contact with our organisation and our staff, and to report any incident of, or suspicion of abuse to the Designated Safeguarding Lead or in their absence to the appropriate statutory authority.

All staff working at A1 Dance who have contact with children and young people are required to hold a valid, clear Enhanced DBS check.

Safeguarding and promoting the welfare of children and young people means:

Protecting children from maltreatment, preventing impairment of a child's health or development, ensuring that children are growing up with the provision of safe and effective care and taking action to ensure that children have the best life chances.

At A1 Dance we will do this by:

- Identifying and responding to concerns about a child or young person
- Providing a safe and happy dance environment
- Supporting development through dance in a way that fosters a sense of belonging / sense of self / sense of community / sense of independence
- Supporting young people to communicate freely with us, supporting their communication methods, providing time and space to talk
- Fostering an environment of trust and building appropriate professional relationships

The DSL Principal Mrs Elizabeth A. Stagg will

- Handle **child protection matters** on behalf of A1 Dance.
- Make referrals to **Children's Services, partner agencies, or the Police** as required.
- Support staff, volunteers, or individuals who report safeguarding concerns.

Consent and information sharing:

Issues of consent are essential to effective safeguarding practice. Additional consent is sought for any activity that is out of the usual parameters of our work. Basic consents for day-to-day activities are agreed at registration, and appropriate guidance is provided to ensure those consenting have clear and transparent information on what they are consenting to.

Significant harm is no exception to this. Before making a referral to Children's Social Care, parents or carers will be informed that we are doing so, including the reasons why and must be asked for consent to do this. It should be noted however that in cases where parents, carers or children do not agree to information being shared, we are still able to refer to Children's Social Care without consent, but it is important to explain clearly to social care why consent cannot be established and to make a record of this.

Exceptions: Instances where we may not wish to seek consent are where:

- Discussion with parents / carers could place the child or other members of their family at increased risk
- The child is in immediate danger (e.g. requires medical attention)
- Having the discussion with parents may put you or another member of staff at risk.

It is often necessary to share information to provide support and prevent impairment or to protect a child from harm. Decisions to share will be appropriate, necessary and proportionate. We will record your decision and the reasons for it, whether or not you choose to share information. If you decide to share you should record what you shared and who you shared with. Use clear language.

Protection of children:

At A1 Dance we will make every effort to protect children from harm when they are visiting our setting / attending our classes / activities. We will do this through:

- Appropriate recruitment and selection procedures
- Provision of safeguarding information for all staff and volunteers & training where applicable
- Ensuring all staff and volunteers hold clear current Enhanced DBS checks
- We will take all reasonable steps to ensure health safety and welfare for all those who access our organisation
- We will take all practicable steps to ensure that no one working with us or for us would put a child in a situation of unreasonable risk to their health and safety.
- We will not harm or abuse children within our care and will take all reasonable steps to ensure no one working with us or around us within the community could harm or abuse a child in our care.
- We will ensure good reporting to our DSL and onward to children's social care whenever we suspect harm, and will foster an environment of good communication, transparency and trust.
- All involved with our organisation will follow our code of conduct
  A1 Dance Code of Good Conduct.docx

Physical Handling and Intervention - Touch in Dance

Teachers at A1 Dance keep up to date with current teaching methods and good practice and do their utmost to ensure the safety of every student.

Dance is a physical activity that may require physical contact between the teacher & student. This is a necessary part of safe dance training.

The teacher may need to move, adjust or support a part or parts of a student's body or limbs to help the student feel the correct muscles & achieve correct placement. It is explained to the student & approached in an age appropriate, sensitive & professional way.

- Teachers will ask a student's permission before touching, moving or supporting a body part or parts.
- Teachers will be mindful of any indication from the student that they feel uncomfortable about being touched, and act appropriately.

Exception to the above would be if intervention to avoid injury is required.

Bullying Policy

A1 Dance will not tolerate bullying or discrimination of any kind.
In the first instance, a strong verbal warning will be given. Any repeat is grounds for instant dismissal / removal from the school, whether it be staff, volunteers, visitors, students, parents or guardians.

Online safety

- We believe it is essential that children are safeguarded from potentially harmful online material and inappropriate conduct or contact.
- Staff behaviour should refer to the acceptable use of technologies.
- Staff should contact a parent / guardian through the correct channels.
- Staff should not contact a student.
- All contact should be professional and not breach any prevention of abuse guidance in this document.
- All information regarding young people is subject to GDPR and the Data Protection Act 2018.

Child protection:

Is part of safeguarding children and promoting welfare. It refers to activity that is undertaken to protect specific children who are suffering or likely to suffer **significant harm**.

This is about abuse and maltreatment of a child. Someone may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them, or by others (for example over the internet.) They may be abused by an adult or adults or another child / children. Abuse may be physical, mental, emotional, sexual, neglectful or multiple types of abuse. Please see appendix A for definitions of types of abuse.

All staff and volunteers should be able to recognise and know how to act upon evidence that a child's health or development is being impaired or that the child is suffering or likely to suffer significant harm. All concern about harm must be recorded and shared with the Designated Safeguarding person.

No professional should assume that another will pass on information about the safety of a child. If a professional has concerns about a child's welfare and believes they are suffering

or are likely to suffer significant harm they have a responsibility to inform Children's social care.

Seeking medical attention:

If a child has a physical injury, and there are concerns of abuse, medical attention should be sought immediately. Any safeguarding concerns should be shared with ambulance or hospital staff and then must be reported to children's social care.

Nothing should be allowed to delay urgent medical treatment.

Referring a concern and your DSL:

Our Designated Safeguarding Lead will act on behalf of A1 Dance in referring concerns or allegations of harm to Children's social care or the police as appropriate. If the designated safeguarding lead is in any doubt, information should be shared with children's social care for a second opinion. It is not the role of the DSL to investigate, only to collate information, clarify details of the concern and facilitate information sharing. In the absence of the DSL the individual who has the concern is responsible for contacting children's social care and the information should be shared with the DSL retrospectively.

The contact number for children's social care Integrated Contact and Referral Team in Halton is:

- 0303 333 4302, Monday – Thursday 9am-5pm, Friday 9am-4:30pm.
- Outside of these times contact the Emergency Duty Team on 0345 050 0148.
- **If a child is in immediate danger call 999.**

Allegations against staff members/ volunteers:

If any member of staff has concerns about another member of staff or volunteer at A1 Dance such as

- Believing they have behaved in a way that has harmed or may cause harm to a child
- Having possibly committed a criminal offence against or relating to a child
- Behaved toward a child in a way that indicates he / she is unsuitable to work with children. (This could include both children within the workplace, children within the community, or their own children).

The allegation or concern should be reported to the manager with responsibility for dealing with allegations immediately. This is Principal Elizabeth A. Stagg.

Neither the member of staff who has raised the concern / allegation nor the member of staff who is alleged against, would be allowed to question children or be part of any further investigation.

The designated manager for A1 Dance will report the matter to the Local Authority designated Officer (LADO).

If an allegation or concern arises about a member of staff, outside of their work with children, and this may present a risk or harm to a child or children for which that member of staff is responsible, the general principles outlined in this policy will still apply.

If a child or vulnerable adult reports harm or abuse:

1. **Listen carefully** and allow them to speak at their own pace.
2. **Stay calm and supportive** – avoid interrupting or leading questions.
3. **Do not investigate** – only ask questions for clarification.
4. **Do not promise secrecy** – explain that you need to share the information with the right people.
5. **Reassure them** that they did the right thing by speaking up.
6. **Immediately report** the disclosure to the DSL.
7. **Document the disclosure** as soon as possible using an **incident form**, including the child's **own words**. Sign and date the record.

Procedures for Reporting Concerns

1. **Immediate Action:** Concerns must be reported immediately to a DSL. If the child is at immediate risk, emergency services will be contacted.
2. **Referral:** Where appropriate, the DSL will refer cases to Children's Social Care. All actions and communications will be recorded.
3. **Confidentiality:** Information will be shared only on a need-to-know basis, respecting statutory guidance.
4. **Allegations Against Staff:** Any allegations against staff are reported immediately to the Local Authority Designated Officer (LADO). Staff may be suspended pending investigation in line with KCSIE (Keeping Children Safe in Education).

Staff recruitment: We commit to safer recruitment practices:

When recruiting paid staff and volunteers we follow the process outlined in the safer recruitment policy, ensuring potential staff and volunteers are screened for their suitability to work with children and young people.

• Enhanced DBS checks for all staff and volunteers.

• Verification of identity, employment history, and qualifications.

• Professional references obtained before employment.

• Induction and probationary monitoring. Online Safety.

• All online teaching follows A1 Dance safeguarding principles.

Visitors & External Providers

• Visitors and guest practitioners are subject to safeguarding checks appropriate to their role.

Whistleblowing

We encourage a culture of openness. Concerns about unsafe practices can be raised through the whistleblowing procedure. Staff are protected when reporting concerns in good faith.

Bullying, Domestic Abuse & ICT-Based Abuse

A1 Dance recognises the impact of bullying (including cyberbullying), domestic abuse, and ICT-based abuse (technology facilitated or digital abuse).

Record-Keeping & Information Sharing

• All safeguarding records are kept securely and shared only in line with statutory guidance.

Monitoring & Review

This policy will be reviewed annually or earlier if required by legislation, case law, or best practice developments.

Contact Information

If you have safeguarding concerns regarding a child at A1 Dance, contact:

Principal & DSL: Elizabeth A. Stagg

Phone: 01928-714474 Mobile: 09740508747 Email: info@a1dance.co.uk

Date of last review September 2026

Signed *Elizabeth A. Stagg* (Designated Safeguarding Lead)

Appendix A:

Definitions of abuse:

Physical abuse: A form of abuse that 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 causes 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, unloved, inadequate, or valued only if they meet the needs of another person, 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 the over protection and limitation of exploration and learning or preventing the child from participating in normal social interaction. It may involve seeing or hearing the Ill treatment of another. It may involve serious bullying (or cyber bullying), causing children to frequently 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, although it may occur alone.

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.

Neglect: The persistent failure to meet a child's physical and / or psychological needs, likely to result in the serious impairment of the child's health or development. (e.g. a child might be left hungry or dirty, or without proper clothing, shelter, supervision, health care or denied their right to education).

The above is not a complete list, just examples. It is essential to remember it is not the role of staff or volunteers to determine whether abuse has taken place. It is simply to identify concerns and share them first with the DSL (designated safeguarding lead) and then the Local Authority.

Other Types of Abuse

Being alert to different forms of abuse and neglect and taking action. All practitioners should be alert to the signs and triggers of abuse and neglect. Children may be vulnerable to neglect, abuse or exploitation from within their family and, or from individuals or peers they come across in their day-to-day lives. Sharing small pieces of information can help to build a fuller picture over time or can help to fill gaps in information to form a better understanding of the child or family's life. Abuse and neglect can take a variety of different forms, including but not limited to:

- domestic abuse, living in a home with domestic violence, including controlling and coercive behaviour
- exposure to parental mental health issues
- drug or alcohol abuse
- online abuse, harmful or abusive digital interactions, grooming, and cyberbullying.
- child on child abuse
- self-neglect, extreme behaviour where a person fails to care for their own personal hygiene, health, or surroundings, which includes severe hoarding.
- child sexual exploitation (CSE), where others manipulate a child into sexual situations.
- child criminal exploitation (CCE) by criminal gangs and organised crime groups, where others manipulate a child into illegal acts.
- serious or physical violence (i.e., knife and gun crime)
- trafficking and modern slavery
- female genital mutilation
- honour-based abuse
- influences of extremism leading to radicalisation

Appendix B:

Harm or the potential harm to a child may come to your attention in a number of ways:

- Information given to you by the child, his / her friends a family member, close associate, or member of the pubic
- The child's behaviour may become different from the usual, be significantly different from the behaviour of their peers, be bizarre or unusual or may involve 'acting out' harmful situations through play.
- An injury may arouse suspicion if; it does not compare with the explanation given, different individuals give different explanations, the child appears anxious when discussing the injury, a child is pre mobile or has limited mobility and is bruised.
- Suspicion is raised as a picture of events is built up over time
- A child or young person is known to be having contact with an individual/s that have been identified as presenting a potential risk of harm to children.
- A parent's behaviour before the birth of a child may indicate the likelihood of significant harm to an unborn child for example substance misuse.

Recognising Signs of Abuse: Sudden changes in a child's 'normal' behaviour

- **Aggression and defiance:** Acting out, fighting, or testing rules to feel safe or in control.
- **Irritability, anger and moodiness**
- **Replaying:** Repeatedly replaying the event in their minds, acting out or drawing the scary event.
- **Withdrawal:** Pulling away from friends, family, and activities they once enjoyed. Nervous about people getting too close.
- **Hypervigilance:** Being overly jumpy, easily startled, or constantly scanning the room for danger. Beliefs that the world is generally unsafe
- **Regression:** Reverting to younger habits like bedwetting, thumb-sucking, or intense clinginess.
- **Sleep issues:** Struggling to fall asleep, refusing bedtime, or having frequent nightmares.
- **Appetite changes:** Eating much more or much less, leading to weight shifts.
- **Somatic complaints:** Complaining of frequent, unexplained stomach aches or headaches.
- **Focus problems:** Struggling to pay attention at school or dropping in grades.
- **Use of alcohol or drugs**

Appendix C:

Managing a disclosure from a child:

- Listen carefully, try and stay quiet, don't offer opinions
- Do not ask leading or probing questions
- Never stop an individual who is talking freely
- Never promise to keep a secret
- Be reassuring they have done the right thing in disclosing
- Following the disclosure, record the information and pass it on to your DSL.