response. ability. theatre.

Child Protection and Safeguarding Policy and Procedure

Date Issued: June 2025
Next Review: June 2026

Key Contacts

Role	Name/Details	Contact Information
Designated Safeguarding Lead	Nell Hardy	nell@responseabilitytheatre.com 07583072192
Nominated Trustee for Safeguarding	Kim Marsh	kmkimkims@gmail.com 07946111503
Chair of Trustees	Katie Langford	katie@artshomelessint.com 07852798972
Local Authority Children and Families Contact service	Camden	LBCMASHadmin@camden.gov.uk 020 7974 3317 Out of hours (after 5pm, weekends and bank holidays): 020 7974 4444
Local Authority Designated Officer (LADO)	Jacqueline Fearon	LADO@camden.gov.uk 020 7974 4556

Record of Safeguarding Training

Type of Training	Date Completed	Next Due Date
Whole Organisation Training	January 2025	January 2026
Designated Safeguarding Lead	January 2025	January 2027

Policy Purpose

Response Ability Theatre (RAT) works with survivors of trauma of all ages, and those at risk of experiencing trauma. The purposes of this policy are to:

- ✧ provide stakeholders and the public with the principles that guide our approach in safeguarding children that engage in our activities;
- ✧ set out the practices by which we commit to enacting these principles;
- ✧ provide information to all who work with us on how they should respond if they receive a disclosure, or if they have other reason to believe that a child is experiencing, or at risk of, harm.

Legal Framework

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England and Wales, including:

- ✧ UN Convention on the Rights of the Child (1989)
- ✧ Children Act (1989) and amendments (2004)
- ✧ Working Together to Safeguarding Children (2018)
- ✧ Safeguarding Vulnerable Groups Act (2006)
- ✧ Sexual Offences Act (2003)

Safeguarding Children Flow Chart

Staff Member/Volunteer/Participant has a safeguarding concern

response. ability. theatre.

Is it an emergency, i.e. is there an immediate risk to the child?

YES

Contact 999
Keep self and others safe
Contact Designated Safeguarding Lead
Make a record of what has happened

NO

Report concern to Designated Safeguarding Lead

Is a referral to Children's Social Care required?

NO

Decision communicated to Staff Member/Volunteer/ Participant
Situation monitored and early support offered if appropriate

YES

Designated Safeguarding Lead makes referral to Children's Social Care and contacts police if required

Children's Social Care to respond within one working day.

Referrer informed of decided course of action.

The child is in need of immediate protection. Appropriate emergency action is taken by a social worker or the police.

A section 47 enquiry is required if social care has reasonable cause to believe a child is suffering or at risk of suffering significant harm.

A section 17 enquiry is required if social care believes the child needs extra help from professionals or services.

No formal assessment is required. Organisation considers pastoral and other support options.

Child is identified as at risk. Child protection plan is drawn up if required.

Child is identified as in need. Appropriate support is identified.

response. ability. theatre.

Safeguarding Principles

We recognise that:

- ✧ abuse is never acceptable;
- ✧ all children and young people, regardless of age, gender identity, disability, ethnicity, sexual orientation, social class, religious belief and other factors of identity, have a right to equal protection from all forms of harm and abuse;
- ✧ working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare;
- ✧ good safeguarding is a culture, not a reaction, and it is in establishing a habitual culture built on listening, respect, collaboration and empathy, that we can best prevent harm and abuse in our workplaces, rather than simply responding to it when it occurs;
- ✧ the welfare of children is paramount in the work we do and the decisions we make;
- ✧ welfare and psychological health for many of our participants is partly and crucially maintained through creative fulfilment. We acknowledge their right to practice their creativity alongside their right to practical safety and physical health in our safeguarding of them;
- ✧ some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.

Applicability

This safeguarding policy applies to anyone working on our behalf, including our staff, freelancers, trustees and other volunteers.

Partner organisations will be required either to have their own safeguarding procedures that meet the standards outlined below, or to commit to our procedures in work undertaken with us. Where processes are of equal robustness but differ, an agreement of mutual practice for any partnership projects must be agreed.

Definitions

- ✧ Definition of a child: anyone under the age of 18 years.
- ✧ Safeguarding children is defined in Working Together to Safeguard Children (statutory guidance from the Department for Education) as:
  - protecting children from maltreatment,
  - preventing impairment of children's health or development,
  - ensuring that children are growing up in circumstances consistent with the provision of safe and effective care,
  - taking action to enable all children to have the best outcomes.
- ✧ The Six Safeguarding Principles underpinning safeguarding practice are empowerment, prevention, proportionality, protection, partnership and accountability. All safeguarding actions will be taken according to these principles.

Types of Child Abuse

Children may be vulnerable to neglect and abuse or exploitation from within their family and from individuals they come across in their daily lives.

There are 4 main categories of child abuse: sexual abuse, physical abuse, emotional abuse, and neglect.

Please see appendix 2 for more information on these types of abuse and signs of abuse.

Responsibilities

All staff and volunteers have responsibility to follow the guidance laid out in this policy and related policies, and to pass on any safeguarding concerns using the required procedures.
We expect all staff (paid or unpaid) to promote good practice by being an excellent role model, contribute to discussions about safeguarding and positively to involve people in developing safe practices.

Additional specific responsibilities

Trustees have responsibility to ensure:

- ✧ the policy is in place and appropriate;
- ✧ sufficient and proportionate resources (time and money) are allocated to ensure that the policy can be effectively implemented.

Core staff have responsibility to ensure:

- ✧ the policy is accessible;
- ✧ the policy is implemented;
- ✧ the policy is monitored and reviewed annually;
- ✧ staff and volunteers have access to appropriate training and information;
- ✧ staff concerns about safeguarding are received and responded to seriously, swiftly and appropriately;
- ✧ RAT is up to date with local arrangements for safeguarding and DBS checks;
- ✧ concerns about responses are taken forward.

Management and Reporting of Safeguarding Concerns

We take concerns raised by staff, volunteers or community members seriously.

In an emergency, please ensure immediate safety by contacting the emergency services on 999, and if there are signs of injury, seek immediate medical attention.

Then contact the Designated Safeguarding Lead, whose contact details are on the first page of this policy, to seek immediate advice.

Finally, make a record of what occurred using the form attached to this policy in Appendix 1.

If it is not an emergency but you require prompt advice, please contact the Designated Safeguarding Lead. After managing the situation, make a record using the form in Appendix 1.

If a crime has or may have been committed in the working space, do not clean anything up before speaking to the Designated Safeguarding Lead or the police.

If your safeguarding concern is about the Designated Safeguarding Lead, please contact the Nominated Trustee for Safeguarding, whose contact details are also on the first page of this policy - whether to ask for prompt advice, or to send a completed form from Appendix 1, or both.

Receiving a Disclosure

Other than through incidents during activities, workers may become aware of safeguarding concerns in a number of ways, including:

- ✧ receiving an allegation directly;
- ✧ receiving an allegation from someone who is not the person being mistreated;
- ✧ developing a strong suspicion based on your own observations or experience.

If on receiving a disclosure it is clear that someone is in immediate danger, please refer to the emergency protocol outlined above.

If nobody is in immediate danger, complete the form in Appendix 1 after receiving the disclosure and send it to the Designated Safeguarding Lead within 24 hours.

When receiving a disclosure:

- ✧ check if the child or young person is comfortable talking to you where you are, or if they want to move to make sure they are out of anyone else's earshot;
- ✧ if you make notes during the disclosure, explain that you are doing this to have an accurate record of what is said, and can show them those notes afterwards if they wish to check them. If you prefer not to take notes during the disclosure, make them immediately afterwards;
- ✧ be honest about the limits of your confidentiality. If the child or young person asks you not to tell anyone, please do not promise them this. Explain that you have a duty to report any safeguarding concerns to the Designated Safeguarding Lead, and that they may need to contact other support services if they deem the child/young person or anyone else to be at risk - but that they will be consulted about who will be given this information and why;
- ✧ listen more than you speak. If you ask any clarifying questions, make these open and not leading. An open question allows the speaker to give the answer they feel is right, rather than offering possible answers to them. For example, "Is there anything else you want to say about what happened?" is an open question, whereas "Did he hit you?" is a leading question. It is fine to check if the child or young person feels complete in what they have disclosed, but do not push them to give more information than they are readily offering;
- ✧ thank them for confiding in you, and/or congratulate them on their courage, to validate and assure them;
- ✧ do not promise anything you do not know you can deliver (for example, that "everything will be alright"), and do not get directly involved (for example by offering to take someone home with you or giving someone money). If someone

is not in immediate danger, the Designated Safeguarding Lead will be the one to decide the next course of action;

- ✧ encourage them to take time for themselves in the hours following their disclosure if they can, and to think of who they could contact for support if they needed or wanted it (e.g. a friend or family member).

Employment Checks

Every project we run will have enough DBS checked staff on hand to make sure there is always a DBS checked member of staff in the space, and nobody without a valid DBS check is left on their own with children or young people.

In the event that a member of staff has a history of offending, the line manager will discuss these with the employee before appointment and a risk assessment will be carried out to ascertain the current level of risk and potential impact on their capacity to fulfil the role. RAT adheres to guidance in the Rehabilitation of Offenders Act (1974) and does not discriminate on the basis of a persons' history of convictions or cautions but will make a fair and balanced judgement based on their ability to fulfil the role safely and sufficiently.

Management of Allegations

We take concerns raised about staff or volunteers seriously, regardless of who the person is, how long they've been involved with the organisation, or whether they are directly employed by RAT.

If you have an allegation against a staff member or volunteer, please contact the Designated Safeguarding Lead with details of your concern. If you have an allegation against the Designated Safeguarding Lead, please contact the Nominated Trustee for Safeguarding. Both these individuals' contact details are on the first page of this policy.

If an allegation is made against a staff member or volunteer, we will not attempt to investigate the matter, but we will gather the facts of the case and keep written records.

If an allegation is made that a staff member or volunteer has:

- ✧ behaved in a way that has harmed, or may have harmed a child or young person;
- ✧ possibly committed a criminal offence against, or related to, a child or young person;
- ✧ behaved in a way that indicates they may pose a risk of harm to children or young people; or
- ✧ behaved in a way that indicates they may not be suitable to work with children or young people;

we will immediately report this to adult social care and if necessary the police.

If someone resigns from their post or refuses to cooperate with the process, this must not prevent an allegation being followed up.

We will not allow settlement agreements where there is a case of alleged abuse.

We will make every effort to maintain the confidentiality of all parties while an allegation or concern is being investigated.

We will consider how best to support the individual involved and individuals who have had an allegation made against them. This includes:

✧ telling the employee or volunteer concerned about the allegation as soon as possible (as long as this does not place any children or young people at further risk of harm);

✧ telling them how we are going to manage the allegation;

✧ keeping everyone informed about the progress and outcomes of the case.

Referral Duty

We will follow our legal duty to refer an individual to the DBS if any of the following occurs:

✧ we have withdrawn permission for a person to engage in regulated activity with children and young people or moved them to an area of work that isn't regulated activity (or both).

✧ we think at least one of the following statements apply to the person:

- their action or inaction has harmed a child or young person, or put them at risk or harm.
- they have satisfied the harm test regarding children and young people; for example, there has been no relevant conduct but a risk of harm to a child or young person still exists.
- they have been cautioned or convicted of a relevant offence.

Confidentiality and Information Sharing

RAT expects all employees, volunteers and trustees to maintain confidentiality. Information will only be shared in line with the General Data Protection Regulations (GDPR) and Data Protection.

We will always obtain consent where possible from the child or young person before reporting a safeguarding concern. However, it is not required to seek consent if child or young person is deemed to be at risk of serious harm, or a crime has been committed.

If consent is not given and the Designated Safeguarding Lead makes the decision to override this, the child or young person should be informed unless it is not safe to do so.

Internal reporting of concerns is mandatory for staff and volunteers, however external reporting will take place at the discretion of the Designated Safeguarding Lead.

Recording and Record Keeping

response. ability. theatre.

A written record must be kept about any concern regarding safeguarding of children and young people. This must include details of the person involved, the nature of the concern and the actions taken, decision made and why they were made.

All records must be signed and dated. All records must be securely and confidentially stored in line with General Data Protection Regulations (GDPR) and RAT's GDPR Data Protection Policy.

response. ability. theatre.

Appendix 1: Form for Reporting Safeguarding Concerns

Staff and volunteers are required to complete this form and pass it to Nell Hardy, Designated Safeguarding Lead, if they have a safeguarding concern about a child or young person in our community. Please do not fill out the sections from after 'Your signature': they will be filled by the Designated Safeguarding Lead. Please answer all sections up to 'Your signature' as fully as you can.

Information Required	**Information Here**
Full name of child/young person	
Was consent obtained? If not, for what reason?	
Your date of birth	
Your full name and position in the charity	
Nature of concern/disclosure *Please include:* *-where you were when you noticed your concern or received the disclosure;* *-what you saw or heard;* *-who else was there;* *-what, if anything, the child or young person said and/or did;* *-what you said or did.* *Please make clear:* *-where you are stating fact and where you are stating an inference or interpretation (e.g. rather than "he was upset", "he said he was upset" or "I interpreted his facial expression as upset because his eyes were downcast and he was frowning");* *-if you have raised a previous safeguarding concern about this person before or if this is the first*	

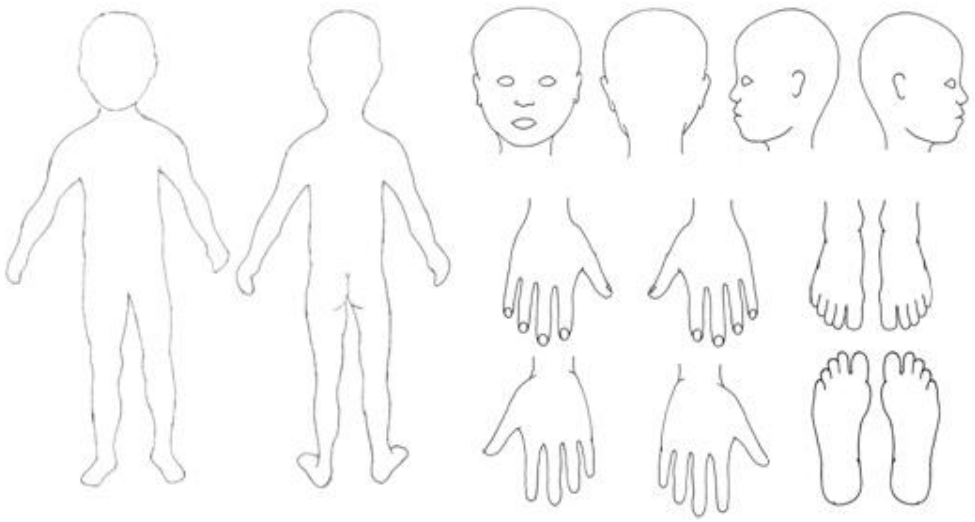
time. *If there is an injury, make sure that this is recorded (size and shape) and a body map is completed.*	
Time and date of incident/disclosure	
Name and position of the person to whom you are passing this on	
Time and date form completed	
Your signature	

Time and date form received by DSL	
Action taken by DSL	
Referral made to Child Social Care? [Yes/No; Date and time]	
Referral made to Police? [Yes/No; Date and time]	
Referral made to another agency? [Yes/No; Date and time; Name of organisation]	
Parents informed? [Yes/No; Date and time]	
If parents not informed, why?	
Feedback given to child or young person? [Yes/No; Date and time; Content]	
Feedback given to person who recorded disclosure? [Yes/No; Date and time; Content]	

response. ability. theatre.

Further Action Agreed	
Full name of DSL	
Signature of DSL	
Date of Signature	

Body map



Indicate clearly where the injury was seen and attach this to the form, if relevant.

response. ability. theatre.

Appendix 2 Types and Signs of Child Abuse

Here we list the types of child abuse recognised by the Social Care Institute for Excellence, and some indicators that abuse may be occurring. The list is non-exhaustive, and you may notice other things that cause you concern. If you observe any of these indicators in the course of your work or volunteering with RAT, or anything else that worries you, please contact Nell Hardy, Designated Safeguarding Lead, on nell@responseabilitytheatre.com.

1. **Physical abuse**

Types of physical abuse:
- ✧ Hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- ✧ Rough handling
- ✧ Scalding and burning
- ✧ Physical punishments
- ✧ Inappropriate or unlawful use of restraint
- ✧ Physical harm caused by a parent or carer fabricating the symptoms of, or inducing, illness

Possible signs and indicators of physical abuse:
Injuries caused by accidents are not uncommon in children, becoming less common as the child develops and grows. This means that recognising the signs of physical abuse in children can be especially difficult and leave practitioners unsure of what may be abusive.

The following is a guide to injuries that are more likely to be accidental or abusive. However, it is not absolute and it is important that those working with children consider the child's stage of development, any pattern of injuries and the account given by the child, parents, carers or others of how the injury was sustained.

Typically accidental injuries
Accidental injuries typically involve bony prominences – the bones that are close to the surface and so more likely to become injured through falls, slips and trips. This can include:
- ✧ forehead
- ✧ knees
- ✧ elbows
- ✧ palms of hands
- ✧ nose

The injuries will match the account given by the child and parent/carer and be in keeping with the child's level of development and activity.

Typically abusive injuries
Abusive injuries, however, tend to involve softer tissue and be in areas that are harder to damage through slips, trips, falls and other accidents. This may include:

- ✧ upper arm
- ✧ forearm (defensive injuries)
- ✧ chest and abdomen
- ✧ thighs or genitals
- ✧ facial injuries (cheeks, black eyes, mouth)
- ✧ ears, side of face or neck and top of shoulders ('triangle of safety')
- ✧ back and side of trunk

Abusive injuries may be seen on both sides of the body and match other patterns of activity. They may not match the explanation given by the child or parent/carer and there may also be signs that injuries are being untreated, or at least a delay in seeking treatment.

2. **Sexual abuse**

Types of sexual abuse:
Sexual abuse may take place in person, online or offline. It may be perpetrated by family or non-family members, males or females, older adults or by other young people.

- ✧ Forcing or enticing a child or young person to take part in sexual activities, which may or may not involve violence
- ✧ Penetrative acts
- ✧ Non-penetrative acts (kissing, masturbation, rubbing or inappropriate touching)
- ✧ Sexual photography or forced use of pornography or witnessing of sexual acts
- ✧ Non-contact (looking at or producing pornography or sexual images, watching sexual activities, grooming in preparation for abuse)

Possible signs and indicators of sexual abuse:

- ✧ Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- ✧ Bleeding, pain or itching in the genital area
- ✧ Difficulty in walking or sitting
- ✧ Sudden change in behaviour or school performance
- ✧ Displays of affection that are sexual or not age-appropriate
- ✧ Use of sexually explicit language that is not age-appropriate
- ✧ Alluding to having a secret that cannot be revealed
- ✧ Bedwetting or incontinence
- ✧ Reluctance to undress around others (e.g. for PE lessons)
- ✧ Infections, unexplained genital discharge, or sexually transmitted diseases
- ✧ Unexplained gifts or money
- ✧ Self-harming
- ✧ Poor concentration, withdrawal, sleep disturbance
- ✧ Reluctance to be alone with a particular person

3. **Psychological or emotional abuse**

Types of emotional abuse:

Some level of emotional abuse is present in all types of abuse or neglect, though it may also appear alone. It is the persistent mistreatment of a child that has a severe and negative impact on their emotional development. Emotional abuse may also be perpetrated by other young people through serious bullying and cyber-bullying.

- ✧ Overprotection – preventing someone accessing educational and social opportunities and seeing friends
- ✧ Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- ✧ Conveying feeling of worthlessness, inadequacy or that a child is unloved
- ✧ Threats of harm or abandonment
- ✧ Placing inappropriate expectations on children
- ✧ Witnessing or hearing the abuse or ill-treatment of others (including domestic violence)

Possible indicators of emotional abuse:

- ✧ Concerning interactions between parents or carers and the child (e.g. overly critical or lack of affection)
- ✧ Lack of self-confidence or self-esteem
- ✧ Sudden speech disorders
- ✧ Self-harm or eating disorders
- ✧ Lack of empathy shown to others (including cruelty to animals)
- ✧ Drug, alcohol or other substance misuse
- ✧ Change of appetite, weight loss/gain
- ✧ Signs of distress: tearfulness, anger

4. **Neglect**

Types of neglect:

Neglect is found to be a factor in 60% of child deaths that are investigated through Serious Case Reviews. However, even though it is often suspected by those who work with children, it is under-reported. Neglect is a persistent failure to meet basic needs (physical or emotional) and it leads to serious harm to the health or development of a child.

- ✧ Failing to provide adequate shelter, clothing or food
- ✧ Failing to protect a child from harm or danger
- ✧ Failing to ensure that a child is supervised appropriately
- ✧ Failing to access medical care or treatment for a child when it is needed.

Possible indicators of neglect:

- ✧ Excessive hunger
- ✧ Inadequate or insufficient clothing
- ✧ Poor personal or dental hygiene
- ✧ Untreated medical issues
- ✧ Changes in weight or being excessively under or overweight
- ✧ Low self-esteem, attachment issues, depression or self-harm
- ✧ Poor relationships with peers

- ✧ Self-soothing behaviours that may not be age-appropriate (e.g. rocking, hair twisting, thumb-sucking)
- ✧ Changes to school performance or attendance