



**PAPATANGO THEATRE COMPANY LTD:**  
**SAFEGUARDING CHILDREN AND VULNERABLE ADULTS**  
**POLICY**

As of April 2018

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## 1. Introduction

### 1.1. **Children And Vulnerable Adults Working with Papatango Theatre Company LTD.**

Through the participation programme and through staging new plays, Papatango Theatre Company Ltd offers participatory activities for individuals of all ages, including children and vulnerable adults.

### 1.2. *Safeguarding, Promoting Welfare and Child Protection*

Everyone has a duty to safeguard children and vulnerable adults.

Child Protection is the process of protecting individual children identified as either suffering, or at risk of suffering, significant harm as a result of abuse or neglect.

Safeguarding is about keeping children / vulnerable adults safe by: protecting them from harm; supporting their health and development; making sure they grow up / are cared for in a safe environment. Safeguarding is about knowing when a child or vulnerable adult is at risk or needs help to deal with problems so that they can be kept safe from: accidental injury or death; bullying and harassment; crime and anti-social behaviour; neglect, abuse or violence in the home.

Whereas child protection literally means protecting children from abuse and neglect, safeguarding widens practice around their needs so that it is about creating an environment where the welfare of children and vulnerable adults is actively promoted. Promoting welfare is about helping children and vulnerable adults achieve their potential and ensuring that they are safe and adequately cared for.

### 1.3. *Definitions*

1.3.1. **Participant.** A participant is a person of any age participating in a participatory activity managed by Papatango Theatre Company Ltd, where the company has a duty of care.

1.3.2. **Child.** A child is defined as a person under the age of 18 (Children's Act 1989).

1.3.3. **Vulnerable Adult.** A vulnerable adult is defined as a person who is aged 18 years or older and:

- is living in residential accommodation, such as a care home or a residential special school;
- is living in sheltered housing;
- is receiving domiciliary care in his or her own home;
- is receiving any form of health care;
- is detained in a prison, remand centre, young offender institution, secure training centre or attendance centre or under the powers of the Immigration and Asylum Act 1999;
- is in contact with probation services;
- is receiving a welfare service of a description to be prescribed in regulations;
- is receiving a service or participating in an activity which is specifically targeted at people with age-related needs, disabilities or prescribed physical or mental health conditions or expectant or nursing mothers living in residential care (age-related needs includes needs associated with frailty, illness, disability or mental capacity);

- is receiving direct payments from a local authority/HSS body in lieu of social care services;
- requires assistance in the conduct of his or her own affairs.

(<http://www.homeoffice.gov.uk/agencies-public-bodies/crb/glossary/>)

**1.3.4. Regulated Activity.** Regulated Activity is defined as: involving contact with children or vulnerable adults and of a specified nature (e.g. teaching, training, care, supervision, advice, medical treatment or in certain circumstances transport) on a frequent, intensive and/or overnight basis; Activity involving contact with children or vulnerable adults in a specified place (e.g. schools, care homes etc), frequently or intensively; Frequently is currently defined as 'once a week' and intensively as '4 or more days over any 30 day period' (<http://www.homeoffice.gov.uk/agencies-public-bodies/crb/glossary/>).

#### **4. *Staff Responsibilities***

This policy must be adhered to by all members of staff whose work involves contact with children, young people and vulnerable adults.

The procedures describe what staff must do in particular circumstances and to an extent how they must do it; procedures define the limits of professional discretion. Failure to follow procedure may be a disciplinary and/or a statutory offence. When something goes wrong, if staff have followed procedure they will usually be deemed to have acted appropriately.

#### **5. *Employer Responsibilities***

Through its work with children and vulnerable adults, Papatango Theatre Company Ltd must ensure that: the welfare of the child/vulnerable adult is paramount; all children/vulnerable adults, whatever their age, culture, disability, language, racial origin, religious belief and/or sexual identity have the right to protection from abuse; all suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately; staff are made aware of this policy and understand their responsibility to report any concerns to the designated member of staff responsible.

#### **6. *Staff Responsible & Advice***

The designated member of staff responsible for child protection is: Chris Foxon, Producer  
Tel: 07720768693

The nominated deputies responsible for child protection is: George Turvey, Artistic Director  
Tel: 07834958804

#### **7. *Relevant Legislation***

This policy is in line with current legislation and guidance:

- Regional:
  - London Safeguarding Children Board “London Child Protection Procedures” available at <http://www.londonscb.gov.uk/procedures/>
  - London Schools Arts Service <http://www.lonsas.org.uk> / Working in education / Safeguarding.
- National:
  - See CSCB (local), LSCB and LONSAS (regional) above

- “Safeguarding Children and Safer Recruitment in Education” at <http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/>
- “What To Do If You’re Worried A Child Is Being Abused” at <http://www.everychildmatters.gov.uk/>
- Arts Council ”Keeping Arts Safe – second edition” available at <http://artscouncil.org.uk/publications/>
- International:
  - London Safeguarding Children Board Procedures reflect the principles contained within the *United Nations Convention on the Rights of the Child*, ratified by the UK Government in 1991 (available at <http://www.unicef.org/crc/>). It also takes into account the *European Convention on Human Rights*, in particular articles 6 and 8.

## **2. Policy statement, aims and promoting good practice**

### **2.1.Statement**

Papatango Theatre Company Ltd has a duty of care to safeguard all children and vulnerable adults participating in activities with Papatango Theatre Company Ltd from harm. All children have a right to protection, and the needs of disabled children and others who may be particularly vulnerable must be taken into account. Papatango Theatre Company Ltd will make safe and protect all children and vulnerable adults involved in the company’s activities through ensuring adherence to the guidelines set out below.

This policy will be signed by the designated member of staff responsible for child protection.

This policy will be reviewed every 12 months in line with developments in child protection.

The next policy review date for this document is: APRIL 2019

### **2.2.Policy aims**

The aim of the Policy is to promote good practice in providing children and young people with appropriate safety and protection whilst in the care of Papatango Theatre Company Ltd and allowing all staff to make informed and confident responses to safeguarding and child protection issues.

### **2.3.Promoting good practice**

Abuse can occur within many situations including the home, school and the arts environment. Some individuals will actively seek employment or voluntary work with children or vulnerable adults in order to harm them. A practitioner, workshop leader, artist, teacher, official or volunteer will have regular contact with young people and will be an important link in identifying cases where they need protection.

Child abuse, particularly sexual abuse, can arouse strong emotions in those facing such a situation. It is important to understand these feelings and not allow them to interfere with your judgment about the appropriate action to take.

All suspicious cases of poor practice should be reported following the procedures set out in this document.

## **3. Staff recruitment and checks**

Papatango Theatre Company Ltd recognises that anyone may have the potential to abuse children in some way and that all reasonable steps are taken to ensure unsuitable people are prevented from working with children. Safe recruitment practice should include those persons who may not have direct contact with children but because of their presence will still be seen as safe and trustworthy.

Pre-selection checks should include the following:

- Consent should be obtained from an applicant to seek an Enhanced Disclosure from the Disclosure and Barring Service - only relevant convictions will be taken into consideration when assessing suitability. A criminal record detailed on a DBS certificate is not necessarily a bar to working with children, young people or vulnerable adults, unless it is a 'Schedule One' offence under the Children and Young Person's Act 1933. Any positive disclosure under a 'schedule one offence' will result in immediate withdrawal. Where the offence is not under Schedule One, the decision to withdraw an individual will only be taken following due consideration of the circumstances and relevance of the offence. The person who is the subject of the disclosure information will be afforded the opportunity to discuss the circumstances of any convictions or other matters revealed as a result of the disclosure. Posts involving work with children are exempt from the *Rehabilitation of Offenders Act 1974*.
- Evidence of identity (minimum three documents)
- A full history of employment since leaving school for full time staff and project leaders. Managers should scrutinize for any anomalies, discrepancies, and/or any history of gaps or repeated changes without clear and verifiable reasons. Any gaps or changes should be explored during an interview.

#### *Previously-issued DBS checks*

Papatango Theatre Company Ltd will accept a previously-issued DBS check, issued within 3 years, as long as the applicant is able to verify the identity details on the certificate match those of the applicant (minimum three documents).

## **4. Induction and training of staff**

### **4.1. Induction**

All employees should receive formal or informal induction, including:

- A full explanation of their role and responsibilities and the standard of conduct and behaviour expected
- An introduction to Papatango Theatre Company Ltd safeguarding policies and procedures and the designated members of staff responsible
- An introduction to the role and activities of the Local Safeguarding Children Board (LSCB)
- Information about safe practice and the arrangements in place to support staff in their work

### **4.2. Supervision and support**

Regular monitoring and review meetings should be arranged by the employee's manager to ensure:

- employees have ready access to advice, expertise and management support in all matters relating to safeguarding
- effective appraisal of employees
- management of any poor practice.

### **4.3. Training All Staff**

All front line staff must be trained to pass calls about the safety of children and vulnerable adults to the appropriate professional staff. This includes reception and switchboard operators and administrative staff.

Appropriate to their role, all staff should also have access to Papatango Theatre Company Ltd safeguarding policies and procedures and the designated members of staff responsible.

#### *Working regularly with children or vulnerable adults*

For employees working regularly with children or vulnerable adults, the safeguarding process includes formal or informal training after recruitment to help to:

- analyse their own practice against established good practice
- recognise their responsibilities and report any concerns about suspected poor practice or possible abuse
- work safely and effectively with children and vulnerable adults

Common Core of Skills and Knowledge for the Children's Workforce (see [www.everychildmatters.gov.uk/deliveringservices/commoncore/](http://www.everychildmatters.gov.uk/deliveringservices/commoncore/)) sets out six areas of expertise that everyone working with children, young people and families, including those who work as volunteers, should be able to demonstrate. These are:

- Child development (physical and psychological);
- Safeguarding and promoting the welfare of children, including risk of harm and protection factors.
- Effective communication and engagement (listening to and involving children and working with parents and families);
- Supporting transitions (maximising children's achievements and opportunities and understanding their rights and responsibilities);
- Multi-agency working (working across professional and agency boundaries);
- Sharing information.

## **5. Good practice guidelines**

### **5.1. Children And Vulnerable Adults**

You must demonstrate exemplary behaviour and protect yourself from false allegations when working with participants. Good practice includes the following:

1. Put the welfare of each child/vulnerable adult first at all times.
2. Treat all children/vulnerable adults equally and with respect and responding sensitively to cultural needs.
3. Recognise the development needs and capacity of young people and vulnerable adults and develop strategies to help them achieve their best.
4. Build balanced relationships based on mutual trust which empowers children and vulnerable adults to share in the decision-making process.
5. Work in an open environment (eg avoiding private or unobserved situations) at all times.
6. Give older pupils and vulnerable adults timed toilet breaks.
7. If costumes are required, ensure males and females have different rooms to change in, or

are in the room at different times, and that they are supervised by an adult of same gender.

8. If any form of manual/physical support is required, it should be provided openly in the presence of the rest of the group.
9. Be aware of emergency and evacuation procedures in the building and ensure you can accurately account for all members of the group (eg a register) in the event of an evacuation.
10. Ensure all participants know emergency and evacuation procedures at the beginning of each workshop.
11. Get emergency contact details for all participants and keep in a secure place, ensuring other members of your team can also access them quickly.
12. Keep a written record of any accident that occurs, along with the details of any treatment given. Please refer to Responding to an Accident (16 below).
13. Take a register for each session and document (in writing, with date and time) any observations or concerns regarding a participant's welfare.
14. Understand your role in relation to the participant, recognise the professional nature of the relationship, and act upon the responsibilities involved.
15. Be an excellent role model at all times – this includes not smoking or drinking alcohol in the company of children and young people.

## 2. *Children (under 18s)*

With regard to children, good practice also includes the following:

- 2.1. Ensure an adult/pupil ratio of at least 1 to 10 – 15 in school years 4 – 6 (age 8 – 11); 1 to 15 – 20 in school year 7 onwards (12+) in line with LEA guidelines.
- 2.2. Accompany primary school children to and from the toilet entrance.
- 2.3. Secure parental consent in writing to act in loco parentis, if the need arises to administer emergency first aid and/or other medical treatment, as well as emergency contact details. In a school this is the responsibility of school staff.
- 2.4. Secure parental consent in writing consenting to a child attending an event. In a school this is the responsibility of school staff.
- 2.5. Secure parental consent in writing agreeing to video and digital recording. In a school this is the responsibility of school staff.

## 3. *Adults (18+)*

Papatango Theatre Company Ltd actively encourages disadvantaged individuals and groups to engage with our participatory activities. For reasons of privacy and accessibility, and as a voluntary sector arts organisation, Papatango Theatre Company Ltd does not adopt the formal registration and/or referral procedures found in the statutory sector (eg social services, health services, adult education). For all frequent and/or intensive participatory activities involving adults, we should adopt policies and practice required for working with vulnerable adults (see definition 1.3.3 above).

With regard to adults, good practice also includes the following:

## 1. *Personal Relationships Code of Conduct*

1.1. This code covers all staff working with participants in frequent and/or intensive participatory activities at Papatango Theatre Company Ltd. It is intended to provide guidance in areas where personal relationships overlap with working relationships and to ensure that individual members of staff do not commit acts of impropriety, bias, abuse of authority or conflict of interest and do not lay themselves open to allegations that they have done so.

1.2. Papatango Theatre Company Ltd values and relies upon the professional integrity of the staff/participant relationship. In order that Papatango Theatre Company Ltd's business is conducted and perceived to be conducted in a professional and proper manner it is necessary to distinguish between, and take account of, personal relationships which overlap with professional ones.

In the context of this code, a personal relationship is defined as:

- a family relationship,
- a business/commercial/financial relationship or
- a sexual/romantic relationship.

1.3. Papatango Theatre Company Ltd believes that the professional relationship between a participant and a member of staff is vital to a participant's educational development and affirms that the relationship is based on trust, confidence and dependency. In this context a professional relationship is defined as one where there is a tutoring, teaching, pastoral, supervising or assessing role, or a role providing administrative or technical support. Participants are entitled to equality of treatment and it is important that a personal relationship between a member of staff and a participant is not perceived by others to prejudice that equality of treatment.

1.4. Staff are strongly advised not to enter into a sexual/romantic relationship with a participant for whom they have a responsibility for tutoring, teaching, pastoral, supervising or assessing role, or for whom they are required to provide administrative or technical support.

1.5. Further, staff should not enter into:

a business, commercial or financial relationship with a participant which could compromise, or could be perceived to compromise, the objectivity and professional standing of the relationship. Papatango Theatre Company Ltd recognises, however, that such relationships may exist when a member of staff is appointed or when a participant enrolls, or that a relationship may develop between a member of staff and a participant during a project. Where a member of staff has a professional role in relation to a participant with whom (s)he has a personal relationship, it is the responsibility of the member of staff to inform his/her head of department (or Executive Director if the member of staff is a head of department), in order that alternative working arrangements may be considered.

Both staff and participants may seek guidance on the implementation of this Code, on a confidential basis, from the Producer.

1.6. A case whereby any personal relationship as defined within this code is not declared, and results in an unfair advantage or disadvantage to either of the parties, will be considered a



serious matter and may lead to disciplinary action.

6. Papatango Theatre Company Ltd will not tolerate harassment and bullying at work.

## **6. Practices to be avoided**

The following should be avoided except in emergencies:

- Avoid spending any amount of time alone with participants (children/adults) away from others.
- Avoid taking or dropping off a participant (child/adult) to an event unless specific permissions or arrangements have been made.

If cases arise where these situations are unavoidable it should be with the full knowledge and consent of someone in charge of the activity or the child's parents. For example, a child sustains an injury and needs to go to hospital, or a parent fails to arrive to pick a child up at the end of a session at the Theatre. At a school this becomes the school's responsibility.

## **7. Practices never to be sanctioned**

You should never:

- 7.1. Engage in rough, physical or sexually provocative games, including horseplay.
- 7.2. Allow or engage in any form of inappropriate touching.
- 7.3. Make sexually suggestive comments to a participant (child/adult), even in fun.
- 7.4. Invite or allow a participant (child/adult) to stay with you at your home.
- 7.5. Physically restrain or use force.
- 7.6. Punish, cause pain, injury or humiliation.
- 7.7. Engage in emotional intimacy with a child or young person (see above re adults).
- 7.8. Allow allegations made by a participant (child/adult) to go unrecorded or not acted upon.
- 7.9. Allow a participant (child/adult) to use inappropriate, out of context, language unchallenged.
- 7.10. Allow any abusive or racist remark to go unchallenged.
- 7.11. Allow bullying to go unchallenged (defined as a deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for the victims to defend themselves).
- 7.12. Allow activities which pose a risk to the health and safety of a child – see Health & Safety Policy.
- 7.13. Do things of a personal nature for a participant (child/adult) that they can do for themselves. N.B It may sometimes be necessary for staff to do things of a personal nature for a participant (child/adult), particularly if they are disabled. These tasks should only be carried out with the full understanding and consent of the parents and the individuals involved. There is a need to be responsive to a person's reactions. If a person is fully dependent on you, talk with him/her about what you are doing and give choices where possible. This is particularly applicable to physical contact, lifting or assisting, to carry out particular activities. Avoid taking on the responsibility for tasks for which you are not appropriately trained.

## **8. Use of photographic/filming equipment at performances**

There is evidence that some people have used performances as an opportunity to take inappropriate photographs or film footage of children.

- Ensure that consent is agreed for any visual documentation (video, photography) of a project by Papatango Theatre Company Ltd.
- Do not allow audience members to video, photograph or otherwise record any part of a performance.

## **9. Recognising and responding to allegations or suspicions**

Appendix One contains guidance on recognising indicators of abuse – physical abuse, emotional abuse, sexual abuse and neglect – which all staff working with children or vulnerable adults must read and understand.

If you witness or receive information which might indicate abuse, you must act immediately by making contact with the appropriate authorities. Everyone has a legal duty to safeguard children and vulnerable adults in this way. It is not the responsibility of anyone working with Papatango Theatre Company Ltd, in a paid or unpaid capacity, to decide whether or not child abuse has taken place.

## **10. Incidents that must be reported/recorded**

If any of the following occur you should report this immediately to the designated member of staff responsible for safeguarding or, if unavailable, their deputy and complete an Incident Reporting Form (a sample of which is included as Appendix 2):

- If a child or vulnerable adult discloses to you
- If you witness or suspect abuse

If an accident takes place in a workshop, or you accidentally hurt a participant, you must also complete a standard Accident Form.

## **11. Reporting procedure - how & when**

### *1. Disclosure*

- Any disclosure made in confidence must be recorded factually as soon as possible using the Incident Reporting Form (see Appendix Two).
- The incident and form must be forwarded immediately to the designated member of staff responsible for safeguarding or their deputy.
- The designated member of staff responsible for safeguarding or their deputy will alert the appropriate authorities or seek further confidential advice as appropriate (a list of contact details for safeguarding authorities and advisory organisations can be found in Appendix Three).
- If the designated member of staff for safeguarding or their deputy is unavailable then advice should be sought from the NSPCC Child Protection Helpline (see Appendix Three).

### *2. Suspicions*

- If staff encounter abuse or suspicious situations of concern then those concerns must be discussed with the designated member of staff responsible for safeguarding or their deputy.
- If the designated member of staff responsible for safeguarding or their deputy is unavailable then advice should be sought from the NSPCC Child Protection Helpline (see Appendix 3).

## **12. When a child or vulnerable adult discloses to you**

It is possible that a child, young person or vulnerable adult may confide in you. The following action

should be taken:

- Remain calm and in control and don't delay acting
- Listen carefully to what is said.
- Allow the person to tell at their own pace and ask questions only for clarification.
- At the first opportunity explain that you will need to share the information with those who need to know and can help.
- Treat any allegations seriously and act at all times towards the child as if you believe what they are saying.
- Don't ask questions that suggest a particular answer and don't interrogate the child – it is for the police or other authority to carry out an investigation.
- Don't cast doubt on what they have told you, don't interrupt and don't change the subject.
- Don't make promises you can't keep – including keeping it a secret. At the first opportunity explain that you will need to share the information with those who need to know and can help. Whilst their view will be taken into account, the professional has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children.
- Reassure them that they have done the right thing by telling you.
- Reassure them that they are not to blame.
- Tell them what you are going to do next and be honest about who you have to tell and why.
- Complete the incident reporting form (Appendix 2) and follow the incident reporting procedure.
- Do take further action – you may be the only person in a position to prevent future abuse.

If you witness or receive information which might indicate abuse, you must act immediately.

### **13. When the behaviour of an employee concerns you**

#### **1. *Papatango Theatre Company Ltd employee***

- If, following consideration, the allegation is clearly about poor practice, the report or complaint should be addressed in the first instance to the Producer.
- If the allegation is about poor practice by the Producer, or if the matter has been handled inadequately and concerns remain, it should be reported to the Artistic Director, who will decide how to deal with the allegation and whether or not to initiate disciplinary proceedings.

Any suspicion that a child has been abused by either a member of staff or a volunteer should be reported in the first instance to the Producer, who will take such steps as considered necessary to ensure the safety of the child in question and any other child who may be at risk. The Producer will refer the allegation to the Social Services department who may involve the police, or go directly to the police if out-of- hours.

- Written referral forms will be completed and sent to Safeguarding and Social Care within 48 hours of a telephone referral being made.
- The parents or carers of the child will be contacted as soon as possible following advice from the Social Services department.

#### **2. *Teacher or pupil***

- The allegation should be reported to the school or organisation Safeguarding Officer or if in doubt to the headteachers. A written report should be passed to the Producer.

If you witness or receive information which might indicate abuse, you must act immediately.

## 14. Confidentiality, consent and rights

### 1. Confidentiality

Not all information is confidential. Confidential information is information of some sensitivity, which is not already lawfully in the public domain or readily available from another public source, and which has been shared in a relationship where the person giving the information understood that it would not be shared with others.

For example, a teacher may know that a pupil has a parent who misuses drugs. That is information of some sensitivity, but may not be confidential if it is widely known or it has been shared with the teacher in circumstances where the person understood it would be shared with others. If however it was shared with the teacher by the pupil in a counselling session it would be confidential.

Even where sharing of confidential information is not authorised, professionals may lawfully share it if this can be justified in the public interest. Seeking consent should be the first option, if appropriate. Where consent cannot be obtained to the sharing of the information or is refused, or where seeking it is likely to undermine the prevention, detection or prosecution of a crime, the question of whether there is a sufficient public interest must be judged by the professional on the facts of each case. Therefore, where a professional has a concern about a child, a refusal of consent should not necessarily preclude the sharing of confidential information.

For more information on Sharing Information, Confidentiality and Consent, contact the designated staff member for advice and/or see:

- Section 3 “London Child Protection Procedures” available at <http://www.londonscb.gov.uk/procedures/>

### 2. Consent

Consent must be freely given and informed (i.e. the person giving consent needs to understand why information needs to be shared, who will see their information, the purpose to which it will be put and the implications of sharing that information).

Consent can be explicit or implicit. Obtaining explicit consent is good practice and it can be expressed either orally or in writing, although written consent is preferable since that reduces the possibility of subsequent dispute. If verbal consent has been obtained details must be recorded in case notes.

Implicit consent can also be valid in many circumstances. Consent can legitimately be implied if the context is such that information sharing is intrinsic to the activity, and especially if that has been explained at the outset, for example when conducting a common assessment. A further example is where a GP refers a patient to a hospital specialist and the patient agrees to the referral; in this situation the GP can assume the patient has given implied consent to share information with the hospital specialist.

Consent does not entitle a professional or agency to collect an unlimited range of information. The information must relate to the performance of one of the agency’s functions (i.e. the agency must be acting *intra-vires* in seeking the information).

Children aged 12 or over may generally be expected to have sufficient understanding to give (or refuse) consent to sharing information.

For more information on Sharing Information, Confidentiality and Consent, contact the designated staff member for advice and/or see:

- Section 3 “London Child Protection Procedures” available at <http://www.londonscb.gov.uk/procedures/>

### **3. Rights**

Information should be stored in a secure place with limited access to designated people, in line with data protection laws (eg that information is accurate, regularly updated, relevant and secure).

If a complaint or allegation is made against a member of staff he or she should be made aware of his or her rights under both employment law and internal procedures.

## **15. Recording And Sharing Information**

Any incident must be recorded factually as soon as possible using the Incident Reporting Form (see Appendix Two).

A key factor in many serious case reviews has been a failure to record information, to share it, to understand the significance of the information shared, and to take appropriate action in relation to known or suspected abuse or neglect. Often it is only when information from a number of sources has been shared that it becomes clear that a child is at risk of, or is suffering, harm.

Information sharing is vital to safeguarding and promoting the welfare of children and improving information sharing practice is therefore a cornerstone of the Government’s *Every Child Matters: Change for Children* strategy to improve outcomes for children.

You should always share information with LA children’s social care where you have reasonable cause to suspect that a child may be suffering or may be at risk of suffering significant harm.

The decision to share information with external agencies can be taken with advice from the designated members of staff named above.

## **16. Responding to an Accident**

Please also refer to Health & Safety procedures and Risk Assessments relevant to the activity and setting.

- Do not leave the individual unsupervised
- If in a school, call for a teacher or school staff member. Send either workshop assistant or child to the office
- If at Papatango Theatre Company Ltd, call for a fully qualified First Aider and/or the Duty Manager (who can help locate a First Aider)
- If first aid trained, follow recognised procedures
- Complete accident form at school or at Papatango Theatre Company Ltd.

## **17. Internal Enquiries and Suspension**

The Producer will make an immediate decision about whether any individual accused of abuse should be temporarily suspended pending further police and social services inquiries.

## **18. Support for employees**

Papatango Theatre Company Ltd will fully support and protect a member of staff who, in good faith, reports his or her concerns through contact with the appropriate authorities.

Papatango Theatre Company Ltd will fully support and protect a member of staff who, in good faith, reports his or her concern that a colleague is, or may be, abusing a child or vulnerable adult. Where there is a complaint against a member of staff, there may be three types of investigation:

- A criminal investigation
- A safeguarding investigation
- A disciplinary or misconduct investigation

The results of the police and safeguarding investigation may well influence the disciplinary investigation, but not necessarily.

## **APPENDIX ONE – Signs, Symptoms & Definitions Of**

### **Abuse**

#### **1. Concept of significant harm**

- 1.1. Some children are in need because they are suffering, or likely to suffer, significant harm. The *Children Act 1989* introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.
- 1.2. There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.
- 1.3. Each of these elements has been associated with more severe effects on the child, and / or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.
- 1.4. Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.
- 1.5. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term neglect, emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.

## 2. Definitions of child abuse and neglect

### Physical abuse

- 2.1. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent fabricates the symptoms of, or deliberately induces, illness in a child.
- 2.2. For children in specific circumstances (total of 43, from Animal Abuse to Young Carers) who may be at risk of suffering physical abuse, see Section 5 “London Child Protection Procedures” (<http://www.londonscb.gov.uk/procedures/>)

### Emotional abuse

- 2.3. Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child’s emotional development, and may involve:
- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
  - Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction;
  - Seeing or hearing the ill-treatment of another;
  - Serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children;
  - Exploiting and corrupting children.
- 2.4. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
- 2.5. For children in specific circumstances (total of 43, from Animal Abuse to Young Carers) who may be at risk of suffering physical abuse, see Section 5 “London Child Protection Procedures” (<http://www.londonscb.gov.uk/procedures/>)

### Sexual abuse

- 2.6. Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts.
- 2.7. Sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 *Sexual Offences Act 2003*.
- 2.7.1. For ICT-based forms of abuse, see section 5.23 “London Child Protection Procedures ” (<http://www.londonscb.gov.uk/procedures/>)

- 2.7.2. For sexually active children see 5.39 “London Child Protection Procedures” (<http://www.londonscb.gov.uk/procedures/>)
- 2.7.3. For sexually exploited children see 5.39 “London Child Protection Procedures” (<http://www.londonscb.gov.uk/procedures/>)
- 2.8. Sexual abuse includes non-contact activities, such as involving children in looking at, or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

For children in specific circumstances (total of 43, from Animal Abuse to Young Carers) who may be at risk of suffering physical abuse, see Section 5 “London Child Protection Procedures” (<http://www.londonscb.gov.uk/procedures/>)

#### Neglect

2.9. Neglect is the persistent failure to meet a child’s basic physical and / or psychological needs, likely to result in the serious impairment of the child’s health or development.

2.10. Neglect may occur during pregnancy as a result of maternal substance abuse.

2.11. Once a child is born, neglect may involve a parent failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care- givers);
- Ensure access to appropriate medical care or treatment.

2.12. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

2.13. For children in specific circumstances (total of 43, from Animal Abuse to Young Carers) who may be at risk of suffering physical abuse, see Section 5 “London Child Protection Procedures” (<http://www.londonscb.gov.uk/procedures/>)

### **3. Recognition of abuse and neglect**

3.1. The factors described below are frequently found in cases of child abuse or neglect. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm;
- Indicates a need for careful assessment and discussion with the agency’s nominated child protection person;
- May require consultation with and/or referral to the Local Authority’s children’s social care and / or the police.

3.2. The absence of such indicators does not mean that abuse or neglect has not occurred.

#### **The Child**

3.3. In an abusive relationship the child may:

- Appear frightened of the parent;
- Act in a way that is inappropriate to their age and development.



## **The Parent**

### 3.4. The parent may:

- Persistently avoid routine child health services and/or treatment when the child is ill;
  - Have unrealistic expectations of the child;
  - Frequently complain about / to the child and may fail to provide attention or praise (high criticism / low warmth environment);
- Be absent or leave the child with inappropriate carers;
- Have mental health problems which they do not appear to be managing;
- Be misusing substances;
- Persistently refuse to allow access on home visits;
- Persistently avoid contact with services or delay the start or continuation of treatment;
- Be involved in domestic violence;
- Fail to ensure the child receives an appropriate education.

3.5. Professionals should be aware of the potential risk of harm to children when individuals (adults or children), previously known or suspected to have abused children, move into the household.

3.5.1. For harming others see Section 5.18 “London Child Protection Procedures” (<http://www.londonscb.gov.uk/procedures/>)

3.5.2. For risk management of known offenders see Section 13 “London Child Protection Procedures” (<http://www.londonscb.gov.uk/procedures/>)

## **Recognising physical abuse**

### 3.6. The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury;
- Several different explanations provided for an injury;
- Unexplained delay in seeking treatment;
- The parent/s are uninterested or undisturbed by an accident or injury;
- Parents are absent without good reason when their child is presented for treatment;
- Repeated presentation of minor injuries (which may represent a ‘cry for help’ and if ignored could lead to a more serious injury);
- Frequent use of different doctors and accident and emergency departments;
- Reluctance to give information or mention previous injuries.

### *Bruising*

3.7. Children can have accidental bruising, but the following must be considered as indicators of harm unless there is evidence or an adequate explanation provided. Only a paediatric view around such explanations will be sufficient to dispel concerns listed below:

- Any bruising to a pre-crawling or pre-walking baby;
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding;
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive);
  - Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally;
- Variation in colour possibly indicating injuries caused at different times;

- The outline of an object used (e.g. belt marks, hand prints or a hair brush);
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting;
- Bruising around the face;
- Grasp marks on small children;
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse.

#### *Bite marks*

3.8. Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

3.9. A medical opinion should be sought where there is any doubt over the origin of the bite.

#### *Burns and scalds*

3.10. It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious, e.g:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine);
- Linear burns from hot metal rods or electrical fire elements;
- Burns of uniform depth over a large area;
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks);
- Old scars indicating previous burns / scalds which did not have appropriate treatment or adequate explanation.

3.11. Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

#### *Fractures*

3.12. Fractures may cause pain, swelling and discolouration over a bone or joint, and loss of function in the limb or joint.

3.13. Non-mobile children rarely sustain fractures.

3.14. There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type;
- There are associated old fractures;
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement;
- There is an unexplained fracture in the first year of life.

#### *Scars*

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

### **Recognising emotional abuse**

3.16. Emotional abuse may be difficult to recognise, as the signs are usually behavioural

rather than physical.

3.17. The indicators of emotional abuse are often also associated with other forms of abuse. Professionals should therefore be aware that emotional abuse might also indicate the presence of other kinds of abuse.

3.18. The following may be indicators of emotional abuse:

- Developmental delay;
- Abnormal attachment between a child and parent (e.g. anxious, indiscriminate or no attachment);
- Indiscriminate attachment or failure to attach;
- Aggressive behaviour towards others;
- Appeasing behaviour towards others;
- Scapegoated within the family;
- Frozen watchfulness, particularly in pre-school children;
- Low self esteem and lack of confidence;
- Withdrawn or seen as a 'loner' – difficulty relating to others.

### **Recognising sexual abuse**

3.19. Sexual abuse can be very difficult to recognise and reporting sexual abuse can be an extremely traumatic experience for a child. Therefore both identification and disclosure rates are deceptively low.

3.20. Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and / or fear. According to a recent study (Cawson et al's 2000 study for the NSPCC) three quarters (72%) of sexually abused children did not tell anyone about the abuse at the time. Twenty-seven percent of the children told someone later, and around a third (31%) still had not told anyone about their experience/s by early adulthood.

3.21. If a child makes an allegation of sexual abuse, it is very important that they are taken seriously. Allegations can often initially be indirect as the child tests the professional's response. There may be no physical signs and indications are likely to be emotional / behavioural.

3.22. Behavioural indicators which may help professionals identify child sexual abuse include:

- Inappropriate sexualised conduct;
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age;
- Contact or non-contact sexually harmful behaviour;
- Continual and inappropriate or excessive masturbation;
- Self-harm (including eating disorder), self mutilation and suicide attempts;
- Involvement in sexual exploitation or indiscriminate choice of sexual partners;
- An anxious unwillingness to remove clothes for e.g. sports events (but this may be related to cultural norms or physical difficulties).

3.23. Physical indicators associated with child sexual abuse include:

- Pain or itching of genital area;
- Blood on underclothes;

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

3.24. Sex offenders have no common profile, and it is important for professionals to avoid attaching any significance to stereotypes around their background or behaviour. While media interest often focuses on ‘stranger danger’, research indicates that as much as 80 per cent of sexual offending occurs in the context of a known relationship, either family, acquaintance or colleague (Grubin, D (1998). *Sex offending against children: understanding the risk*. Police Research Series. Paper 99. Home Office.)

### **Recognising neglect**

3.25. It is rare that an isolated incident will lead to agencies becoming involved with a neglectful family. Evidence of neglect is built up over a period of time. Professionals should therefore compile a chronology and discuss concerns with any other agencies which may be involved with the family, to establish whether seemingly minor incidents are in fact part of a wider pattern of neglectful parenting.

3.26. When working in areas where poverty and deprivation are commonplace professionals may become desensitised to some of the indicators of neglect. These include:

- Failure by parents or carers to meet essential physical needs (e.g. adequate or appropriate food, clothes, warmth, hygiene and medical or dental care);
- Failure by parents or carers to meet essential emotional needs (e.g. to feel loved and valued, to live in a safe, predictable home environment);
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause;
- Failure of child to grow within normal expected pattern, with accompanying weight loss;
- Child thrives away from home environment;
- Child frequently absent from school;
- Child left with inappropriate carers (e.g. too young, complete strangers);
- Child left with adults who are intoxicated or violent;
- Child abandoned or left alone for excessive periods.

3.27. Disabled children and young people can be particularly vulnerable to neglect due to the increased level of care they may require. See Section 5.10. 13 “London Child Protection Procedures” (<http://www.londonscb.gov.uk/procedures/>)

3.28. Although neglect can be perpetrated consciously as an abusive act by a parent, it is rarely an act of deliberate cruelty. Neglect is usually defined as an omission of care by the child’s parent, often due to one or more unmet needs of their own. These could include domestic violence (see section 5.11), mental health issues (see section 5.29), learning disabilities (see section 5.30), substance misuse (see section 5.31), or social isolation / exclusion (see section 5.1.1 to 5.1.4 “London Child Protection Procedures” at <http://www.londonscb.gov.uk/procedures/>), this list is not exhaustive. While offering support and services to these parents, it is crucial that professionals maintain a clear focus on the needs of the child.

**APPENDIX TWO – INCIDENT REPORTING FORM (1)  
SAFEGUARDING CHILDREN AND VULNERABLE**

Your Name:

Your Position:

Your relationship to, and knowledge of, the subject and family:

Subject's Name:

Subject's Date of Birth:

Subject's Address:

Subject's Ethnicity:

First Language:

Religion:

Any special needs:

Parent/Carer/s Name/s:

Knowledge of/agreement to referral:

Parent/Carer/s Address:

Parent/Carer/s Ethnicity:

First Language:

Religion:

Date and Time of any Incident:

**Disclosure: Exactly What the Subject Said and What You Said** (*Remember, do not lead the subject and record actual details. See 12 above. Continue on separate sheet if necessary*)

**Cause for concern:** including details of any allegations, their sources, timing & location; and details of alleged perpetrator if relevant: (*Continue on separate sheet if necessary*)

Action Taken so far:

Subject's current location and emotional and physical condition:

[continues]

<b>External Agencies Contacted (Date &amp; Time)</b>	
<p><b>POLICE</b></p> <p>Yes/No</p> <p>If yes – which:</p> <p>Name and Contact Number:</p>	<p><b>Details of Advice Received:</b></p>
<p><b>SOCIAL CARE (LOCAL AUTHORITY)</b></p> <p>Yes/No</p> <p>If yes – which:</p> <p>Name and Contact Number:</p>	<p><b>Details of Advice Received:</b></p>
<p><b>OTHER LOCAL AUTHORITY (eg Health)</b></p> <p>Yes/No</p> <p>If yes – which:</p> <p>Name and Contact Number:</p>	<p><b>Details of Advice Received:</b></p>
<p><b>OTHER (e.g. NSPCC)</b></p> <p>Yes/No</p> <p>If yes – which:</p> <p>Name and Contact Number:</p>	<p><b>Details of Advice Received:</b></p>
<p><b>Signature:</b></p> <p><b>Print</b></p> <p><b>Name:</b></p>	<p><b>[ends]</b></p>



## APPENDIX TWO

### Contact details for support services

#### **POLICE**

Emergencies: Dial 999

#### **NSPCC HELPLINES**

Child Protection Helpline 0808 800 5000 (24 hours)

Offer help, advice, guidance, support or take action on your behalf if you have concerns about a child who is either being abused or at risk of abuse.

Childline 0800 1111 (24 hours)

For all children who need advice about abuse, bullying, and other concerns.

Textphone (deaf or hearing impaired): 0800 056 0566

The NSPCC's Asian child protection helpline provides advice in Bengali (0800 096 7714), Gujarati (0800 096 7715), Hindi (0800 096 7716), Punjabi (0800 096 7717), Urdu (0800 096 7718) and Asian/English (0800 096 7719).

Email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)