

# Safeguarding & Child Protection Policy

Reviewed and Approved by the Board on 30/07/2024

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# 1. POLICY STATEMENT

## 1.1 Purpose and aim of the Safeguarding & Child Protection procedures

Immediate Theatre recognises its legal and moral responsibility to provide a duty of care to all children, young persons and vulnerable adults that we work with. We have implemented procedures to safeguard their well-being and protect them from harm. Giving equal priority to keeping all children, young people and vulnerable adults safe regardless of their age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation. This includes a commitment that under no circumstances should any staff member or volunteer inflict physical or psychological harm to a child, young person or vulnerable adult.

These procedures are designed to protect the groups mentioned above and our volunteers and employees by: Ensuring that all employees, Trustees and volunteers working with children and vulnerable people are carefully selected and understand and accept responsibility for the safety of those individuals in their care. Ensuring that the vulnerable person's welfare is of paramount importance when undertaking any activities. Ensuring that all employees, Trustees and volunteers, regardless of their roles, undertake mandatory safeguarding training and understand their responsibilities and the procedures to follow should they have a safeguarding concern.

Immediate Theatre recognises its responsibility to safeguard and promote the welfare of children within the legal framework of the Children Act 1989 and 2004. According to the Children's Act 1989 a child is considered to be under 18.

This policy covers all children using the definition of a child as set out in statutory guidance: *"anyone who has not yet reached their 18<sup>th</sup> birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection"*

**The company recognises its duty to prevent impairment and to promote wellbeing for young people, and it is committed to putting in safeguarding measures by working together with other agencies and partners.**

This policy is intended for all those who occupy positions of responsibility, who work, volunteer or come into contact with children and young people as part of their role within Immediate Theatre.

The purpose of Immediate Theatre's Safeguarding Children Policy is:

- To inform staff, peer facilitators, freelancers, volunteers, Trustee's parents and young people about Immediate Theatre's responsibilities and measures for safeguarding children and young people (hereafter collectively referred to as 'young people').
- To enable everyone to have a clear understanding of how these responsibilities and measures should be carried out.

Safeguarding is defined in this document as the measure to protect young people from maltreatment, prevent impairment of health and/or development, ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

The policy is publicly available on our website and promoted by the organisation.

This policy is reviewed by senior staff and Trustees on an annual basis or whenever there are changes in relevant legislation or guidance.

Approved by Trustees 01/08/23

Signed by:

Jo Carter, Artistic Director (Designated Safeguarding Officer)

Gifty Green, Trustee (Designated Safeguarding Trustee)

## 1.2 Policy Framework

Immediate Theatre uses various safeguarding agencies for advice and guidance, particularly,

- The City and Hackney Safeguarding Children Partnership (CHCSP) [www.chscp.org.uk/](http://www.chscp.org.uk/)
- Safeguarding and Reviewing Service within Children's Social Care LBH
- HCVS (Hackney Community Voluntary Services)
- The NSPCC

The following guidance has been used for this policy:

- [http://www.chscb.org.uk/wp-content/uploads/2020/09/CHSCP\\_policyguidance\\_2020.pdf](http://www.chscb.org.uk/wp-content/uploads/2020/09/CHSCP_policyguidance_2020.pdf)
- [http://www.chscb.org.uk/wp-content/uploads/2019/07/HDS9xxx\\_HCW-Framework-No2-1.pdf](http://www.chscb.org.uk/wp-content/uploads/2019/07/HDS9xxx_HCW-Framework-No2-1.pdf)
- London Child Protection Procedures – <https://www.londoncp.co.uk/>
- The Keeping Children Safe Keeping children safe in education 2024 (this is currently for information only, pending publication of the final version, which is expected to come into force in September 2024).

## 1.3 . Equality statement

Immediate Theatre recognises that some children have an increased risk of abuse, and additional barriers can exist for some children with respect to recognising or disclosing it. We are committed to anti-discriminatory practice and recognise children's diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face.

We give special consideration to children who:

- Have special educational needs (SEN) or disabilities or health conditions (see section 10)
- Are young carers
- May experience discrimination due to their race, ethnicity, religion, gender identification or sexuality
- Have English as an additional language
- Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence
- Are at risk of FGM, sexual exploitation, forced marriage, or radicalisation
- Are asylum seekers
- Are at risk due to either their own or a family member's mental health needs
- Are looked after or previously looked after (see section 12)
- Are missing from education

## 1.3 How the Policy will be administered

### 1.3.1 Designated Safeguarding Officer and Deputy

All organisations need to identify one person to be responsible for dealing with allegations or suspicions of abuse. This Safeguarding Officer is the informed point of contact to manage and advise on child protection issues. It is not the role of the Safeguarding Officer to decide whether a child has been abused or not. This is the task of Children's Social Services, who have the legal responsibility.

Everyone in the organisation should know who the Safeguarding Officer is and how to contact them.

The designated Safeguarding Officer at Immediate Theatre is:

**Jo Carter, Artistic Director, [jo@immediate-theatre.com](mailto:jo@immediate-theatre.com) Direct Dial: 020 7682 3031 (office) 07946 631497 (mobile).**

The designated Deputy Safeguarding Officer at Immediate Theatre is:

**Charmain Humphrey, [charmain@immediate-theatre.com](mailto:charmain@immediate-theatre.com) Direct Dial 020 7682 3031**  
**(office)**  
**07525892953 (mobile)**

It is the role of the Safeguarding Officer at Immediate Theatre to:

- Ensure that they receive refresher training at two yearly intervals to keep their knowledge and skills up to date.
- Ensure that appropriate training and support is provided to all staff.
- Ensure that newly appointed staff, peer facilitators, freelancers and volunteers, receive a Safeguarding induction.
- Ensure that Immediate Theatre operates within the legislative framework and recommended guidance.
- Develop effective working relationships with other agencies and services.
- Decide whether to take further action about specific concerns (e.g. referrals to the Local Authority).
- Provide guidance to parents, young People and staff about obtaining suitable support.

### **1.3.2 The Board of Trustees**

The Board of Trustees has overall responsibility for ensuring that there are sufficient measures in place to safeguard children whilst at Immediate Theatre. In particular, the Trustees must ensure:

- Immediate Theatre's Safeguarding Policy and procedures are reviewed annually
- Relevant Safeguarding training for Immediate Theatre staff, peer facilitators, freelancers and volunteers is attended. This information will be reported to the board via the staff team as part of the policy annual review
- The Trustees nominate suitably trained and experienced Safeguarding Trustee, to be involved in investigating Safeguarding issues and Safeguarding policy reviews
- The Safeguarding Trustee is responsible in the event of an allegation of abuse being made against the Artistic Director/ Designated Safeguarding Officer

The Designated Safeguarding Officer is responsible for reporting to the Safeguarding Trustee to ensure:

- Reviews of any aspect of the company's Safeguarding Policy & Procedure are appropriate
- Safe management of allegations
- Deficiencies or weaknesses in Safeguarding arrangements are remedied without delay

### **1.3.3 Safer Recruitment**

Safeguarding the children, young people and vulnerable adults who Immediate Theatre has contact with is considered at the recruitment stage. All job descriptions relating to a job involving contact or work with children or adults with children will include:

a) The following statement that outlines the organisational expectation of the post-holder:

"All staff have a responsibility to safeguard and promote the welfare of children and adults. The post holder will undertake the appropriate level of training and is responsible for ensuring that they understand and work within the safeguarding policies of the organisation"

b) A definition of the nature of safeguarding supervision a post-holder will receive.

All staff, volunteers and trustees are required to attend an interview and provide references, as detailed in Immediate Theatre's Recruitment and Selection policy in place that includes explicit reference to safeguarding children.

Interviews will always be held face to face where possible, where not possible video conferencing will be used not telephone calls. Pre-planned question will be used. Any gaps in employment, frequent changes in employment, vague statements or unfamiliar qualifications will be examined thoroughly.

Interviewees will be required to produce original copies of all qualifications regarding working with young people. The identity of the employee/volunteer will be checked, via acceptable forms of photographic documentation (e.g. passport, photo driver's licence).

A minimum of 2 references, one of which must be from the most recent employer will be sought prior to the person starting work.

Every new member of staff who works directly with, or has regular contact with, children and young people, will require a new DBS check at enhanced level.

Immediate Theatre will conduct repeat checks every 2 years on every member of staff who works directly with, or has regular contact with, children and young people – either by means of the DBS Update Service or otherwise.

For contractors who have a DBS Certificate number and are registered with the Government's DBS update service we will verify their details online and accept this as equivalent to the company having carried out a DBS independently. This will be reviewed at the beginning of each new contract or every 3 years whichever is the shorter period.

We will accept recent DBS checks (within 2 years) obtained by other organisations for freelance staff working on short term projects when:

- they will always be working with a member of staff who has been fully checked,
- and where we have a reference from a recent employer with a Designated Safeguarding Officer with who can provide a reference.

A new DBS will be sought for any freelancer working with young people over an extended period (more than six weeks) or who is required to lead work independently.

Following a new appointment or the recruitment of an intern / volunteer / Trustee, an assessment of the need to obtain a record for this person from the Disclosure Barring Service (DBS check) will be conducted by the Safeguarding Officer. If a DBS check is required, the Safeguarding Officer will assess what level of check is required using guidance from DBS and Immediate Theatre's own DBS policies.

An acceptable DBS check will be obtained before the employee/volunteer/Trustee starts work with any young people (see Immediate Theatre's DBS Policy and Policy Statement on the Recruitment of Ex-Offenders).

See also full Recruitment Policy

### **1.3.4 Induction and Training**

All staff, Peer Facilitators, freelancers and volunteers who will be working with young people will be given training on implementing Immediate Theatre's Safeguarding Children Policy and procedures, within 2 weeks of engagement. They will be asked to sign and retain a copy of this document. Staff, peer facilitators, freelancers and volunteers are actively encouraged to discuss concerns with their line manager or an appropriate member of staff.

Young people and parents of registered participants will be made aware of our Safeguarding Children Policy through the Parent Information Leaflet which is provided with registration forms. This will include

information about how to contact the safeguarding lead for each project and the Designated Safeguarding Officers.

Immediate Theatre follows an active programme of review. All staff are required to re-read the Safeguarding Policy and Procedures, plus Hackney Children & Young People's Services '*Resource Guide for Professionals*', every 6 months.

All staff, peer facilitators, freelancers and volunteers will be asked to undergo an enhanced DBS check. DBS checks will be updated every 3 years. Freelance workers will be asked to supply Immediate Theatre with an up to date copy of their Enhanced DBS check. Peer Facilitators will NOT commence work until an Enhanced DBS check has been completed and received by the company.

### **1.3.5 Working with Schools and Communities**

A great deal of Immediate Theatre's work is delivered off site at venues run by other organisations, e.g. schools, pupil referral units (PRUs) Youth Service and community run centres.

Immediate Theatre is aware that child protection issues often arise in schools and community projects and that it is therefore vital, in advance of the project start, that staff are clear about the exact safeguarding policy and procedures they are to follow.

- For work in hired community venues, we will inform the venue that Immediate Theatre has a Safeguarding Policy and that this is followed at all times. Any staff or volunteers associated with the host but linked to Immediate Theatre delivery will be treated as staff.
- Before beginning any project in a school or community setting we confirm what Safeguarding Policies exist, check if they are robust, and support these partners safeguarding policy/procedures as part of the planning process.
- Schools and other community partners are required to supply details of their Designated Safeguarding Officer.
  
- For extended (more than 2 sessions) work in schools/community partner venues we ask for copies of the venue's Visitor's Policy and Safeguarding policy, or access them on the website. All Immediate Theatre project staff (paid and unpaid) will be briefed on how to abide by the host's Safeguarding Policy, including dealing with disclosure. The hosts' Safeguarding Policy will be followed within their grounds and also in the event that an individual staff member is approached, as a representative of Immediate Theatre, outside the grounds.
- For brief and one-off projects (less than 2 sessions), we will inform the school/community partner that its project staff will be adhering to Immediate Theatre's Safeguarding Policy.
- We will supply partners with a copy of our Safeguarding Children Policy upon request and is available online

### **1.3.6 Safer Working Practice**

- Immediate Theatre staff will not work alone with a group of young people, and will always ensure that at least one other worker is present. This may be a teacher or a representative from another organisation, providing they have had a suitable DBS check.
- Where groups are split into smaller groups for particular pieces of work, the group leader will ensure that these small groups are within their sight.
- For the purposes of one to one interactions with young people (e.g. discussions about behaviour), the project leader must approve this course of action and be informed of where this is happening.
- When undertaking one to one work with young people, Immediate Theatre staff will notify their Line Manager who they are meeting and where, and how they can be contacted. The meeting should happen in a public place and under no circumstances should the meeting happen at the workers home.



- Immediate Theatre’s staff will not establish or seek inappropriate written or electronic communication with young people. This includes personal mobile phone texts, chat-rooms, social networking sites (inc. Facebook, twitter etc), email, photographs, etc. If staff are concerned that any such communications have safeguarding issues they must seek advice from the Safeguarding Officer or Safeguarding Deputy immediately.
- Members of Immediate Theatre’s paid or unpaid staff should not arrange to meet a participant outside of the set project times, without the prior knowledge and agreement of their Line Manager.
- Written records of all meetings and discussions with young people must be kept at the office, filed in project folders. Where issues of confidentiality are involved these records must be kept only in the Safeguarding folder, which must be kept in a secure place and accessible only to project leaders and key staff.
- Sessions evaluation forms and one to one de-briefs will include space for discussion of any Safeguarding concerns that staff and volunteers may have. Staff should bear in mind that abuse or neglect includes not only inflicting harm, but also knowingly not preventing harm (Working Together to Safeguard Children, DoH 2010)
- Staff should be aware that they may receive disclosures about workers, volunteers, parents, carers or other members of the community and that all disclosures should be reported using the procedures set out in this document so that Designated Safeguarding Lead can make appropriate referrals.
- The best practice guide for working with young people, (see Appendix 2) is to be used as a guide for Immediate Theatre staff and volunteers working with young people.

## 2. WHAT TO DO IF YOU ARE WORRIED ABOUT A CHILD

**If you suspect a child or young person to be in immediate danger or is at immediate risk of harm, you should contact the police by calling 999 without delay.**

Any staff with safeguarding concerns should, share these as soon as possible with the senior member of staff on site or with the Designated Safeguarding Officer/ Deputy if they are present. They in turn must pass this information on to the Designated Safeguarding Officer within 24 hours or sooner should the matter need urgent response.

Records should be made of these concerns using the Disclosure / child protection incident reporting form, (Appendix 3) including providing illustrations of physical harm , Records should include any decisions to share these concerns, stating who they were shared with, when and why, following the procedures itemised in Sections 7 and 8 below.

Important contact details:

- HACKNEY: Hackney FAST – 0208 3565500 / [fast@hackney.gov.uk](mailto:fast@hackney.gov.uk)
- CITY OF LONDON: Children & Families Team – 0207 3323621 / [children.duty@cityoflondon.gov.uk](mailto:children.duty@cityoflondon.gov.uk)
- CITY AND HACKNEY: The Emergency Duty Team – 0208 3562710 / [emergency.duty@hackney.gov.uk](mailto:emergency.duty@hackney.gov.uk)

You can also seek advice from the NSPCC helpline ([help@nspcc.org.uk](mailto:help@nspcc.org.uk) / 0808 800 5000)

You should not: attempt to deal with the situation yourself, make assumptions, keep the information to yourself or promise confidentiality, take an action that might undermine any future investigation or disciplinary procedure.

Please note that all non-recent (historical) allegations should be responded to in the same way as contemporary concerns

### 3. CATEGORIES OF ABUSE

Abuse and neglect are forms of maltreatment of a child or young person. Somebody 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, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

All staff and volunteers should be aware of various categories of abuse::

- Physical abuse
- Emotional/Psychological abuse
- Sexual abuse
- Neglect
- Domestic abuse
- Financial abuse
- Institutional abuse
- Discriminatory abuse
- Criminal exploitation
- Radicalisation

#### 3.1 Details of categories of abuse

##### **Physical abuse:**

**Definition:** physical abuse is when someone hurts or harms a child of your person on purpose

- May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.
- Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

##### **Emotional/Psychological abuse:**

**Definition:** emotional/psychological abuse is any time of abuse that involves the continual emotional mistreatment of a child

- Persistent emotional maltreatment of a child, such as to cause severe effects on their emotional development
- May involve conveying to the child they are worthless, unloved, inadequate, or valued only in so far as they meet the needs of another person
- It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate
- It may feature: age or developmentally inappropriate expectations imposed on the child's developmental capability
- Over protection, limitation of expectation and learning or preventing the child participating in normal social interaction
- The exploitation or corruption of children, including financial abuse where a child is groomed or forced to hand over personal money or perform a criminal act to obtain said money
- Seeing or hearing the ill-treatment of another; domestic abuse
- Serious bullying (including cyber-bullying)
- Causing children to frequently feel frightened /in danger, or exploitation and corruption of children.
- Some level of emotional abuse is involved in child maltreatment

### **Sexual abuse:**

**Definition:** sexual violence and abuse is any behaviour thought to be of sexual nature which is unwanted and takes place without consent. Sexual violence and abuse can be physical, psychological, verbal or online. Any behaviour of sexual nature that causes you distress is considered sexual violence or 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
- Activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing
- It may also include non-contact activities, e.g., involving children in looking at, or in the production of, sexual images i.e., sexting, youth produced sexual imagery, videos and live streams, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (incl. via the internet)
- Sexual abuse is not solely perpetrated by adult males; women can commit acts of sexual abuse, as can other children

### **Neglect:**

**Definition:** neglect is a persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

- Neglect can occur during pregnancy and as a result of maternal substance abuse.
- Once a child is born it could involve a parent or carer failing to:
  - Provide adequate food, clothing, shelter (including exclusion from home or abandonment)
  - Protect a child from physical and emotional harm or danger
  - Ensure adequate supervision (incl. the use of inadequate care-givers)
  - Access appropriate medical care or treatment
  - It may also include neglect of, or unresponsiveness to, a child's basic emotional need

### **Domestic:**

**Definition:** domestic abuse is any type of controlling, coercive, threatening behaviour, violence or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. Domestic abuse always has an impact on children. Being exposed to domestic abuse in childhood is child abuse.

Domestic abuse can include:

- Drastic change in behaviour – punching, cutting, hitting with an object
- Sexual abuse
- Withholding money or preventing someone from earning money
- Taking control over aspects of someone's everyday life, which can include where they go or what they wear
- Not letting someone leave the house
- Reading emails, text messages or letters
- Threatening to kill or harm them, a partner, another family or pet

### **Financial:**

**Definition:** financial abuse includes but not limited to theft – either physically, or through transfer of funds from the vulnerable person. Misappropriation or misuse of money.

Financial abuse can include:

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts

### **Institutional:**

**Definition:** institutional abuse is the mistreatment of people within their organisation brought about by poor or inadequate care or support, or systematic poor practice that affects the whole care setting

Institutional abuse can include:

- Failure to respect or support a person or group's right to independence, or choice
- Lack of person-centred care planning or rigid care routine

Inappropriate confinement, restraint or restriction

Discriminatory:

**Definition:** discrimination is abuse that focuses on a difference or perceived difference. This may include race, gender, disability, or any of the protected characteristics of the Equality Act.

Discriminatory abuse can include:

- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

Criminal:

**Definition:** criminal exploitation is child abuse where children and young people are manipulated and coerced into committing crimes.

Criminal exploitation can include:

- Street gangs
- Organised criminal gangs
- County lines

Radicalisation

**Definition:** the action or process of causing someone to adopt radical positions on political or social issues.

- Children who are at risk of radicalisation may have low self-esteem or be victims of bullying or discrimination. Extremists might target them and tell them they can be part of something special, later brainwashing them into cutting themselves off from their friends and family

## 4. HOW TO RECOGNISE THE SIGNS OF ABUSE

It can often be difficult to recognise abuse. However, it is important to know what could indicate that abuse is taking or has taken place, and to be alert to the need to consult further.

All staff, peer facilitators, freelancers and volunteers should be concerned about a child if he or she presents with indicators of possible significant harm.

Abuse can take place within a family, in an institution or community setting, by telephone or on the internet. Generally, in an abusive relationship the child may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside the home
- Act in a way that is inappropriate to his/her age and developmental stage \*
- Display insufficient sense of 'boundaries', lack stranger awareness
- Appear wary of adults and display 'frozen watchfulness'
- Asks for money from either peers or facilitator(s) and/or claims to have lost money given for shopping by parent

*\*Full account needs to be taken of different patterns of development, different ethnic groups, various medical and neurodevelopmental disorders (such as ADHD, autism spectrum disorders) and other stressful situations that are not part of child maltreatment (e.g. bereavement or parental separation)*

## 4.1 Possible signs of abuse

### POSSIBLE SIGNS OF PHYSICAL ABUSE

- Unexplained injuries or burns, particularly if they are recurrent
- Untypical of accidental injury (e.g. finger mark bruises, bites, small round burns)
- Bruising in and around the mouth, back, buttock or rectal area
- Fractures to arms, legs or ribs of a small child
- Large number of bruises or scars in various stages of healing
- Frequent injuries even with apparently reasonable explanations
- Parent/child gives improbable/conflicting explanations for injuries / refusal to discuss
- Admission of punishment which appears excessive
- Fear of parents being contacted
- Puncture marks, swollen areas, bald patches/missing hair
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of returning home; chronic running away
- Fear of medical help / parents not seeking medical help/ inappropriate treatment
- Self-destructive tendencies
- Child withdrawn, shy, passive, compliant, nervous or aggressive, disruptive, destructive
- Frequently absent from school

### POSSIBLE SIGNS OF EMOTIONAL OR PSYCHOLOGICAL ABUSE

*Probably the most difficult type of abuse to recognise; an emotionally abused child is often withdrawn, introverted and depressed.*

- Admission of punishment which appears excessive
- Excessively clingy or attention-seeking behaviour, too eager to please
- Lack of boundaries with strangers
- Over-reaction to mistakes, low self-esteem, excessive/continual self-criticism
- Depression, withdrawn behaviour, fearfulness
- Sudden speech disorders
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self-mutilation
- Fear of parents being contacted
- Extremes of passivity or aggression or distress (e.g. inconsolable crying, rages, temper tantrums)
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Scavenging for food or clothes
- Air of detachment – ‘don’t care’ attitude – high criticism, low warmth
- Social isolation – does not join in and has few friends
- Eating problems, including over-eating or lack of appetite

### POSSIBLE SIGNS OF SEXUAL ABUSE

- Disclosure
- Demonstrating sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Wetting, or other regressive behaviours e.g. thumb sucking
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Stopped enjoying previously liked activities
- Being reluctant to undress for PE

- Becoming fearful of, or refuse to see, certain adults for no apparent reason; show dislike of a particular baby-sitter, relative or other adult
- Drawing sexually explicit pictures
- Sexualised behaviour/ play/ language
- Urinary infections, bleeding or soreness in the genital or anal areas
- Soreness or bleeding in the throat
- Chronic ailments, such as stomach pains or headaches
- Taking over the parental role at home; seeming old beyond their years
- Developing eating disorders, such as anorexia or bulimia; obsessive behaviours
- Depression, suicidal thoughts
- Poor self-image, self-harm, self-hatred
- Physical discomfort
- Use of drugs or drink to excess
- Unexplained pregnancy
- Memory loss
- Frequently running away
- Restricted social activities
- Finding excuses not to go home or to a particular place
- Having recurring nightmares/be afraid of the dark
- Being unable to concentrate; seem to be in a world of their own
- Having a 'friend who has a problem' and then tell about the abuse of the friend
- Sudden changes in school work habits, become truant
- Withdrawal, isolation or excessive worrying
- Outbursts of anger or irritability
- Unexplained sums of money

#### **POSSIBLE SIGNS OF NEGLECT**

- Inadequate supervision
- Exposure to poisonous substances, drugs
- Constant hunger, stealing food
- Poor personal hygiene; inappropriate clothing, clothing in a poor state of repair
- Frequent lateness or non-attendance at school
- Untreated medical problems, failure to seek medical advice
- Inadequate nutrition, leading to ill-health; emaciation
- Low self-esteem
- Poor social relationships
- Compulsive stealing
- Constant tiredness
- Destructive tendencies.
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Chronic running away
- Scavenging for food or clothes
- Talking about being left home alone, with inappropriate carers or with strangers.
- Reaching developmental milestones, such as learning to speak or walk, late, with no medical reason.
- Parents who are dismissive and non-responsive to practitioners' concerns

#### **POSSIBLE SIGNS OF DOMESTIC ABUSE**

- Increased loss of temper
- Frequent physical fighting
- Increased use of alcohol or drugs
- Increased risk-taking behaviour
- Declining school performance

- Acute episode of major mental illness
- Planning how to commit acts of violence
- Announcing threats or plans for hurting others
- Obtaining or carrying a weapon
- Gang membership or strong desire to be in a gang
- Access to or fascination with weapons or guns
- Withdrawal from friends and usual activities
- Regularly feeling rejected or alone
- Feeling constantly disrespected

#### **POSSIBLE SIGNS OF FINANCIAL ABUSE**

- False representation, using another person's bank account, card or documents
- Exploitation of a person's money or assets
- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money
- Under pressure, duress, threat or undue influence

#### **POSSIBLE SIGNS OF INSTITUTIONAL ABUSE**

- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive or disrespectful attitudes towards people using the service
- Lack of respect for dignity and privacy
- Failure to manage abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Not taking account of individuals' cultural, religious or ethnic needs
- Interference with personal correspondence or communication
- Failure to respond to complaints

#### **POSSIBLE SIGNS OF DISCRIMINATORY ABUSE**

- Inappropriate descriptive language
- Belittling
- Unequal treatment
- Lack of diversity
- Unjust disciplinary action
- Demeaning communication

#### **POSSIBLE SIGNS OF CRIMINALISATION**

- Peer pressure and wanting to fit in with their friends
- They feel respected and important
- They want to feel protected from other gangs or bullies
- They want to make money, and are promised rewards
- They want gain status, and feel powerful
- They've been excluded from school and don't feel they have a future

#### **POSSIBLE SIGNS OF RADICALISATION**

- Isolating themselves from family and friends

- Talking as if from a scripted speech
- Unwillingness or inability to discuss their views
- A sudden disrespectful attitude towards others
- Increased levels of anger
- Increased secretiveness, especially around internet use

## 5. HOW TO RESPOND TO ALLEGATIONS OF ABUSE AGAINST A MEMBER OF STAFF OR VOLUNTEER

The first step in effectively protecting children and young people from professionals or volunteers who want to harm them is to accept that this risk exists and that this risk may exist from the people you work alongside. Staff and volunteers must be prepared to ‘think the unthinkable’, regardless of how challenging or uncomfortable this might be. All non-recent (historical) allegations should be responded to in the same way as contemporary concerns.

All allegations against staff members should be dealt with fairly, quickly and consistently, in a way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.

Whenever it is alleged that a member of staff, peer facilitator, volunteer or freelancer has:

- Behaved in a way that has harmed, or may have harmed a child
- Possibly committed a criminal offence against, or related to, a child
- Behaved towards a child or children in a way which indicates s/he is unsuitable to work with children

Staff member/s receiving the allegation must take it seriously and immediately inform the Safeguarding Officer.

If the concerns are about the Artistic Director/Safeguarding Officer, then the designated Safeguarding Trustee should be contacted, via the Chair of Trustees:

**Chair of Trustee, [Shekeila](mailto:Shekeila.Scarlett03@gmail.com) Scarlett - [Shekeila.Scarlett03@gmail.com](mailto:Shekeila.Scarlett03@gmail.com)  
Current Designated Safeguarding Trustee Gifty Green**

If the Safeguarding Officer or Safeguarding Trustee decides that the allegation warrants further action through Safeguarding Procedures she **must immediately make a referral to Local Authority Designated Officer (LADO)**, in accordance with London Child Protection Procedures (available from [www.londonscb.gov.uk/procedures/](http://www.londonscb.gov.uk/procedures/))

### Local Authority Designated Officer (LADO)

The LADO works within Safeguarding and Reviewing Service within Children’s Social Care and is the person responsible for conducting investigations against staff and volunteers. The LADO can provide advice, guidance and determines if the allegation will be investigated. The LADO will coordinate information-sharing.

**LB Hackney’s LADO,**

**[LADO@hackney.gov.uk](mailto:LADO@hackney.gov.uk) or phoning 020 8356 4569.**

If unavailable, call the Safeguarding Duty Service (020 8356 8082) to leave a message.

**City and Hackney Safeguarding Children Partnership (CHSCP)**



The CHSCP can be consulted for advice and information on safeguarding and child protection issues. The website has a range of up to date information which can be found at <http://www.chscb.org.uk/> City and Hackney Safeguarding Children Partnership (chscp)  
Hackney Service Centre, 1 Hillman Street,  
Hackney, London, E8 1DY  
Tel no 0208 356 4183

See Section 19, page 25 Advice and Information for further contacts.

## 6. HOW TO RESPOND TO A CHILD TELLING YOU ABOUT ABUSE

If a child discloses that he or she has been abused in some way, the member of staff/volunteer should:

- React calmly so as not to frighten the child/young person
- Be aware of your non-verbal messages
- Keep responses short, simple, slow and gentle
- Don't stop a child or parent who is talking freely about what happened
- Observe and listen but don't ask for more information
- If you have difficulty in understanding the child or parent's communication method, reassure them that you will find someone who can help
- Tell them they are not to blame
- Tell the child or parent that have done the right thing by telling you
- Never promise a child that what they told you can be kept a secret
- Explain that you have a responsibility for their safety and therefore have to tell someone in authority.
- Let them know there are others who can help them and they are not alone.
- Avoid making comments or judgements about what is shared
- Tell the child or parent about what will happen next, and be honest
- Make a written note of: what is said, who is present and anything else that happens after the child or parent has spoken to you (before they are seen by children's social care or the police)

Details of Do's and Don'ts for working with young people are listed in Appendix 2

### **Remember:**

- Non-action is not an option in child protection. You must act immediately: DO NOT assume someone else will.
- Pass information to the Safeguarding Officer without delay (see Section 4)
- Do not under any circumstances attempt to provide counselling support or arrange to meet the young person or outside of the peer education setting. Explain that you are not an expert in the area of need and that they will need to be put in touch with someone who can support them.

### **Support for staff**

Dealing with a disclosure from a child, and a Safeguarding case in general, is likely to be a stressful experience. The Safeguarding Officer will arrange a de-brief with staff member/s and arrange suitable further support/s.

### **Making a Referral**

Immediate Theatre's Safeguarding Officer is responsible for making referrals to children social care (CSC) through the LADO, unless the allegations involve the Safeguarding Officer, in which case the Safeguarding Trustee is responsible. In the absence of the Safeguarding Officer and the Deputy the worker involved in the case should make a direct referral.

When a referral to has been made the following people will be informed, in strict confidence:

- Key staff working closely with the child (either on a one to one or group basis)
- Immediate Theatre’s Safeguarding Trustee

A progress file will be kept, with copies of all emails, telephone calls, verbal/written interactions regarding the referral (to be kept in the Safeguarding Officer’s locked files).

If the referral is made over the phone a written referral must be sent within 48 hours. Children’s Social Care then have one working day to make a decision as to what action will be taken and will inform the referrer of the outcome.

Children Social Care services (CSC) will advise the Safeguarding Officer on who will inform the parents if this is a case where this has not already been discussed with the parents.

The Safeguarding Officer will work closely with all professionals involved in the case following information sharing protocols.

At all times the Safeguarding Officer will seek advice from the CSC and follow their instructions.

The following resources may be of use:

**Responding to a disclosure by a child or young person.**

[https://www.youtube.com/watch?v=XY4gm5HIScA&ab\\_channel=CHSCP](https://www.youtube.com/watch?v=XY4gm5HIScA&ab_channel=CHSCP)

**Obtaining Consent when making a Request for Support**

[https://www.youtube.com/watch?v=1\\_XjsPjrTB0&ab\\_channel=CHSCP](https://www.youtube.com/watch?v=1_XjsPjrTB0&ab_channel=CHSCP)

What does a good request for support look like?

[https://www.youtube.com/watch?v=xSWkZIxWFbI&ab\\_channel=CHSCP](https://www.youtube.com/watch?v=xSWkZIxWFbI&ab_channel=CHSCP)

## **7. WORKING WITH PARENTS AND CARERS.**

Immediate Theatre appreciates that having positive relationships with Parents and Carers is essential for Safeguarding. We follow the principles set out in the Keeping Children Safe guidance published by DfE which is scheduled to come into place in September 2024.

- Effective partnership and the importance of building strong, positive, trusting and co-operative relationships
- Respectful, non-blaming, clear and inclusive verbal and non-verbal communication that is adapted to the needs of the parents and carers
- Empowering parents and carers to participate in decision making by equipping them with the information, keeping them updated and directing them to further resources
- involving parents and carers in the design of processes and services that affect them

## 8. POSSIBLE SAFEGUARDING ISSUES AND PREVENTATIVE MEASURES

### 8.1 Contextual Safeguarding

We acknowledge that the children and young people we work with will be affected by, and may be exposed to harm in, different environments. We recognise that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. 'Contextual safeguarding' is an approach to safeguarding that responds to young people's experiences of harm outside of the home, for example, with peers, in schools and in neighbourhoods. Those children and young people who are trafficked, exploited or coerced into committing crimes are victims in need of safeguarding and support. Immediate theatre acknowledges that our staff know and understand the local community and children and young people they work with best. Staff are encouraged to keep their eyes and ears open for any changes or anything that is potentially concerning, in the local area and estates where they work.

Through understanding what's happening locally and working together with others Contextual safeguarding helps provide us with an approach to help keep children and young people safe who access the project.

### 8.2 Allegations of abuse made against other participants

We recognise that children are capable of abusing their peers. Abuse will never be tolerated or passed off as "banter", "just having a laugh" or "part of growing up", as this can lead to a culture of unacceptable behaviours and an unsafe environment for students. We also recognise the gendered nature of peer-on-peer abuse. However, all peer-on-peer abuse is unacceptable and will be taken seriously.

Most cases of participants hurting other participants verbally or physically will be dealt with under our behaviour policy, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns. This might include where the alleged behaviour:

- is serious, and potentially a criminal offence
- could put Immediate Theatre participants at risk
- is violent
- involves participants being forced to use drugs or alcohol
- involves sexual exploitation, sexual abuse or sexual harassment, such as indecent exposure, sexual assault, upskirting or, sexting (also known as youth produced sexual imagery): , sexually inappropriate pictures or videos (including the sharing of nudes and semi-nudes)

Procedures for dealing with allegations of peer-on-peer abuse

If a participant makes an allegation of abuse against another participants: You must record the allegation and tell the DSL, but do not investigate it.

The DSL will make an initial investigation and if required contact the local authority children's social care team and follow its advice, as well as the police if the allegation involves a potential criminal offence. The DSL will maintain contact with that agency until the matter is resolved. The DSL will put a risk assessment and support plan into place for all children involved (including the victim(s), the child(ren) against whom the allegation has been made and any others affected) with a named person they can talk to if needed The DSL will contact the children and adolescent mental health services (CAMHS), if appropriate.

Creating a supportive environment in sessions and minimising the risk of peer-on-peer abuse

We recognise the importance of taking proactive action to minimise the risk of peer-on-peer abuse and of creating a supportive environment where victims feel confident in reporting incidents.

To achieve this, we will:

Challenge any form of derogatory or sexualised language or inappropriate behaviour between peers, including requesting or sending sexual images

- Be vigilant to issues that particularly affect different genders – for example, sexualised or aggressive touching or grabbing towards female participants, and initiation or hazing type violence with respect to boys
- Ensure our programmes help to educate participants about appropriate behaviour and consent
- Ensure participants are able to easily and confidently report abuse using our reporting systems
- Ensure staff reassure victims that they are being taken seriously
- Ensure staff are trained to understand:
  - How to recognise the indicators and signs of peer-on-peer abuse, and know how to identify it and respond to reports
  - That even if there are no reports of peer-on-peer abuse in sessions, it does not mean it is not happening – staff should maintain an attitude of “it could happen here”
  - That if they have any concerns about a child’s welfare, they should act on them immediately rather than wait to be told, and that victims may not always make a direct report.

For example:

- Children can show signs or act in ways they hope adults will notice and react to
- A friend may make a report
- A member of staff may overhear a conversation
- A child’s behaviour might indicate that something is wrong
- o That certain children may face additional barriers to telling someone because of their vulnerability, disability, gender, ethnicity and/or sexual orientation
- o That a student harming a peer could be a sign that the child is being abused themselves, and that this would fall under the scope of this policy
- o The important role they have to play in preventing peer-on-peer abuse and responding where they believe a child may be at risk from it
- o That they should speak to the DSL if they have any concerns

The London Borough of Hackney have produced guidance regarding Multi-agency Planning (MAP) Meetings for children and young people who present a risk of demonstrating harmful sexual behaviour. Our organisation will be mindful of the sections in the London Child Protection Procedures concerning ‘Harming Others’ and ‘Sexually Active Children’ and work closely with social care, the police and other agencies following a referral.

### 8.3 Child sexual exploitation

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly ‘consensual’ relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship.

The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Immediate Theatre ensures staff are vigilant at all times and are mindful of the early indicators that a child/young person might be involved in socialising with people who are older, or even the same age and might be at risk of being sexually exploited.

If, as an organisation, we are concerned a child is being sexually exploited we will follow the procedures set out in this document and make reference to the guidance provided by CHSCB. This further Governmental guidance can be useful when considering cases of CSE.

#### 8.4 Children with special educational needs and disabilities

Children with special educational needs and disabilities (SEND) can face additional safeguarding challenges, with research suggesting that SEND children can be up to four times more likely to be abused due to additional vulnerabilities. As an organisation we will ensure a culture of vigilance that reflects the fact that additional barriers can exist when recognising abuse and neglect in this group of children. These can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- The potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- Communication barriers and difficulties in overcoming these barriers.

#### 8.5 Female Genital Mutilation

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

If we as an organisation are concerned, we will follow the procedures set out in this document and make reference to the guidance provided by CHSCP.

Where a member of staff discovers that an act of FGM appears to have been carried out on a girl who is aged under 18, there is a statutory duty upon that individual to report it to the police.

#### FGM Mandatory Reporting Duty

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers, along with social workers and healthcare professionals, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. Seeing visual evidence will occur rarely, as staff members never physically examine children, but other visual indicators may be apparent. In either case, if a case of FGM appears to have been carried out, this mandatory reporting duty applies to all professionals in with a duty of care.

#### 8.6 Preventing Radicalisation and Extremism

We as an organisation will fulfil our responsibilities under the Prevent duty. It is essential that staff are able to identify children who may be vulnerable to radicalisation and know what to do when they are identified.

**Extremism** is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces.

**Radicalisation** refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

**Terrorism** is an action that endangers or causes serious violence to a person/people causes serious damage to property or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

There is no single way of identifying whether a child or young person likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to their vulnerability. Similarly, radicalisation can occur through many different methods (such as social media) and settings (such as the internet). However, it is possible to protect vulnerable people from extremist ideology and intervene to prevent those at risk of radicalisation being radicalised. As with other safeguarding risks, staff and volunteers should be alert to changes in children and young people's behaviour, which could indicate that they may be in need of help or protection.

Protecting children from the risk of radicalisation should be seen as part of wider safeguarding duties, and is similar in nature to protecting children from other harms (e.g. drugs, gangs, neglect, sexual exploitation), whether these come from within their family or are the product of outside influences.

If we as an organisation are concerned, we will follow the procedures set out in this document and make reference to the guidance provided by CHSCP and the NSPCC

See further information at:

<https://learning.nspcc.org.uk/safeguarding-child-protection/radicalisation>

## **9. HOW INFORMATION WILL BE RECORDED**

Good record keeping is important. Clear, accurate records ensure that there is documented account of an organisation's staff, volunteers and other children's involvement, if an allegation has been recorded precisely.

This will help when individuals are unavailable, change role/job and provide an essential tool for others who are responding to the incident. Records are a good source of evidence for enquiries and may be used in court proceedings. When a child has made a disclosure – or witnessed an incident - the member of staff, peer facilitator, freelancer or volunteer should:

- Make brief notes as soon as possible after the conversation/incident
- Record statements and observations rather than interpretations or assumptions
- Use clear, straightforward language, be concise, be accurate not only in fact, but in differentiating between opinion and judgement
- Not destroy the original notes in case they are needed by a court
- Record the date, place, time of incident - with child's name and date of birth
- For incidents: record a factual account of what happened, what was seen and heard
- For disclosures: record any noticeable non-verbal behaviour and the words used by the child
- Record who else is present when the disclosure/incident occurs (e.g. witnesses)
- Show actions taken (by who, when and why) and any future plans e.g. monitor and review
- Indicate on a diagram to indicate the position of any bruising or other injury
- Sign and print your name, with job title, on the written record
- All records need to be given to the Safeguarding Officer promptly. No copies should be retained by the member of staff or volunteer.
- Safeguarding Officer to record whether any other agencies are informed
- Findings must be in chronological order
- Records to demonstrate how the process has been managed should be made

A Disclosure Form is available on the Immediate Theatre shared file system (see Appendix 3 for an example.)

**Record Keeping:**

- Safeguarding Records are kept in a locked cabinet in the Safeguarding Officer's office
- Advice must be sought from the LADO before any reference to child protection issues is logged on Immediate Theatre's electronic database (i.e. on a participant's record) and where email is used to convey safeguarding information about specified people
- Parents and young people have the right to request access to safeguarding information, but this request must be made in writing.

## 10. CONFIDENTIALITY

Safeguarding raises issues of confidentiality that must be clearly understood by all staff and volunteers:

- Legally, you can share information if you are worried about the safety of a child, but sharing information with staff should always be on a need to know basis
- Not everyone needs to know when a concern or worry raised
- It is fine to say that a concern has been raised and it is being dealt with, following the company's Safeguarding procedures
- If a child requests that information about abuse is kept secret, it is important that the member of staff tells the child - in a manner appropriate to the child's age/stage of development - that they cannot promise this and need to pass information to other professionals to help keep the child or other children safe
- Staff who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts (and check with their Line Manager or the Safeguarding Officer / Deputy if they are unsure)
- Confidentiality of child and parent should be maintained, but the welfare of the child is paramount

**Keeping Records of confidential information:**

- Child Protection information is confidential and must be kept in a secured separate file, available to the Safeguarding Officer
- Files on children must be open to parents
- Third party information is not to be disclosed without the consent of the owner
- Parents have to make formal requests to see their child's Child Protection File
- Working notes are not subject to disclosure, but must eventually be summarised on file and then destroyed

The HM Government has produced non statutory advice on Information Sharing designed for all frontline practitioners and senior managers working with children, young people, parents and carers who have to make decisions about sharing personal information on a case by case basis. This includes:

1. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not.

If you decide to share, then record what you have shared, with whom and for what purpose.

For further guidance please refer to the Immediate Theatre Safeguarding Policy folder /Resources “Information\_sharing\_advice\_safeguarding\_practitioners”

## 11. WHISTLE BLOWING

You may be the first to recognise that something is wrong but may not feel able to express your concerns out of a feeling that this would be disloyal to colleagues or you may fear harassment or victimisation; these feelings, however natural, must never result in a child or young person continuing to be unnecessarily at risk. Remember it is often the most vulnerable children or young person who is targeted. These children need someone like you to safeguard their welfare:

*Don't think what if I'm wrong - think what if I'm right*

### Reasons for whistle blowing

- Each individual has a responsibility for raising concerns about unacceptable practice or behaviour
- To prevent the problem worsening or widening
- To protect or reduce risks to others
- To prevent becoming implicated yourself

If any member of staff, peer facilitator, freelancer or volunteer has reason to suspect that another member of staff, peer facilitator, freelancer or volunteer may have abused a child in an Immediate Theatre session, or elsewhere, they must immediately inform a Senior Officer and/or Artistic Director. (see section 5) They should also make a written record of the allegation using the informant's words; including time, date and place where the alleged incident took place, what was said and anyone else present. This record should be signed and dated and immediately passed on to the designated Senior Officer, the Artistic Director.

You may raise your concern by telephone, in person or in writing. The earlier you express your concern, the easier it is to take action. You will need to provide the following information:

- The nature of your concern and why you believe it to be true
- The background and history of the concern (giving relevant dates).



Although you are not expected to prove beyond doubt the truth of your suspicion, you will need to demonstrate to the person contacted that you are acting in good faith and there are reasonable grounds for your concern.

#### **What happens next?**

- You should be given information on the nature and progress of any enquiries
- Your line manager has a responsibility to protect you from harassment or victimisation
- No action will be taken against you if the concern proves to be unfounded and was raised in good faith
- Malicious allegations may be considered a disciplinary offence

#### **Further advice and support**

It is recognised that whistle blowing can be difficult and stressful. Advice and support is available from your line manager; you can also seek advice from the Safeguarding Officer or from the NSPCC.

NSPCC Whistleblowing advice line: 0208 028 0285

<https://www.nspcc.org.uk/fighting-for-childhood/news-opinion/new-whistleblowing-advice-line-professionals/>

#### **Self-reporting**

There may be occasions when an employee has a personal difficulty, maybe a physical or mental problem, which they know to be impinging on their professional competence. Staff have a responsibility to discuss such a situation with their line manager so professional and personal support can be offered to the member of staff concerned. Confidentiality cannot be guaranteed where personal difficulties realise concerns about the welfare of safety of children but will only be shared on a “need to know” basis.

## **12. SOCIAL NETWORKING**

Staff, Peer Facilitators, freelancers and volunteers should at all times maintain a professional relationship with young people in their charge and should not place themselves in a position where they are alone with a pupil or where their actions could be misinterpreted.

It is therefore strongly enforced that staff, freelancers, peer facilitators and volunteers **DO NOT** link with young people on social networking sites or text message using their personal mobile phones to conduct friendships. Immediate Theatre staff should have their personal social media accounts set to private so they cannot be found easily by participants.

In the rare occasions that staff, freelancers, peer facilitators or volunteers have established friendships or connections with current Immediate Theatre participants outside of Immediate Theatre sessions then it is the responsibility of the member of staff, freelancer, peer facilitator or volunteer to speak to their line manager to look at strategies to mitigate risk.

## **13. TRIPS AND OUTINGS**

Immediate Theatre provides trips and outings for young people as a part of their overall theatre education and encouraging access to mainstream activities. It is vital that safeguarding measures are put in place well before the trip takes place:

- A detailed risk assessment will be drawn up by the leader of the trip, assessing all potential risks to young people’s safety and putting in measures to deal with these.

- Parents will be informed with exact details of the trip and offered the opportunity to have a copy of the risk assessment.
- Should any key safeguarding measure not be possible at the last minute, the trip will be cancelled.

For more details see '*Risk Assessment procedures for working with groups of Young People*'.

### **13.1. POSITIVE RISK ASSESSMENTS**

Positive risk assessments are intended to enable people to take risks. They make sure that everything is looked at and things put in place to make risks as small as possible. Risk can occur for better or for worse. When most people think of potential events that could impact a project, they typically think of negative risk – negative incidents that will cause your project to suffer. But positive circumstances could also occur.

The process starts with the identification of benefit or harm. The desired outcome is to encourage and support people in positive risk taking to achieve personal change or growth. Positive risk management does not eliminate risk. For example, a young person might independently take the bus to visit a café or the shops, giving them the chance to have valuable social interactions and explore at their own place.

## **14. CHANGING AND DRESSING ROOMS**

Immediate Theatre's programmes often culminate in performances. Children required to change their clothing for rehearsals or performances will be provided with designated male/female/gender neutral spaces to get changed and we will ensure that a member of staff is nearby to respond to any issues that arise.

Where costume fittings are required with a member of staff we will ensure that they are not left alone with a young person.

### **14.1. TRANSGENDER AND TRANSITIONING CHILDREN**

If a young person self-identifies as a gender that differs from the gender they were assigned at birth, they may wish to start changing with other children of the same gender identity or ask for privacy.

At Immediate Theatre we will try to make reasonable adjustments to changing arrangements to suit the young person's needs and reduce the risk of bullying behaviour or distress.

Reasonable adjustment include:

- Providing a private, separate changing space for the child
- Educating other children in the team on gender identity and celebrating difference

## **15. PHOTOGRAPHY AND SHARING IMAGES**

(Guidance for photographing and recording children during events and activities)

Immediate Theatre recognises that it is important that children and young people feel happy with their achievements and have photographs and films of their special moments. Family and friends also want to be able to share the successes of their children when they have been part of a special event or activity.

Photographic and video documentation is also used as part of performances and displays and for accreditation purposes and therefore is an essential element of our work.

However, it's also important to be aware of safeguarding issues when people are taking photos or filming at events. The following guidance has been adapted from NSPCC guidelines and is designed to reduce the potential for misuse of images by making staff aware of the potential risks and dangers and putting appropriate measures in place.

Risk factors:

Some of the potential risks of photography and filming at events include:

- children may be identifiable when a photograph is shared with personal information
- direct and indirect risks to children and young people when photographs are shared on websites and in publications with personal information
- inappropriate photographs or recorded images of children
- inappropriate use, adaptation or copying of images.

Company Policy:

- Avoid use of personal cameras (including mobile phones) use company cameras and mobile phones. Where images are taken on personal equipment ensure that they are downloaded as soon as possible onto company systems and that the originals are deleted.
- Ensure that young people who have their own cameras (including mobile phones) in sessions understand the Risk Factors and Company policy and clarify that they should not share photos of other children on social media.
- Use a parental permission form to obtain consent for a child (Under 16) to be photographed and videoed and provide information about our safeguarding policy. Distinguish the potential use of such images i.e. for company promotion: flyers, posters, website; for accreditation purposes (not public); for funding reports (not public).
- Obtain the child's permission to use their image and ensure that they understand how their image will be used.
- Do not use children's names in photograph captions (other than for accreditation). If a child is named, avoid using their photograph.
- Only use images of children in suitable clothing to reduce the risk of inappropriate use. Be aware that performance photographs can present a much greater risk of potential misuse.
- Be aware of how images of children on our website can be misused. Images accompanied by personal information, such as the name of a child and the location where they work with us, could be used to learn more about a child prior to grooming them for abuse.
- Provide written expectations for professional photographers and press who are invited to an event including the organisation's expectations of them in relation to child protection.
- Do not allow photographers unsupervised access to children.
- Do not approve photography sessions outside the event or at a child's home.
- Ensure that parents, carers, family members and others understand the policy when attending events and place clear guidance on programmes and posters asking parents not to share photos of other children on social media.
- Images or video recordings of children must be kept securely. Hard copies of images should be kept in a locked drawer and electronic images should be in a protected folder with restricted access.
- Images should not be stored on unencrypted portable equipment such as laptops, memory sticks and mobile phones.

## 16. MEDIA COVERAGE AND PUBLICITY

In the event of a media company approaching Immediate Theatre with the wish to feature the company and its participants in the media, we will gather express consent from a parent or responsible adult of each young person who would be involved.

In the event of a young person appearing in public media or other form of publicity as a direct result of their engagement with Immediate Theatre without prior knowledge or consent, the designated safeguarding officer will adhere to the following procedure:

1. Check participant(s) consent forms for parental permission sections. Also check initially for any instance where a young person's appearance in the media would bring about risk of harm to them or their family, or break conditions of an existing legal case i.e. witness protection programmes, young people who are on police remand/awaiting bail.
2. Make contact with parent/named responsible adult to make them aware of the situation. If this parent conveys their wish for their child to be removed from this public media source, Immediate Theatre will endeavour to make contact with the relevant organisation/company with the aim of removing images/videos which feature this young person, in line with the Power to take remedial action of the Human Rights Act 2008.

## **17. SUPPORTING YOUNG PEOPLE**

If a young person is not at risk of "significant harm or of harming themselves" but is in need of more support around issues such as sex, relationships, drug use, bullying etc. there are a number of organisations which can support them. Staff with concerns should ask Immediate Theatre's Participation Officer/Deputy Designated Safeguarding Officer for advice on linking with appropriate agencies and information/referral options.

Likewise, sometimes concerns about a child may not be about abuse, but staff may be concerned that a child or family need some help in making sure all of the child's needs are met to address a particular problem. Immediate Theatre works closely with schools, social services, community groups and other agencies to ensure a young person has access to suitable supports. Staff who are concerned about a young person should seek advice from the Participation Officer.

Staff should note that if a person is caring for a young person under 16 (or under 18 if disabled) for more than 28 days and they are not a near relative (father, mother, brother, sister, uncle, aunt, grandparent, step-parent) and do not have parental responsibility for the child, then they have to inform Social Services. It is up to Social Services to assess whether or not it is safe for the child to reside with the carer. If staff have any concerns about a young person who is residing with someone without official parental responsibility, they should contact the Safeguarding Officer.

## **18. BULLYING**

Bullying is not to be tolerated at Immediate Theatre, and the organisation has a responsibility to do what is needed to make sure the company's anti-bullying and harassment policy is understood and followed by everyone involved with Immediate Theatre.

Bullying is not always easy to see. (Please see advice below)

When bullying is suspected it will be investigated immediately. All complaints and incidents of bullying will be recorded and monitored.

Bullying will be dealt with in a positive manner and in a way that is appropriate to each situation, recognising that there are a variety of reasons for bullying. It will never be dealt with by aggression, humiliation or revenge. In particular, staff should insist that individuals take responsibility for their own actions and should encourage parents to take responsibility for their own children.

Immediate Theatre will continue to monitor the incidence of bullying via the incident report sheets, other documentation, the surveys, and feed-back forms.

## **Advice and guidance for staff working with participants**

### **Evidence of Bullying can be:**

- **Physical** involving pushing, punching, hitting and kicking
- **Verbal** involving name-calling, teasing, taunting, threatening, insulting families, telephoned abuse, silent calls and rubbishing other peoples' work. It may include comments on colour, ethnicity, culture, beliefs and national origin.
- **Silent** involving isolating the victim, following, menacing stares, excluding the victim from group activities and rude gestures.
- **Written** involving notes, letters, graffiti, e-mail and other computerised messages
- **Images** sometimes referred to as 'cyber-bullying'.
- **Stealing and** the victim's property or taking property without permission - food, etc
- **Damaging** pens/pencils, phones or money for example. It may go as far as extortion
- **Manipulative** manipulates social networks with the intention of excluding, ostracising or marginalising individuals from their friends and normal relationships

### **Strategies and advice for staff dealing with bullying**

1. Provide a good role model. Pick up and deal with small incidents in workshops or rehearsals or workplace, e.g. "nicking" pens, refusing to work with people, name-calling, comments relating to appearance or beliefs.
2. Assume that all bullying cases are different.
3. Watch for early signs of distress, eg deteriorating work, spurious illness, isolation, clinging to adults, erratic attendance.
3. All incidents and disclosures should be taken seriously and should be acted on.
4. Listen carefully, record accurately and do not act as a judge.
5. Seek assistance and discuss all stages of action. Do not rush into action, but do not leave the victim at risk or feeling that nothing has been done.
6. Be careful that you do not encourage a participant or colleague to disclose a problem and then have no time to deal with it. Give time to a disclosure and seek support to do this. Do not look for reasons to blame the victim. The victim is not responsible for the bullying.
7. Work at the victim's pace, be supportive and do not force the pace. Allow the victim to explore possible responses to incidents.
8. Do not accept the bully's excuse, e.g. "I was only joking/playing". Point out that it was not funny/not a game for the victim.
9. Make it clear that such behaviour is unacceptable and must not be repeated. Do not deal with bullying by bullying.
10. Encourage all involved to accept responsibility for their own behaviour and the consequences of that behaviour. Consider the appropriateness of Restorative Justice.
11. Encourage all witnesses to accept that they have the responsibility to act against bullying by reporting incidents, by making it clear they do not approve of bullying behaviour and by making sure no one is isolated.
12. Get other students/adults/colleagues to provide support for the victim so they are not alone, and feel supported and safe.
13. Always involve the parents of all students. Always give parents information and avoid looking to apportion blame. In the case of employees, involve the line manager or a nominated friend.
14. If you come across a serious incident ensure the victim is removed to a safe place as soon as possible.

## 19. ONLINE SAFETY

Working online enables us to stay connected to young people outside of face-to-face sessions, but this also brings us straight into the homes of the young people we work with, which may bring new information to light about their home situations. We recognise that if there is another lockdown, children and young people may not be seeing trusted adults at school every day, so it's even more important that we are able to identify any child protection concerns and take appropriate action. There are fewer opportunities for the adults in their lives to spot, identify and respond to child protection concerns and issues.

General safeguarding principles stay the same when working online:

- We commit to only using trusted video conferencing systems when working online (<https://www.ncsc.gov.uk/guidance/video-conferencing-services-using-them-securely>)
- We aim to keep children safe online by providing clear and specific instructions to staff and volunteers on how to behave online.
- We aim to encourage young people who use the internet/social media to do so in a way that keeps them safe and shows respect for others
- We aim to support and encourage parents/carers to do what they can to keep their children safe online

Before the session:

- Check the chat settings: disable the ability for participants to privately message each other.
- Enable the waiting room setting and ensure that the session has a private password – this allows the staff to control who has access to the session.
- Make sure all facilitators and volunteers are made co-hosts and have the ability to mute and switch off others' videos
- Written consent for children to be involved in online activities (explain exactly what the activity is, why it needs to happen online and what the benefits/risks are)

During the session:

- Make sure that at least 1 member of staff is in each breakout room (if they are used)
- Staff to refrain from private messaging participants
- If you want to record anything, make sure you have the consent of everyone in the group
- Webcams and backgrounds: the backgrounds of everyone should be plain and unidentifiable. This helps to prevent cyber-bullying by not revealing the state of your room/house.
- Mute participants if arguments or bad language can be heard in the background
- Immediately report to the safeguarding officer if you see/hear anything worrying/dangerous/inappropriate
- Call 999 if you see anything that means that a young person is in immediate danger

Sources:

- <https://learning.nspcc.org.uk/safeguarding-child-protection/social-media-and-online-safety>
- <https://learning.nspcc.org.uk/child-abuse-and-neglect/online-abuse>
- <https://learning.nspcc.org.uk/news/2020/april/updating-safeguarding-policies-procedures-coronavirus#article-top>
- <https://www.gov.uk/guidance/safeguarding-and-remote-education-during-coronavirus-covid->

[For further information on sexting refer to:](#)

<https://learning.nspcc.org.uk/research-resources/briefings/sexting-advice-professionals>

## 20. INFORMATION AND ADVICE

### City and Hackney Safeguarding Children Partnership

The CHSCB can be consulted for advice and information on safeguarding and child protection issues

City and Hackney Safeguarding Children Partnership (CHSCP)  
Hackney Service Centre,  
1 Hillman Street,  
Hackney, London, E8 1DY

Tel no 0208 356 4183

LSCP Independent Chair: Jim Gamble  
Multi-agency Training Coordinator Sarah Seymour  
Business and Performance Manager Sandra Reid

[sarah.seymour@hackney.gov.uk](mailto:sarah.seymour@hackney.gov.uk)  
[Sandra.reid@hackney.gov.uk](mailto:Sandra.reid@hackney.gov.uk)

### Hackney Education

Safeguarding in Education Team: 0208820 7551

### Independent Safeguarding Authority (ISA)

[www.isa.homeoffice.gov.uk](http://www.isa.homeoffice.gov.uk)

### Public Concern at Work (whistle blowing charity)

[www.pcaw.org.uk](http://www.pcaw.org.uk)

### Support for Staff and Volunteers

Should the staff and volunteers be affected by issues of abuse or other concerns expressed by children and young people, then they are entitled to seek support. Please speak to your Line Manager or refer to the CHSCB App <http://www.chscb.org.uk/staffapp/>

## 21. EMERGENCY CONTACTS

### Hackney Children's Social Care Services

**First Access and Screening Team** Tel: 020 8356 5500/5116 (9 am – 5 pm)

**Emergency Duty Team** Tel: 020 8356 2346 (5pm – 9am)

Email: [Grp.HackneyCypduty@Hackney.gov.uk](mailto:Grp.HackneyCypduty@Hackney.gov.uk)

### Local Authority Designated Officer (LADO)

[LADO@hackney.gov.uk](mailto:LADO@hackney.gov.uk) or phoning 020 8356 4569. 8082 – The LADO can be contacted via the safeguarding duty service 0208 356 8082

**NSPCC**

24 hour Helpline: 0808 800 5000

**Child Abuse Investigation Team (CAIT) at Police**

Tel: 020 8217 6552

**City of London Children's Services team**

Tel: 020 7332 1224

Email: [social.services@cityoflondon.gov.uk](mailto:social.services@cityoflondon.gov.uk)

For out of hours (5pm-9am) service, please contact the **Emergency Duty Team on 020 8356 2346**.

## 22. EXTERNAL POLICIES AND RESOURCES

- The Children Act 2004: <https://www.legislation.gov.uk/ukpga/2004/31/contents>
- The Children Act 1989: <https://www.legislation.gov.uk/ukpga/1989/41/contents>
- Working Together to Safeguard Children 2018:  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/779401/Working\\_Together\\_to\\_Safeguard-Children.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf)
- What to do if you're worried a child is being abused:  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419604/What\\_to\\_do\\_if\\_you\\_re\\_worried\\_a\\_child\\_is\\_being\\_abused.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf)
- Information sharing advice for safeguarding practitioners 2018:  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/721581/Information\\_sharing\\_advice\\_practitioners\\_safeguarding\\_services.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf)
- Mandatory reporting of FGM:  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/573782/FGM\\_Mandatory\\_Reporting\\_-\\_procedural\\_information\\_nov16\\_FINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf)
- Part B3 of the London Child Protection Procedures:  
[https://www.londoncp.co.uk/chapters/B\\_contents.html#b\\_two](https://www.londoncp.co.uk/chapters/B_contents.html#b_two)



# APPENDIX 1 – Hackney Child Wellbeing Framework

11 June 2021 v4

## Hackney Child Wellbeing Framework - June 2021

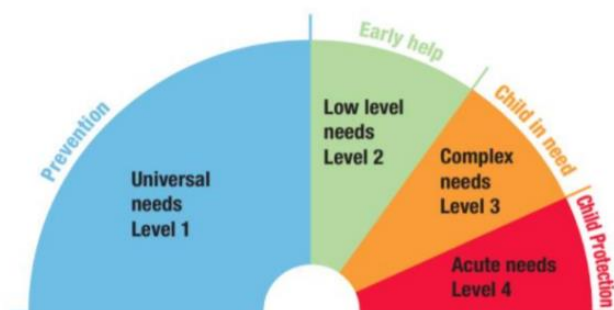
### Introduction

We know that most families in Hackney cope well with the demands of family life, most of the time. However, when circumstances change, or a family's usual support networks become unavailable to them, some families will need extra support to keep their children safe and well, at those times. We believe that most families, when offered the right support, at the right time, can build upon their strengths and resources to successfully resolve their difficulties.

This framework is designed to equip professionals working across the safeguarding partnership to know how to respond when they have a concern about a child in Hackney. It has been developed in line with the statutory guidance [Working Together to Safeguard Children \(2018\)](#), which is clear about the responsibility of **all** agencies to safeguard and promote the welfare of the children. The guidance defines the shared multi-agency responsibility for:

- **Protecting children from maltreatment;**
- **Preventing impairment of children's mental and physical health or development;**
- **Ensuring that children grow up in circumstances consistent with the provision of safe and effective care;**
- **Taking action to enable all children to have the best outcomes.**

In Hackney, our partnership agencies recognise the importance of considering the needs of, working with and supporting the whole family where possible. Children and young people do not exist in isolation and it is important to promote whole family wellbeing. Partnership agencies aim to be responsive to arising needs within the family network, acknowledging that children are best placed to remain in and be supported by their familial and community networks. Therefore, community resources are invaluable to offering this wrap around support.



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### What do I need to do if I am worried about a child in Hackney?

#### **Step 1: The child's level of need**

In order to determine the most appropriate level of support for a child at any given time, it is essential to match the presenting need with the identified level within the Continuum of Need. For further guidance on indicators of need please consult the detailed indicators (page 7 below).

Continuum of Need	Definition	Partnership Response
<b>Level 1 - Universal</b>	Primarily children with no additional needs whose health and developmental needs can be met by universal services. Level 1 - Universal may include children with emerging needs or low level vulnerability whose additional needs can be met by a single universal agency. The majority of children within the borough fall under this category.	No involvement for these children is required from targeted early help or statutory social work services.
<b>Level 2 - Early Help</b>	Children with some additional needs, who may be vulnerable to achieving poor outcomes. These children may benefit from additional support via a multi-agency network working alongside their parents/carers, to provide holistic and wrap around support to them.	A coordinated plan of support for these children should be delivered by universal services, working alongside the family, through a Team Around the Child approach. With the family's consent, targeted early help can also be explored through an Early Help Assessment.
<b>Level 3 - Complex</b>	Children who are disabled and/or for whom specialist support is needed to promote their safety and welfare and to prevent them from experiencing harm.	With the family's consent, a social work child in need assessment will explore the risk of harm for these children, alongside their parents/carers and professional networks. A longer-term multi-agency plan of support, coordinated by a social worker, may be offered under a Child in Need Plan. On occasion, an alternative plan of support may be led via a specialist Child and Adolescent Mental Health (CAMHS) service who may act as the lead professional.
<b>Level 4 - Acute risk of harm</b>	Children who are at risk of significant harm. This response will be necessary for only a minority of children in the borough.	These children require a coordinated multi-agency response in order to reduce the risk of harm to them, via child protection procedures or via specialist health services (at Level 4 this means day and inpatient provision for children or young people with severe mental ill-health, including specialist eating disorders).

#### **Step 2: Talk to the family about your worries**

In order to fulfil the commitment of the safeguarding partnership to build on family strengths and resources in the hope of resolving difficulties, children's parents/carers must be included in the conversations about what will work best for their children from the start. In Hackney, the safeguarding partnership believes that every parent/carer has the right:

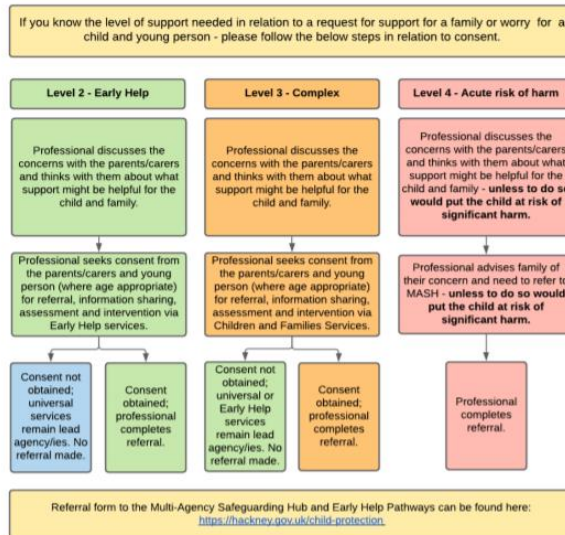
- To be told when a professional is worried about the safety or well-being of their child, by that professional;
- To have their consent obtained when someone makes a request for support on their behalf;
- To be front and centre of any plan to keep their child safe and well.

Consent to make a request for support on their behalf should also be sought from children and young people, wherever they are of an age and level of understanding to give it. When approaching parents/carers, professionals should engage in an exploratory conversation outlining their worries for the child and what support they believe can be provided. Where parents/carers decline this support, professionals should remain curious and fully explore with the family the reasons for their decision. Every opportunity should be taken to positively influence the family to engage with the offer of help. This should always include exploring with the family what familial or community support they may already be receiving and any additional help available. Where concerns by

professionals remain, they should engage in ongoing dialogue with the parents/carers about the situation while continuing to offer support. Where a professional's concerns have not been able to be resolved and the family continues to decline support, the professional should consult with the Multi Agency Safeguarding Hub.

The only circumstances in which consent for a referral is not required is if the worries about a child are so serious that it is felt that he or she may be at risk of significant harm. Even on these occasions, it remains important that you inform parents about your plans to make a safeguarding referral and the reasons for this. It is only where you fear that speaking to a parent or carer may increase the immediate risk of harm to a child or another person that it is reasonable to make a referral without informing them. These circumstances will be exceptional.

Where you have questions about whether consent should be overridden in order to safeguard a child or young person, you should consult your agency Designated Safeguarding Lead. If you remain unclear about the best way forward, further advice and guidance can be provided via the Multi Agency Safeguarding Hub's Consultation Line on 0208 356 5500. Please see below the flow chart relating to consent.



**If there is ever an immediate need to protect a child or young person, you must seek an emergency response from the police via 999. If not an emergency, please see below.**

**Step 3: Where appropriate, make a request for a service on behalf of the family**

**Level 2 - Early Help Support**

Additional support for a child and family does not have to be delivered by a targeted early help service. Sometimes, it is sufficient for the family to come together with their network of universal services - through a Team Around the Child approach - to agree, and regularly review, a plan of additional support for that child. A school, for example, might offer a child a learning mentor, or a health visitor enrol a parent on a parenting programme delivered at a Children's Centre. At other times, a local community or voluntary sector agency may help meet an unmet need for a child or family. A referral to a housing support service, for example, may be sufficient to address the family's issues with housing.

Where an enhanced early help offer is required, targeted early help in Hackney is delivered in the following ways:

- Early Help for families with children predominantly under the age of 6, through Children's Centres Multi-Agency Team (MAT);
- Family Support Services for families with children predominantly over the age of 5 through Hackney Children and Families Early Help and Prevention Services;
- Targeted Youth Support delivered via Young Hackney.

**Levels 3 and 4 - Safeguarding Concerns**

Where you feel a safeguarding response may be required (Level 3 and 4 on the Continuum of Need), you must make a referral to the MASH.

**Multi-Agency Safeguarding Hub (MASH)**

The agencies in Hackney that work with children and families recognise the need for effective multi-agency working and information sharing to ensure best outcomes for the children and families we work with. Within Hackney the partner agencies that make up the MASH include Health Services, Education, Probation, Police, Family Support, Young Hackney, the Domestic Abuse Intervention Service and Children's Social Care. When contact is made with the MASH, these agencies will work together to share relevant information and make multi-agency decisions to help ensure that the right support to a child and family is offered at the right time. See below for information on referring to the MASH.

**Requests for Support**

The referral form can be accessed here - <https://hackney.gov.uk/child-protection>.

Requests for support will not be progressed unless parental consent for the request for support is gained by the referring agency, or the referring agency has informed the parent of the referral if there are concerns about the risk of significant harm. Referrals will only be accepted without the parent being notified if informing the parent would increase the immediate risk of significant harm to the child.

With each new request for support, the MASH will review the child's presenting level of need against the Continuum of Need. Where they agree that a safeguarding response may be required, multi-agency safeguarding screening will be undertaken. An initial decision on the most appropriate next steps will usually be made within 2 hours but always within 24 hours. If the presenting level of need is deemed to be in line with Level 2, the contact will be reviewed and concluded within the integrated Early Help Hub within a maximum of 72 hours. All referrers will be notified of the outcome of their requests for support at the conclusion of the screening process. Potential outcomes of the screening process include:

- Advice and guidance provided to the family and referrer (Level 1);
- The child and family are referred to another agency for support, for example, within the community and voluntary service or to a partner agency (Level 2);
- The child is allocated for an early help assessment within the Council's targeted early help services (Level 2);
- The child is allocated for a statutory social work assessment within Children's Social Care (Levels 3 and 4).

Where you are unsure about the presenting level of need, you can call the MASH for advice and guidance, on 020 8356 5500, Monday-Friday, 9am - 5pm, prior to making a referral.



## **Additional Guidance and Information**

### **What happens next?**

All children and families who are offered a targeted early help or statutory social work service will have an assessment undertaken to help better understand what is going well for them, what may be worrying and what actions need to be taken to address the worries about the child.

Each assessment will be recorded and a copy shared with the child's parents/carers. An assessment is a holistic analysis of the family's history, relationships, concerns and risks, strengths and supports, environment, parenting capacity and individual children's behaviors and needs. The purpose of an assessment (whether at Level 2, 3 or 4) is:

- To explore, with the child and family, their situation and support needs;
- To gather important information about a child and family;
- To analyse these needs and/or the nature and level of need, harm or risk being suffered by the child;
- To agree a multi-agency plan of support to address those needs in order to improve the child's outcomes.

### **Information Sharing and Confidentiality**

The London Child Protection Procedures outline the importance of sharing relevant information in a timely manner:

It is important that professionals are aware that the Data Protection Act 2018 and the GDPR place duties on organisations and individuals to process personal information fairly and lawfully and to keep the information they hold safe and secure. The Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information. This includes allowing practitioners to share information without consent, if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk.

**Note:** The Data Protection Act 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children. London Child Protection Procedures 1.5.8

Referrals from professionals cannot be treated as anonymous and parents will be made aware of the source of any referral from a professional.

### **Professional Differences**

There may be times when there is a difference of opinion amongst the professionals involved in providing support, assessment and intervention to children and families. Professionals should remain curious and maintain open lines of communication, exploring differences of opinion as they arise, always considering the voice of the child, the impact and likely outcome of any potential situation for the child or young person. Professionals are encouraged to discuss these concerns with each other. Usually disagreements can be resolved through open dialogue, curiosity and respect for different beliefs, values and opinions, maintaining a clear view of what is needed for the child or young person. However, if any disagreement is not able to be resolved, staff are referred to City and Hackney Children's Safeguarding Partnership's [Escalation Policy](#).

## **Key Contact Details**

### **The Multi Agency Safeguarding Hub** (previously the First Access and Screening Team - FAST)

Tel: 020 8356 5500 (Monday - Friday 9:00am - 5:00pm)

Referral form can be found here: <https://hackney.gov.uk/child-protection>

Email: MASH@hackney.gov.uk

Secure email: mash.account@hackney.cjsm.net

### **Children's Social Care's out of hours Emergency Duty Team**

Tel: 020 8356 2710 (evenings, weekends and bank holidays)

### **Hackney's Children's Centres**

More information on the Children's Centres can be found here: <https://education.hackney.gov.uk/sites/default/files/document/Hackney%20Childrens%20Centres%20Leaflet.pdf>

The strategic Children's Centres in Hackney are:

- Ann Tayler Children's Centre (0207 275 6020)
- Daubeney Children's Centre (0208 525 7040)
- Woodberry Down Children's Centre (0208 815 3270)
- Children's Centre at Tyssen (0208 806 4130)
- Linden Children's Centre (0207 254 9939)
- Sebright Children's Centre (0207 749 1210)

### **Young Hackney**

More information on the services offered by Young Hackney can be found here: <https://www.younghackney.org/>

## **Continuum of Need indicators**

Support for children and families will fall under four distinct levels of need:

**Level 1 - Universal**

**Level 2 - Early Help**

**Level 3 - Complex - section 17**

**Level 4 - Acute risk of harm - section 47**

Please see below for example indicators under the categories of health; emotional health, wellbeing and behaviour; education; social and neighbourhood; family and environment; parent/parenting for each level of need. The indicators below are not an exhaustive list and there may be other indicators that reduce concern and promote safety and wellbeing. Within each level (1-4) the indicators are separated by theme (health; emotional health, wellbeing and behaviour; education; social and neighbourhood; family and environment; parent/parenting) and categorised as either: individual / familial or extra-familial.

Level 1 - Universal	Health	Emotional Health, Wellbeing and behaviour	Education	Social and Neighbourhood	Family and environment	Parent/parenting
	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> <li>Child/young person is healthy and well - no physical or mental health conditions or disabilities</li> <li>Has access to and makes use of appropriate health and health advice services as necessary</li> <li>Meeting key developmental stages and milestones</li> <li>Can manage own treatment for any condition e.g. asthma, and take part in everyday life</li> <li>Child/young person's physical and dietary needs are adequately provided for</li> <li>Child/young person shows how physical symptoms which could be attributed to neglect</li> </ul> <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> <li>Sexual activity is age appropriate, consensual, safe and in line with their mental capacity to make safe decisions</li> </ul>	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> <li>Good mental health and psychological wellbeing</li> <li>Child/young person engages in age appropriate activities and displays age appropriate behaviours and understanding</li> <li>Child/young person has a positive sense of self and abilities, is able to communicate respectfully with others</li> <li>Good quality attachments and familial relationships</li> <li>Low self-esteem is managed through community support</li> <li>Child/young person demonstrates age appropriate self-control</li> </ul> <p><i>Extra-Familial</i></p> <ul style="list-style-type: none"> <li>Good quality relationships with peers, professionals and community</li> <li>Child/young person has supportive and age appropriate friends and access to regular physical activities</li> </ul>	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> <li>Child/young person attending education or training</li> <li>Achieving key stages</li> <li>No barriers to learning</li> <li>Family engage appropriately with education provision</li> <li>Low level concerns - lateness is able to be managed by the school</li> </ul> <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> <li>Protective school context</li> <li>Clear safeguarding and referral policies in education establishment</li> <li>Child/young person knows who to talk to and experiences appropriate response to any concerns</li> </ul>	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> <li>Knowledgeable about the effects of crime and anti-social behaviour</li> <li>Age appropriate knowledge about sex and relationships</li> <li>Age appropriate independent living skills</li> <li>Child/young person is exposed to a range of ideas and opportunities to give them choices about their lives</li> <li>Child/young person feels safe</li> <li>Family context is supportive of social development</li> </ul> <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> <li>Development is stimulated through play and/or appropriate peer group interaction</li> <li>Child/young person has socially acceptable, consensual and reciprocal relationships</li> <li>Child/young person is aware of safe online behaviour and knows who to contact if they experience digital harm</li> <li>The activities the child/young person engages with are legal</li> </ul>	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> <li>Family has income which is sufficient to meet basic family needs; maximising income and resources</li> <li>Family and child/young person have access to community resources</li> <li>Good family relationships where child/young person has a sense of belonging</li> <li>Child/young person does not run away from home and their whereabouts are known to their carers</li> <li>Family members are physically well and mentally stable; child/young person does not have caring responsibilities</li> <li>Family has positive relationships and appropriate support from others</li> <li>Bereavement or loss is able to be managed with universal support</li> <li>An expectant mother is not in an abusive relationship</li> <li>No incidents of known domestic abuse within the family</li> <li>No evidence of siblings or household members misusing drugs or alcohol</li> <li>Home environment is appropriately maintained and free from hazards or dangers</li> </ul>	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> <li>The parent/carer accesses ante- and/or postnatal care and is coping well emotionally</li> <li>Child/young person's emotional, social and physical needs are provided for in an age appropriate way and are appropriately dressed</li> <li>Consistent parenting providing appropriate guidance and boundaries and provides for appropriate material needs</li> <li>Child/young person experiences care free from abuse or neglect or exposure to harm</li> <li>Parent/carer positively support learning and aspirations, engaging with education</li> <li>Parents/carers do not use drugs or alcohol, or parental drug and alcohol use does not impact on parenting</li> <li>Physical or mental health of the parent/carer does not affect the care of the child</li> <li>Parent/carer learning disabilities do not affect the care of the child/young person</li> <li>No concerns regarding physical, sexual, emotional abuse or neglect</li> </ul> <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> <li>Parents/carers aware of extra-familial risks in the community and are confident to raise concerns at an early stage</li> <li>Parents/carers know who to contact to ensure appropriate supervision</li> <li>Parents/carers appreciate the limited choice and pressure that extrafamilial harm places on a child/young person and engage in protective support rather than blaming them</li> </ul>

Level 1 - Universal	Health	Emotional Health, Wellbeing and behaviour	Education	Social and Neighbourhood	Family and environment	Parent/parenting
	<ul style="list-style-type: none"> <li>Child/young person has no history of substance misuse or dependency</li> <li>Any injuries, eg. bruising on shins, is consistent and attributed to normal children's play and activities</li> </ul>	<ul style="list-style-type: none"> <li>Child/young person has safe, healthy and age appropriate digital activity</li> </ul>			<ul style="list-style-type: none"> <li>Child/young person is legally entitled to live in the country with full rights to education and public funds</li> <li>Family have no links to terrorist groups or organisations banned by UK law</li> <li>There are no familial concerns around disabilities or physical or mental health concerns impacting the child</li> <li>Family members are not involved in gangs</li> </ul> <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> <li>Family feels accepted by the community which supports positive home/ family life</li> <li>Family have access to good, age appropriate facilities which support positive home/family life</li> <li>Family members feel safe in the local community</li> <li>The child is not privately fostered OR the child is privately fostered by adults who are able to provide for his/her needs and there are no safeguarding concerns. The local authority has been notified as per the requirements of 'The Children (Private Arrangements For Fostering) Regulations 2005'.</li> </ul>	<ul style="list-style-type: none"> <li>for any harm taking place</li> <li>Parents/carers practice safe digital activity within their home (i.e. parental locks)</li> </ul>

Level 2 - Early Help	Health	Emotional Health, Wellbeing and Behaviour	Education	Social and Neighbourhood	Family and environment	Parent/parenting
	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> <li>• Long term conditions or serious illness</li> <li>• Mild level of disability requiring additional support to be maintained in a universal setting with or without an Educational Health Care Plan</li> <li>• Poor nutritional status impacting the child/young person's health</li> <li>• Non organic developmental delay</li> <li>• Non-immunised or rarely accessing health or health advice services</li> <li>• Child/young person has notably dropped in their placement along the 'centile' range for height/ weight without adequate explanation</li> <li>• Child/young person is notably delayed in speech/expressive communication or occasionally missing milestones due to lack of emotional support</li> <li>• Frequent illness/accidents</li> <li>• Significantly under/ overweight</li> <li>• Multiple attendances at A&amp;E or acute healthcare settings</li> <li>• Child/young person not brought to health appointments – routine and non-routine</li> <li>• Child/young person is not appropriately supervised</li> <li>• Occasionally the child presents signs of neglect</li> </ul>	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> <li>• Low self-esteem, negative sense of self and abilities, withdrawn, anxious, stressed or low in mood</li> <li>• Challenging behaviour that parents find difficult to manage</li> <li>• Non-life-threatening self-harm</li> <li>• Bullying or being bullied</li> <li>• Anxiety, low level depression or other difficult feelings</li> <li>• Child/young person appears to participate in activity which causes harm to themselves or others and which suggests they have a limited range of behaviour choices available to them</li> <li>• Child/young person displaying persistent disruptive behaviours - in the school, home or community</li> <li>• Relationship difficulties with family, friends or teachers</li> <li>• Child/young person is significantly delayed in speech/expressive communication</li> <li>• Child/young person is hyper-vigilant or is experiencing effects of trauma</li> <li>• Child/young person has victim blaming views</li> <li>• Child/young person carries weapons</li> <li>• Child/young person has caring responsibilities that impact on behaviour/ development</li> <li>• Parental or family separation, illness or</li> </ul>	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> <li>• Poor concentration</li> <li>• Low motivation</li> <li>• Out of school / excluded, or at risk of exclusion</li> <li>• Regular truanting</li> <li>• Non-attendance which is not certified by health professionals / unexplained absence</li> <li>• Not in Education, Employment or Training (NEET) or at risk of NEET</li> <li>• Has a mild physical or mental health condition or disability that needs support via an Educational Health Care Plan (EHCP)</li> <li>• Frequently moving school without reasonable cause</li> <li>• Child/young person has poor pro-social relationships and is being bullied and showing signs of developmental delay</li> <li>• Child/young person often falls asleep during lessons</li> <li>• Educated at home with engagement from family but child / young person is not developing appropriately</li> <li>• Poor access to books, toys, educational materials, and/or correct uniform</li> <li>• Child/young person is under-achieving or not making academic progress</li> </ul> <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> <li>• Difficulties with peer relationships at their educational provision</li> <li>• Child/young person is being pressured to become gang involved via peers linked to their educational provision</li> <li>• Child/young person is being bullied within their education provision</li> </ul>	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> <li>• Family and child/young person experience barriers to accessing community and economic resources</li> <li>• Family and child/young person exposed to crime and violence through living in their neighbourhood</li> <li>• Child/young person exposed to pro-offending behaviour and attitudes within the local neighbourhood</li> <li>• Child/young person involved in the Criminal Justice System</li> <li>• Coming to the notice of police</li> <li>• Engaging in substance misuse</li> <li>• Increasing levels of anti-social behaviour/criminality in the environment</li> <li>• Learning disability which is exploited by others leading to risk or harm</li> <li>• Child/young person is displaying extremist views and behaviours</li> <li>• Child/young person is undertaking activities that indicates potential gang involvement</li> <li>• Child/young person normalises harm</li> <li>• Child/young person is not appropriately supervised in the home or community</li> </ul> <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> <li>• Illegal employment</li> <li>• Poor communication, few friendships and/or difficulties with peer relationships</li> <li>• The child is at risk of becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media applications. This may include expressing casual support and/or intent to research extremist ideologies.</li> <li>• Child/young person not exposed to new/ stimulating experiences</li> </ul>	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> <li>• Family homeless or live in inadequate housing</li> <li>• Family do not have access to adequate financial resources</li> <li>• Child/young person sometimes wears inappropriate clothing or appears unkempt</li> <li>• Child/young person persistently late to school</li> <li>• Child/young person is a young carer</li> <li>• Family routine not conducive to child's needs</li> <li>• Socially or physically isolated</li> <li>• Household members with disability or significant health problems</li> <li>• Scale 1 &amp; 2 Domestic Violence as per Barnardo's Guidance</li> <li>• Home environment is not suitable for children/there are visible health and safety risks</li> <li>• The home is substantially cluttered</li> <li>• Inadequate/overcrowded housing</li> <li>• Family's entitlement to stay in the country is temporary or they have restricted access to public funds/work which causes stress</li> <li>• Suspicion of family's gang involvement</li> <li>• Lack of support from extended family impacting care received by the child</li> <li>• There are some concerns around familial disabilities, physical or mental health requiring additional support</li> <li>• Inappropriate sexual behaviour within wider family network</li> </ul> <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> <li>• Child/young person has suffered a bereavement, s</li> </ul>	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> <li>• Parent/carer misses appointments with health (including ante or postnatal care) and education provision</li> <li>• Parent/carer struggling to adjust to parenthood</li> <li>• Parent/carer has mental and/or physical health needs that affect care of the child</li> <li>• Postnatal depression</li> <li>• Excessive anxiety regarding child/young person's health</li> <li>• Colludes with or condones failure to attend school</li> <li>• Inconsistent or harsh parenting</li> <li>• Lack of consistent boundaries, routines, supervision and guidance</li> <li>• Relationship difficulties that impinge on child/ young person</li> <li>• Parental or familial substance and or alcohol misuse affecting care of the child/young person</li> <li>• Criminal or anti-social behaviour in family context</li> <li>• Learning difficulties or disabilities that affect parenting/caring</li> <li>• Parent/carer is begging for food/money</li> <li>• Parent/carer avoiding or refusing to engage with professionals where a concern has been raised</li> <li>• Parent/carer does not encourage development of child/young person's independence</li> <li>• Parents/carers fail to understand the physical, social and spiritual needs of child/young person at specific ages or stages</li> <li>• Parents/carers do not take responsibility for issues which are beyond a child/young person's developmental maturity</li> <li>• Placing child/young person under excessive pressure to achieve academically</li> <li>• Teenage parent under 18</li> <li>• Parents/carers struggle with meeting children's basic care and material needs consistently but are engaging with support to address this</li> <li>• Physical chastisement within legal</li> </ul>

Level 2 - Early Help	Health	Emotional Health, Wellbeing and Behaviour	Education	Social and Neighbourhood	Family and environment	Parent/parenting
	<ul style="list-style-type: none"> <li>• Child/young person undertakes no physical activity and/or has an unhealthy diet which is impacting on their health</li> <li>• Poor hygiene and/or tooth decay</li> </ul> <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> <li>• Child/young person is attending health services for sexually transmitted infections or unwanted pregnancies and there are concerns that they are engaging in sexual relations due to peer pressure</li> <li>• Attendance at A&amp;E due to injuries or risks experienced in extrafamilial settings</li> </ul>	<p>health problems requiring additional support</p> <ul style="list-style-type: none"> <li>• The child/young person has occasionally run away from home and there may be concerns about what happened to them or who they were staying with while away</li> <li>• The child/young person expresses intolerant views towards others</li> <li>• Child/young person occasionally displays lack of self control which is unusual in children of their age</li> <li>• Child/young person demonstrates occasional delayed or impaired practical and independent living skills</li> </ul> <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> <li>• Child/young person is being pressured to become gang-involved or is at risk of exploitation</li> <li>• Child/young person exposed to violence and trauma within their peer associations</li> </ul>	<ul style="list-style-type: none"> <li>• Child/young person experiences levels of academic pressure which places them under stress</li> </ul>	<ul style="list-style-type: none"> <li>• Being a victim of racism, discrimination, bullying or crime</li> <li>• Child/young person at risk of or has become involved in anti-social behaviour or substance misuse: may exhibit aggressive, bullying, intolerant or destructive behaviour impacting on peers, family or community</li> <li>• Child/young person exposed to the selling or use of illegal substances</li> <li>• Child/young person is aware of others carrying weapons and feel compelled to do so themselves</li> <li>• Family experiencing harassment, discrimination or are victims of crime and/or are exposed to local anti-social behaviour</li> <li>• Child/young person feels unsafe to go into neighbourhood spaces beyond their immediate environment</li> <li>• Child/young person is known to be using drugs and alcohol frequently with occasional impact on their social wellbeing</li> <li>• The child/young person expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly and/or may spend increasing time with those who may hold extreme views</li> </ul>	<p>benefiting from short term additional support</p> <ul style="list-style-type: none"> <li>• Some concern about private fostering arrangements</li> </ul>	<p>limits but where concerns exist around impact on child/young person's emotional wellbeing</p> <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> <li>• Parent considers child/ young person to be to blame for extra-familial harm (eg grooming)</li> <li>• Absence of appropriate concern to implement parental safeguards in relation to their child/ young person's harmful digital activity</li> <li>• Unable to give a description of child/young person's peer group</li> </ul>

Level 3 - Complex / section 17 or Child in Need	Health	Emotional Health, Wellbeing and behaviour	Education	Social and Neighbourhood	Family and environment	Parent/parenting
	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> <li>• Significant faltering growth of unknown cause</li> <li>• Significant developmental delays, disability or long term condition; may or may not be linked to parental inability to emotionally engage with them</li> <li>• Child/young person with a disability</li> <li>• Complex disability that cannot be maintained in a mainstream setting or without additional support</li> <li>• Child in infancy has lost weight without adequate explanation but no immediate risk of harm or loss of life</li> <li>• Child/young person in hospital setting continuously for 3 months</li> <li>• Child/young person is consistently dirty/malodorous or in inappropriate clothing</li> <li>• Concerns of physical, emotional or sexual harm or neglect perpetrated by parents or adults connected to the family</li> <li>• Child/young person has conditions which, because of parents/carers not adhering to treatment plan, or delayed presentation for treatment cause unnecessary levels of suffering</li> <li>• Child/young person undertakes no physical activity and has a diet which seriously impacts health despite intensive support from early help services</li> <li>• Child/young person's substance misuse dependency affecting their wellbeing</li> </ul> <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> <li>• Evidence of physical,</li> </ul>	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> <li>• Complex mental health and learning disabilities issues requiring long term or specialist interventions and treatment</li> <li>• Severe impairment of functioning associated with mental health disorders (e.g. severe anxiety, severe OCD, Phobic, panic disorders, ADHD, ASD, Tourettes syndrome)</li> <li>• School refusal where mental health disorder plays a significant role.</li> <li>• Conduct difficulties and those which co-exist with other disorders where specific interventions may influence outcome, including children and young people who present a forensic risk.</li> <li>• Self harm or expression of suicidal thoughts</li> <li>• Severe or life threatening mental health conditions (e.g. psychosis, risk of suicide or severe self-harm, severe depressive episode, anorexia nervosa)</li> <li>• Child/young person experiences negative sense of self impacting on daily life; moderate to severe depression</li> <li>• Child/young person persistently goes missing</li> <li>• Severe and/or complex communication or relationship difficulties within home/family leading to significant impairment of functioning and wellbeing</li> <li>• Missing child/ young person primarily due to 'push' factors which come from the home environment</li> <li>• The child regularly displays a</li> </ul>	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> <li>• Statement of Special Educational Needs/ Education Health and Care Plan</li> <li>• Child/young person who is being looked after in private fostering arrangements</li> <li>• Chronic non-attendance, truanting</li> <li>• Problematic interactions with peers in education with risk of exclusion or permanently excluded due to behavioural or other issues</li> <li>• Child/young person missing from education</li> <li>• Child/young person avoids the school in order to stay safe</li> <li>• No parental support for education and child is significantly under achieving</li> <li>• Professional concerns about the safety or wellbeing of a child/young person whose family has elected home education</li> </ul> <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> <li>• Child/young person exposed to physical or sexual violence at school or through school based networks</li> </ul>	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> <li>• Family and child/young person exposed to high levels of physical violence and highly intrusive behaviours through their living environment</li> <li>• Family and child/young person experience high levels of social exclusion (poverty, lack of access to community resources)</li> <li>• Child/young person is begging/scavenging for food or money</li> <li>• Teenage parent under 16</li> <li>• Child/young person being harmed through their own substance misuse</li> <li>• Child/young person in secure remand</li> <li>• Inappropriate or problematic sexual/sexualised behaviour displayed by child/young person</li> <li>• Child/young person in hospital setting continuously for 3 months</li> </ul> <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> <li>• Evidence that child is being exploited by a gang</li> <li>• Child/young person is repeat victim or perpetrator of bullying, including sexual or other targeted forms of bullying</li> <li>• Child/young person who poses a risk of harm to others</li> <li>• Young person in abusive romantic relationship (aged 16-17)</li> <li>• Possible concerns around radicalisation</li> <li>• Evidence child/young person is being habitually criminally or sexually exploited where parental response is attempting to address risk</li> </ul>	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> <li>• Child/young person consistently appears dirty/ clothing is inappropriate for climate</li> <li>• Child/young person living with unstable living arrangements outside of the immediate family or private fostering arrangement</li> <li>• Adult who poses risk to child/young person is in contact with family</li> <li>• Drug taking, prostitution, and illegal activities by an adult in the child/young person's family home that impacts on the safety of the child</li> <li>• Unstable or volatile family environment or imminent family breakdown</li> <li>• Homeless and destitute in a family context i.e. with parent/carers</li> <li>• Scale 3 Domestic Violence as per Barnardo's Guidance</li> <li>• There is insufficient/ inadequate food for the child/young person to eat and/or poor use of financial resources meaning child has inconsistent access to food, warmth, essential clothing</li> <li>• The child/young person exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community</li> <li>• Persistently missing or running away</li> <li>• Caring responsibilities adversely impacting outcomes</li> <li>• Family isolation impacting child's outcomes</li> <li>• The family's home is consistently dirty and constitutes health and safety hazards</li> <li>• The child/young person or family's legal status puts them at risk of involuntary removal</li> </ul>	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> <li>• Failure to access pre/postnatal care</li> <li>• Parent/carer has sustained difficulties managing their child's basic care impacting on the child's care</li> <li>• Drug or alcohol abuse seriously affecting the ability of parent/carer to function</li> <li>• Parental inability to judge dangerous situations or set appropriate boundaries</li> <li>• Parent/carer frequently neglects/unable to protect child/young person from harm</li> <li>• Emotional neglect where earlier interventions have failed to be effective</li> <li>• Adult mental health impacting on the care of the child/young person</li> <li>• Parent/carer has serious mental health condition and child/young person is subject of parental delusion</li> <li>• Parent/carer with learning disability affecting care of the child/young person</li> <li>• Any parent/carer who attempts suicide or self-harm</li> <li>• Concerns around lack of supervision increasing child/young person's risk of injury</li> <li>• The parent does not engage with the school and actively resists suggestions of supportive interventions</li> <li>• Relationship difficulties between child/young person and parent/carer significantly inhibiting emotional, behavioural or social development and if unaddressed could lead to relationship breakdown</li> </ul> <p><i>Extra-familial</i></p>

Level 3 - Complex / section 17 or Child in Need	Health	Emotional Health, Wellbeing and behaviour	Education	Social and Neighbourhood	Family and environment	Parent/parenting
	<p>emotional or sexual harm/exploitation or neglect perpetrated by peers or adults in the community (not connected to the family)</p>	<p>lack of self-control which would be unusual in other children of their age</p> <ul style="list-style-type: none"> <li>• Child/young person demonstrates delayed or impaired practical and independent living skills</li> </ul> <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> <li>• Severe and/or complex relationship difficulties outside the home (i.e. peer group) leading to significant impairment of functioning and wellbeing</li> <li>• Missing child/young person primarily due to 'pull' factors outside the home</li> <li>• Child/young person experiences persistent or severe bullying impacting their daily outcomes</li> <li>• The child/young person is becoming involved in negative behaviour/ activities, for example, non-school attendance and as a result may be excluded short term from school. This increases their risk of being involved in anti-social behaviour, crime, substance misuse and puts them at risk of grooming and exploitative relationships with peers or adults</li> </ul>		<ul style="list-style-type: none"> <li>• Child/young person is known to have viewed extremist websites and has said s/he shares some of those views but is open about this and can discuss the pros and cons or different viewpoints</li> <li>• Child/young person engaged in or victim of problematic online behaviour including bullying, trolling, transmission of inappropriate images, or is obsessively involved in gaming which interferes with social functioning</li> </ul>	<p>from the country (e.g. asylum-seeking families or illegal workers) OR having limited financial resources/no recourse to public funds increases the vulnerability of the children to criminal activity (e.g. illegal employment, CSE, CCE)</p> <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> <li>• Child/young person's sibling(s) role model behaviour that professionals consider to be exploitative</li> <li>• Child/young person is being educated to hold intolerant or extremist views and only mixing with others who hold similar views</li> <li>• Private Fostering arrangements that have not been assessed or concerns with arrangement</li> </ul>	<ul style="list-style-type: none"> <li>• Parent blames child/ young person for the harm they experience outside the home (e.g. sexual or criminal exploitation)</li> </ul>

Level 4 - Acute risk of harm / section 47 or Child Protection	Health	Emotional Health, Wellbeing and behaviour	Education	Social and Neighbourhood	Family and environment	Parent/parenting
	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> <li>Child/young person is at risk of significant harm or has complex health problems as a result of inadequate access to primary/secondary healthcare</li> <li>Child is born with indications of maternal substance misuse</li> <li>Child in infancy has lost weight without adequate explanation and there is an immediate risk of harm or loss of life</li> <li>Injuries not consistent with explanation given</li> <li>Neglect resulting in significant harm due to obesity</li> <li>Disclosure of abuse by a child/young person</li> <li>Any allegation of abuse or neglect or suspicious injury in a pre or non-mobile child</li> <li>Two or more minor injuries in pre-mobile or non-verbal babies or young children, including children with disabilities</li> <li>Non-organic failure to thrive in under-fives</li> <li>Evidence of physical, emotional or sexual abuse or exploitation or neglect perpetrated by parents or adults connected to the family</li> <li>Serious concern regarding fabricated/induced illness or parental anxiety harming child's development</li> <li>Direct allegation of sexual abuse</li> <li>Child/young person has experienced or is at risk of experiencing Female Genital Mutilation or harmful traditional practices</li> </ul> <p><i>Extra familial:</i></p> <ul style="list-style-type: none"> <li>Disclosure of significant harm from child/young person which is caused by and/or takes place in an extra-familial context</li> <li>Young person has been victim of knife or gun related injury</li> </ul>	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> <li>Child/young person appears to participate in activity which causes imminent risk of harm to themselves or others and which suggest they have a limited range of behaviour choices available to them</li> </ul> <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> <li>Child/young person appears to have been Trafficked</li> <li>Child/young person experiencing persistent or escalating severe bullying, including sexual bullying/ harassment, and their wellbeing is at risk</li> </ul>	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> <li>The child frequently exhibits negative behaviour or activities that place self or others at imminent risk including chronic non-school attendance</li> <li>Child/young person groomed into sexual or criminal exploitation as either victim or instigator at school/ through school or peer based networks</li> </ul>	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> <li>Child/young person in custody with no family support or involvement</li> <li>Immediate concerns around harm due to radicalisation</li> <li>Allegation suggesting connections between sexually abused children in different families or more than one abuser</li> <li>Registered Sex Offender having contact with the child(ren) and family</li> </ul> <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> <li>Evidence child is being habitually criminally or sexually exploited where parental response is not mitigating the risk</li> <li>Child/young person involved in persistent or serious criminal activity and known to be engaging in gang activity</li> <li>Child/young person displays little or no self-control, seriously impacting relationships and putting themselves/others at risk</li> </ul>	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> <li>Pregnancy in a child under 13</li> <li>Adult who poses risk to child / young person is in household</li> <li>Scale 4 Domestic Violence as per Barnardo's Guidance</li> <li>Medicines or harmful products have been ingested by the child due to lack of adequate supervision</li> <li>Forced marriage or risk of forced marriage or honour based violence</li> <li>Child presents harmful or violent sexual behaviour to others</li> <li>Inconsistent explanations or an admission about a clear non-accidental injury</li> <li>Evidenced gang activity which is significantly impacting on the child and family</li> <li>Family are excluded and actively resist attempts to achieve inclusion; child/young person isolated from support</li> <li>Dirty home conditions with health and safety hazards or no stable home; moving from place to place</li> <li>Child/young person is showing signs of being secretive, deceptive and is actively concealing internet and social media activities, e.g. at risk of being groomed for child sexual exploitation, is showing signs of addiction (gaming, pornography), or concerns around grooming into extremist activities</li> </ul> <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> <li>Child/young person is being educated by adults who are members of or linked to terrorist groups or organisations banned under UK law</li> <li>Significant concerns</li> </ul>	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> <li>Parent/carer misusing substances excessively during pregnancy and neglecting antenatal care or neglects antenatal care where complicating factors and risk to unborn</li> <li>Parent/carer has sustained difficulties managing their child's basic care and refuses to engage with support services or significantly impacting child or consistently fail to provide appropriate or adequate care</li> <li>Very young or vulnerable child/young person left alone or abandoned</li> <li>Parent/carer unable to protect child/young person from harm placing child/young person at risk of significant harm</li> <li>Parent incapacitated due to drug or alcohol use and no appropriate carer or parental substance misuses where parent/carer cannot carry out daily parenting</li> <li>Adult mental health immediately or significantly affecting parenting capacity, including severe postnatal depression causing serious risk to self or child/children</li> <li>Parent/carer has serious mental health condition and child/young person is subject of parental delusion causing concern around immediate risk of harm</li> <li>Parent/carer's learning disabilities severely affecting care of child/young person</li> <li>Parent/carer has caused or is causing significant harm to child/young person</li> <li>No one has parental responsibility for the child</li> <li>The parent/carer actively discourages or prevents the child from learning or engaging with</li> </ul>

	Health	Emotional Health, Wellbeing and behaviour	Education	Social and Neighbourhood	Family and environment	Parent/parenting
					<ul style="list-style-type: none"> <li>regarding grooming for involvement in extremist activities</li> <li>Registered sex offender who is a serious risk is in contact with the family</li> <li>Family home used for illegal activities (drug taking/dealing/prostitution)</li> </ul>	<ul style="list-style-type: none"> <li>the school</li> <li>Relationship breakdown between child/young person and parent/carer where child at risk of significant harm; parent rejects child from the home</li> <li>Parental inability to judge dangerous situations or set appropriate boundaries where child frequently exposed to dangerous situations in home / community</li> </ul> <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> <li>Parent/carer colludes with extra-familial harm, i.e. facilitating/supporting harmful peer activity through the provision of resources or declining to take action to reduce harm</li> </ul>

Additional examples can be found in the London Child Protection Procedures [Threshold Guidance](#).



## APPENDIX 2 – Do’s & Don’ts: Working with Young People

### Do’s...

- **Do** treat everyone equally and with respect.
- **Do** provide an example you would wish others to follow; work in an open and transparent way.
- **Do** plan activities with young people which involve more than one adult being present, or which at least take place within sight and hearing of others.
- **Do** respect a young person’s right to personal privacy.
- **Do** provide opportunities for young people to talk about any concerns they may have with a range of adults.
- **Do** encourage young people to feel comfortable and caring enough to point out attitudes or behaviour they do not like.
- **Do** avoid situations that compromise your relationship with young people and are unacceptable and illegal within a relationship of trust (such as a sexual relationship between a leader and a young person, whether or not they are above the age of consent)
- **Do** remember that someone else might misinterpret your actions, no matter how well intentioned.
- **Do** recognise that caution is required, even in sensitive moments when you are counselling a young person or over issues such as bullying, bereavement or abuse.
- **Do** dress appropriately for your role.
- **Do** have separate sleeping accommodation for workers and young people.

### Don’ts...

- **Don’t** permit abusive activities among young people or staff (such as initiation ceremonies, ridiculing or bullying).
- **Don’t** play physical contact games (such as wrestling, or rough and tumble games) with young people or staff.
- **Don’t** establish or seek inappropriate written or electronic communication with young people or staff (including mobile phone texts, chat-rooms, social networking sites, email, photographs, etc)
- **Don’t** establish or seek unprofessional relationships with any participants.
- **Don’t** arrange to meet a project participant outside of project time without the prior knowledge and agreement of your Line Manager.
- **Don’t** have any unnecessary or inappropriate physical or verbal contact with others. (Contact should only be from the side i.e. standing next to person and never from behind, contact should also be only one hand on the shoulder and never below the elbow)
- **Don’t** jump to conclusions about others without checking facts; but remember not to ‘investigate’ an allegation of abuse about an adult, especially if the issue is alleged sexual abuse.
- **Don’t** allow yourself to be drawn into responding at an emotional level to any inappropriate attention-seeking behaviour from young people, such as tantrums or crushes.
- **Don’t** show favouritism to any individual.
- **Don’t** put yourself in a position where your version of events cannot be independently corroborated.
- **Don’t** make suggestive remarks or gestures, even in fun.
- **Don’t** let any suspicion, disclosure or allegation of abuse go unrecorded or unreported.
- **Don’t** rely on just your good name to protect you
- **Don’t** believe ‘it could never happen to me.’

## APPENDIX 3 – Disclosure/child protection incident reporting form

Date of Incident	
Time of Incident	

Location Incident		
<b>PEOPLE INVOLVED / WITNESSES</b>		
Name	Contact Details	Involved / Witness
<p>Description of Incident:          [This is an OBJECTIVE document so please refrain from using opinions and record what happened only]</p>		
<p>Follow Up actions:</p>		
Referred To		
Contact Name		
Contact Number		

Lead worker involved in follow up work

Other workers involved

[Empty box for listing other workers involved]

Signed .....

Print Name .....

Date .....

Appendix:

Participants Record Number <i>(if applicable)</i>	<b>Record Number:</b>
<p>Please mark any injuries or marks you have seen/shown and describe symptoms. Subject does NOT require to undress and no assumptions should be made about injuries all VISIBLE injuries should be recorded.</p> <p><b>MALE / FEMALE</b></p> <p><b>AGE:</b></p> <div data-bbox="574 1093 973 1512" data-label="Image"> </div> <p>SIGNATURE OF PERSON WHO SUSTAINED INJURIES.....</p>	