**Safeguarding Policy & Procedure**

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Any queries relating to this document should be addressed to Jo Sadler-Lovett by email to jo.sadler-lovett@theplayhouse.org.uk

[0121 265 4425](https://www.google.com/search?q=The+play+house+bham&oq=The+play+house+bham&gs_lcrp=EgZjaHJvbWUyBggAEEUYOTIGCAEQRRhAMgoIAhAAGAoYFhgeMggIAxAAGBYYHjIGCAQQRRg7MgYIBRBFGDwyBggGEEUYPDIGCAcQRRg80gEINDkxNmowajeoAgCwAgA&sourceid=chrome&ie=UTF-8) (please note email is preferable)

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**Introduction**

This policy has been developed in line with the Children Act 1989, Working Together to Safeguard Children 2023 and Keeping Children Safe in Education 2024.

TPH is committed to safeguarding the safety and welfare of children and young and vulnerable people who participate in activities delivered by The Play House B’ham.

This Policy applies to all the staff and volunteers working for or with TPH. For the purposes of this policy, the term ‘staff’ refers to anyone working on behalf of TPH, whether employed or freelance, paid or unpaid.

All staff will contribute to the safeguarding of Children and Young people and Vulnerable People through this policy and guidelines by ensuring that:

* The welfare of the child/vulnerable person is paramount; all children and vulnerable people, whatever their age, culture, disability, gender, language, ethnic origin, religious beliefs and/or sexual identity have the right to protection from abuse.
* All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately.
* All staff (paid /unpaid) working in or on behalf of TPHhave a responsibility to report concerns to the appropriate officer (Jo Sadler-Lovett).

TPH is committed to supporting staff and volunteers in raising concerns about suspected abuse of children or vulnerable adults. Any report will be treated seriously and with confidentiality.

**Any suspicion, allegation, incidents of abuse, or related actions must be reported on the day of the event/ concern.**

Staff/volunteers are not trained to deal with situations of abuse nor are in a position to decide if abuse has occurred. This policy sets out procedures to be followed if there are any concerns.

**Definitions within this policy**

Child: For the purpose of this policy, a child refers to an individual who has not yet reached their 16th birthday. In some cases, the procedures may apply to young people with additional support needs up to 18 years old.

Vulnerable Adult: A vulnerable adult is someone who may be in need of community care services due to mental or other disabilities, age, or illness and may be unable to take care of themselves or protect themselves.

**Scope of Safeguarding Lead (DSL)**

The Designated Safeguarding Lead (DSL) is Jo Sadler-Lovett, Director. The DSL takes lead responsibility for safeguarding and child protection (including online safety). The DSL provides advice and support to other staff on child welfare and child protection matters, takes part in strategy discussions and inter-agency meetings, and/or supports other staff to do so, and contributes to the assessment of children. DSL is the first point of contact for external agencies that are pursuing Child Protection investigations. When an individual concern/incident is brought to the notice of the DSL, they will be responsible for deciding upon whether or not this should be reported to other agencies as a safeguarding issue. Where there is any doubt as to the seriousness of this concern, or disagreement between the DSL and the member of staff reporting the concern, advice will be sought from either CASS (Children’s Advice and Support Service) or BASB (Birmingham Adult Safeguarding Board). If a child/ vulnerable adult is in immediate danger or is at risk of harm, a referral will be made and/or the police immediately.

The DSL will be available to discuss safeguarding concerns. If in exceptional circumstances, the DSL is not available (for example annual leave or illness), this should not delay appropriate action being taken. Staff should consider speaking to a member of the board of trustees and/or take advice from local social care.

CASS: <https://www.birminghamchildrenstrust.co.uk/contact>

BASB: <https://www.bsab.org/how-to-report-abuse/>

 **The role of the Board of Trustees**

The Board of trustees will ensure that the policies, procedures and training in the organisation are effective and comply with the law at all times. Trustees are expected to receive appropriate training on safeguarding regularly.

**Recognizing Areas of Concern**

Child/Vulnerable Adult Abuse: Abuse may involve physical injury, emotional mistreatment, sexual abuse, or neglect. It is important to note that there may be elements of emotional abuse in all forms of abuse, and some individuals may experience more than one form of abuse. Please see the Appendix of this policy for descriptions and definitions of abuse.

How Concerns Are Raised: Concerns could be raised through direct disclosure from the child/vulnerable adult, reports from others who believe abuse has occurred, signs of physical injuries, observable behaviours that indicate abuse, or observations of one individual abusing another.

Other Areas of Concern: Staff will be aware that there may be situations beyond abuse or suspected abuse that should be reported to the DSL. These include inappropriate behaviour by a child/vulnerable adult, lack of supervision during sessions, or situations that may be misinterpreted.

REFERRALS

Where there is a safeguarding concern, we take into account the child’s wishes and feelings when determining what action to take and what services to provide. We acknowledge that children who are affected by abuse or neglect may demonstrate their needs and distress through their words, actions, behaviour, demeanour, schoolwork or other children. Ultimately, all our systems and processes operate with the best interests of the child at heart.

Referrals to services regarding concerns about a child or family typically fall into three categories:

 Early Help Services;

 Child in need - Section 17 (Children Act 1989) referrals;

 Child protection - Section 47 (Children Act 1989) referrals.

The parent/carer will be contacted to obtain their consent before a referral is made. However, if the concern involves, for example alleged or suspected child sexual abuse, Honour Based Abuse, fabricated or induced illness or the Designated Safeguarding Lead has reason to believe that informing the parent at this stage might compromise the safety of the child or a staff member, nothing will be said to the parent/carer ahead of the referral, but a rationale for the decision to progress without consent will be provided with the referral.

**Recording and Reporting**

How to record information about concerns or disclosures

Information passed to the social services or the police must be as helpful as possible, hence the necessity for making a detailed record at the time of the disclosure/concern.

Where possible take the person making the disclosure to a quiet space and ask another adult to be present.

If this is not possible, take the person to a quiet corner of the room, within sight and earshot of another adult. Remember to take a paper and pen with you.

It is important to allow the child or vulnerable person to disclose in their own time and in their own way. Often people can give vague or ‘jumbled’ accounts that can appear confusing.

It is important not to interrupt someone as they may not be able to restart. Instead of interrupting take down notes of what they say, using the same language that they use.

DO NOT ask leading questions and DO NOT make suggestions, the disclosure must be an honest account in the child’s own words. However, you should ask questions and seek clarification on any information that is not clear. (As an example ask “who did that?” rather than “did person X do that?”)

**\*Please remember, you cannot promise not to share this information. You can tell the person that you will only share it with people that need to know and who will keep them safe.**

Information must include the following:

* Name of child/vulnerable person
* Time, date and location of the disclosure or of when you noticed the concern.
* Age of child and date of birth
* Home address and telephone number
* Is the person making the report expressing their own concerns or those of someone else?
* What is the nature of the allegation? Include dates, times, any special factors and other relevant information. Use the person’s own words as quotes where possible.
* Make a clear distinction between what is fact, opinion or hearsay.
* A description of any visible bruising or other injuries. Behavioural signs indirect signs?
* Witnesses to the incidents.
* The child’s account, if it can be given, of what has happened and how any bruising or other injuries occurred.
* Have the parents been contacted?
* If so what has been said?
* Has anyone else been consulted? If so record details.
* If it is not the child making the report has the child concerned been spoken to? If so what was said?
* Has anyone been alleged to be the abuser?

After the information has been collected, it needs to be added to TPH’s **Record of Incident or Disclosure** template (found in the Appendix 4) by the person recording, and then emailed to the DSL **before the end of the working day**. Please inform the DSL by phone (leaving a message if necessary) that you have emailed a report so they can look out for it. The DSL will then escalate along the appropriate channels (as described earlier).

Please note: if the individual in question is in any immediate danger, the police should be called before they leave the premises.

As previously stated, if the DSL is unavailable, this should not delay appropriate action being taken. Staff should consider speaking to a member of the board of trustees and/or take advice from local social care.

CASS: <https://www.birminghamchildrenstrust.co.uk/contact>

BASB: <https://www.bsab.org/how-to-report-abuse/>

**Recording Actions:**

The designated staff member should record all details of:

* the report
* actions taken
* dates
* parties involved
* investigations
* any further actions, such as suspension of a worker.
* copies of reports and notes should be kept secure and usually retained for at least six years.

Confidentiality

Every effort will be made to ensure that confidentiality is maintained for all concerned in all safeguarding situations. Information should be handled and disseminated on a ***need to know basis*** only. This includes the following people:

* TPH DSL
* Host organisation/ school DSL
* The parents of the person who is alleged to have been abused
* The person making the allegation
* Social services/police
* The Local Authority Designated Officer
* The alleged abuser (and parents if the alleged abuser is a child).\*

\*Seek social services advice on who should approach alleged abuser.

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

While the welfare of the child/vulnerable adult is paramount, every effort will be made to maintain confidentiality for all concerned during investigations. Promises of confidentiality will not be given.

**Whistleblowing:**

If staff have concerns about improper conduct or omissions from the procedures, they have the right to report them under The Play House's 'Whistleblowing' policy. TPH will assure all staff/volunteers that it will fully support and protect anyone, who in good faith reports a concern that a colleague is, or may be, abusing a child or vulnerable person. Any report will be supported by the same confidentiality good practise, described below.

Where there is a complaint against a member of staff there may be three types of investigation

* A criminal investigation,
* A safeguarding investigation,
* A disciplinary or misconduct investigation.

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

Action if there are concerns

The following action will be taken if there are concerns:

Poor Practice

* If, following consideration, the allegation is clearly about poor practice; the DSL will deal with it as a misconduct issue.
* If the allegation is about poor practice by the DSL, or if the matter has been handled inadequately and concerns remain, it should be reported to the previously listed external safeguarding agencies who will then advise on the next actions to take.

Suspected Abuse

* Any suspicion that a child has been abused by either a member of staff or a volunteer should be reported to the DSL, who will take such steps as considered

necessary to ensure the safety of the person in question and anyone else who may be at risk.

* The DSL will refer the allegation to the social services who may involve the police, or go directly to the police if *out-of-hours.*
* The parents or carers of the child will be contacted as soon as possible following advice from the social services.
* If the DSL is the subject of the suspicion/allegation, the report must be made directly to the Social Services and TPH’s board of trustees.

Internal Enquiries and Suspension

* The DSL will consult with social services before making the decision about whether any individual accused of abuse should be suspended pending further police and social services inquiries.
* Irrespective of the findings of the social services or police inquiries TPH’s Board of Trustees will assess all individual cases to decide whether a member of staff or volunteer can be reinstated and how this can be sensitively handled. This may be a difficult decision; particularly where there is insufficient evidence to uphold any action by the police. In such cases, the Board of Trustees must reach a decision based upon the available information which could suggest that on a balance of probability, it is more likely than not that the allegation is true. The welfare of children and vulnerable people should always remain paramount.

Support to Deal with the *Aftermath*

* Consideration will be given about what support may be appropriate to children, parents and members of staff. Use of Helplines, support groups and open meetings will maintain an open culture and help the healing process. The British Association of Counselling Directory (**The British Association for Counselling Accredited Services Directory** is available from The British Association for Counselling, Tel: 01455 883300 E-mail: bacp@bacp.co.uk, website [www.bacp.co.uk](http://www.bac.co.uk/)) and may be a useful resource.
* Consideration should be given about what support may be appropriate to the alleged perpetrator of the abuse.

Promoting Good Practice with Young People

Child abuse can arouse strong emotions in those facing such a situation. It is important to understand these feelings and not allow them to interfere with your judgement about any action to take. Abuse can occur within many situations including the home, school and leisure environments. Some individuals will actively seek employment or voluntary work with young people in order to harm them. A workshop leader, artist, teacher, official or volunteer may have regular contact with young people and be an important link in

identifying cases where a young person needs protection. All suspicious cases of poor practice should be reported following the guidelines in this document. When a child/ vulnerable adult participates in TPH’s activities, having been subjected to child abuse outside the environment, drama can play a crucial role in improving the child’s self-esteem. In such instances the company must work with the appropriate agencies to ensure the child receives the required support.

Good Practice Guidelines

All personnel should be encouraged to demonstrate exemplary behaviour in order to protect themselves from false allegations. Please see Appendix for further explanation of how to create a positive culture of good practise.

Action if Bullying is Suspected

The same procedure should be followed as set out in the Section relating to responding to suspicions or allegations, if bullying is suspected.

Action to Help the Victim and Prevent Bullying:

* Take all signs of bullying very seriously.
* Encourage all children to speak and share their concerns (It is believed that up to 12 children per year commit suicide as a result of bullying, so if anyone talks about or threatens suicide, seek professional help immediately). Help the victim to speak out and tell the person in charge or someone in authority. Create an open environment.
* Investigate all allegations and take action to ensure the victim is safe. Speak with the victim and the bully(ies) separately.
* Reassure the victim that you can be trusted and will help them, although you cannot promise to tell no one else.
* Keep records of what is said (what happened, by whom, when).
* Report any concerns to the DSL and/or the school/ organisation (wherever the bullying is occurring).

Action Towards the Bully(ies):

* Talk with the bully(ies), explain the situation, and try to get the bully (ies) to understand the consequences of their behaviour. Seek an apology to the victim(s).
* Inform the bully’s parents.
* If necessary, insist on the return of *borrowed* items and that the bully(ies) compensate the victim.
* Provide support for the workshop leader of the victim.
* Impose sanctions as necessary.
* Encourage and support the bully(ies) to change behaviour.
* Hold meetings with the families to report on progress.
* Inform all organisation members of action taken.
* Keep a written record of action taken.

Allegations of Previous Abuse

Allegations of abuse may be made some time after the event (e.g. by an adult who was abused as a child or by a member of staff who is still currently working with children). Where such an allegation is made, the theatre should follow the procedures as detailed above and report the matter to the social services or the police. This is because other children may be at risk from this person. Anyone who has a previous criminal conviction for offences related to abuse is automatically excluded from working with children. This is reinforced by the details of the Protection of Children Act 1999.

Recruitment and selecting staff and volunteers: safer recruitment

The Play House recognises that anyone may have the potential to abuse children in some way and has adopted recruitment procedures that help deter, reject or identify people who may abuse children so that all reasonable steps are taken to prevent unsuitable people working with children. When undertaking preselection checks the following should be included:

* All staff working with young or vulnerable people must have had a DBS check in the last three years or must apply for one as soon as selected. If the staff member is deemed to be working in regulated activity, a barred list check will also be requested. As an employer, TPH is legally responsible for making sure the job role is eligible before requesting that an employee applied for a standard or enhanced DBS check. Gov.uk has an eligibility tool which can be used for guidance.
* TPH feels that it is desirable for all volunteers working with young people to apply for a DBS check. The law has removed supervised volunteers from regulated activity. There is no legal requirement to obtain DBS certificates for volunteers who are not in regulated activity and who are supervised regularly and on a day to day basis by a person who is in regulated activity, but an enhanced DBS check without a barred list check may be requested, in line with TPH's risk assessments. Without a DBS check, volunteers, cannot be left with a group of young people without a DBS checked adult.
* Two confidential references, including one regarding previous work with children will be required. These references must be taken up and confirmed through written contact. This is applicable for both staff and volunteers (unless volunteers were already known to us e.g. a former participant, in which case some discretion may be applied.)
* Evidence of identity (Passport or driving licence with Photo) and right to work in the UK check. These items will not be copied or kept, in-line with GDPR legislation.

All prospective employees/volunteers should be interviewed. We will ensure that all employees/volunteers have appropriate qualifications and training.

Should any concerns arise following a Disclosure and Barring Service (DBS) check then this will be passed onto the board of Trustees. Any Disclosure that causes concern will be assessed to establish the level of risk the subject poses to children, other service users, colleagues, the general public and/or our organisation. A number of questions will be asked:

* Does the offence relate directly to work with children?
* What is the seriousness of the offence/s and the circumstances surrounding it?
* How long is it since the offence was committed?
* Does the subject have a pattern of offending?
* Has the subject’s situation changed since the offence occurred?
* What is the subject’s explanation of the offence?
* Did the subject declare the offence prior to the Disclosure?

If all these questions are not answered satisfactorily then the prospective employee/volunteer will not be allowed to join the organisation. All new employees/volunteers will go through a probation and induction process, including relevant training. Ongoing training and supervision will ensure all employees/volunteers are adequately supported.

Training and supervision of staff and volunteers

New staff and volunteers will have a designated person (their line manager) that will ensure that a proper induction takes place. The supervisor will provide regular support and supervision to the new member of staff and volunteer in all areas of their work including child protection. All new staff and volunteers will read and understand this policy as part of their induction process. Staff and volunteers will be able to identify the signs of abuse and will be confident about the steps to take and who to report any concerns.

All staff will undertake external training on child protection. Until external training is possible, child protection training will be cascaded by supervisors/managers at the organisation. For volunteers, in house training is sufficient.

Failure to comply with this policy could result in disciplinary action being taken against the staff member.

**Appendix 1: What is Prevent?**

Prevent is part of the UK’s counter terrorism strategy preventing people from becoming radicalised, involved in terrorism or supporting terrorism. Prevent aims to identify children, young people and families at risk and to assess and reduce that risk. It includes non-terrorist forms of radicalisation including a range of extremist beliefs. It is part of the safeguarding agenda and links to the understanding of respecting and upholding British Values. As TPH is not a school or registered childcare provider, it is not subject to the duty under section 26 of the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism. However, those working with young people at TPH are aware that radicalisation is a safeguarding concern.

Behavioural indicators

* The following are possible signs that someone is being radicalised or drawn into terrorism:
* Change in behaviour or appearance
* Adopting styles of clothes associated with groups with whom they have had no previous contact
* Becoming isolated from friends, peers or family members
* Becoming involved with groups of pupils who have strong ideologies
* Viewing websites which contain extremist ideologies or symbols
* Attempting to recruit others to an extremist ideology or cause
* Vocalising extremist ideologies or using extreme language
* Questioning identity and sense of belonging
* Glorifying current terrorist activity seen in the media
* Displaying extreme behaviour related to ideology and/or religion
* Requesting extended holidays to unsafe places or places not associated with the family
* Possessing or discussing extremist material
* Family not being aware of absence

Motivators for such behaviours could be wide ranging. Terrorism is very unlikely but not impossible. Whatever the reason for a young person’s behaviour, remember that young people can be vulnerable and will benefit from our support. Please remember that the most important thing is to do something.

**Appendix 2: Good Practise**

Good practice means:

* Always working in a suitable environment (e.g. avoiding private or unobserved situations and encouraging an open environment i.e. no secrets).
* **TPH upholds a policy of no one to one contact. This means that no individual child must be left alone with an individual adult.**
* Treating all young people equally, whilst being aware of individual differences, and with respect and dignity.
* Always putting the welfare of each young/vulnerable person first.
* Maintaining a safe and appropriate distance with young people (e.g. it is not appropriate to have an intimate relationship with a child or to share a room with them).
* Building balanced relationships based on mutual trust which empowers children to share in the decision-making process;
* Making drama and theatre fun, enjoyable and promoting fair play.
* Manual/physical support, if required, should only be provided openly and by an individual qualified to give the necessary assistance. Young/vulnerable people should always be consulted and their agreement gained. Parental agreement should also be sought where possible.
* Involving parents/carers wherever possible. If groups have to be supervised in dressing rooms, always ensure parents/teachers/workshop leaders/volunteers/officials work in pairs.
* Being an excellent role model – this includes not smoking or drinking alcohol in the company of young people.
* Giving enthusiastic and constructive feedback rather than negative criticism.
* Recognising the developmental needs and capacity of young people – avoiding excessive competition and not pushing them against their will.
* If the need arises, securing parental consent in writing to *act in loco parentis* to give permission for the administration of emergency first aid and/or other medical treatment.
* Keeping a written record of any injury that occurs, along with the details of any treatment given.
* Handling any personal information in-line with GDPR legislation.

Practice to be avoided

The following should be **not occur,** except in emergencies. If cases arise where these situations are unavoidable they should only occur with the full knowledge and consent of someone in charge of the hosting organisation or the child’s parents. For example, a child sustains an injury and needs to go to hospital, or a parent fails to arrive to pick a child up at the end of a session:

* **Do not** spend time alone with children away from others.
* **Do not** take children to your home, especially where they will be alone with you.

Practice never to be sanctioned

The following should **never** be sanctioned. You should never:

* Engage in rough, physical or sexually provocative games, including horseplay;
* Share a room with a child;
* Allow or engage in any form of inappropriate touching;
* Allow children to use inappropriate language unchallenged;
* Make sexually suggestive comments to a child, even in fun;
* Reduce a child to tears as a form of *control*;
* Allow allegations made by a child to go unchallenged, unrecorded or not acted upon;
* Do things of a personal nature for children that they can do for themselves;
* Invite or allow children to stay with you at your home, especially when unsupervised.

**NB**. It may sometimes be necessary for staff or volunteers to do things of a personal nature for children, particularly if they are young or are disabled. These tasks should only be carried out with the full understanding and consent of parents and the young people involved. There is a need to be responsive to a person’s reactions. If a person is fully dependent on you, talk with him/her about what you are doing and give choices where possible. This is particularly so if you are involved in any dressing or undressing of outer clothing, or where there is physical contact, lifting or assisting a child to carry out particular activities. If it is necessary for a child/vulnerable adult to remove clothing for first aid treatment, there will, wherever possible, be another adult present. If a child/vulnerable adult needs help with toileting, nappy changing or washing after soiling themselves, another adult should be present or within earshot.

**Avoid taking on the responsibility for tasks for which you are not appropriately trained.**

If any of the following occur you should report this immediately to Jo Sadler-Lovett as the officer responsible for Safeguarding at TPH and also the DSL responsible for safeguarding at the host organisation/ school, and record the incident immediately in writing. You should also ensure the parents of the child are informed.

* If you accidentally hurt a child.
* If he/she seems distressed in any manner.
* If a child appears to be sexually aroused by your actions.
* If a child misunderstands or misinterprets something you have done.

**Appendix 3: Definitions of abuse**

**Definitions of Abuse**

There are four recognised types of child abuse. According to the World Health Organisation, ‘Child abuse’ or ‘maltreatment’ constitutes ‘all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.’ It also includes when someone knowingly fails to prevent serious harm to a child.

* Physical abuse: including hurting or injuring a child, inflicting pain, poisoning, drowning,
* Sexual abuse: including direct or indirect sexual exploitation or corruption of children by involving them (or threatening to involve them) in inappropriate sexual activities.
* Emotional abuse: repeatedly rejecting children, humiliating them or denying their worth and rights as human beings.
* Neglect: the persistent lack of appropriate care of children, including love, stimulation, safety, nourishment, warmth, education, and medical attention.

In line with the Prevent Strategy (see Appendix 1), 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.

In addition to these types of abuse and neglect, members of staff will also be alert to following specific safeguarding issues:

**Mental Health**

We are aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Our staff members however, are well placed to observe children and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

**Child Criminal Exploitation (CCE)**

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity in exchange for something the victim needs or wants, and/or for the financial or other advantage of the perpetrator or facilitator and/or through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology.

CCE can include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country (county lines), forced to shoplift or pickpocket, or to threaten other young people. Some of the indicators of CCE are: children who appear with unexplained gifts or new possessions; children who associate with other young people involved in exploitation; children who suffer from changes in emotional well-being; children who misuse drugs and alcohol; children who go missing for periods of time or regularly come home late; and children who regularly miss school or education or do not take part in education. Any possible CCE case will be shared with the DSL with a view to referring to appropriate agencies following the referral procedures.

**Child Sexual Exploitation**

CSE is a type of sexual abuse in which children are sexually exploited for money, power or status. Children or young people may be tricked into believing they are in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online.

Some indicators of children being sexually exploited are:

* going missing for periods of time or regularly coming home late
* regularly missing school or education or not taking part in education
* appearing with unexplained gifts or new possessions
* associating with other young people involved in exploitation
* having older boyfriends or girlfriends
* suffering from sexually transmitted infections
* mood swings or changes in emotional wellbeing
* drug and alcohol misuse
* displaying inappropriate sexualised behaviour.

A child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching. Sexual activity with a child under 16 is also an offence. It is an offence for a person to have a sexual relationship with a 16 or 17 year old if that person holds a position of trust or authority in relation to the young person. Nonconsensual sex is rape whatever the age of the victim. If the victim is incapacitated through drink or drugs, or the victim or his or her family has been subject to violence or the threat of it, they can not be considered to have given true consent and therefore

offences may have been committed. Child sexual exploitation is therefore potentially a child protection issue for all children under the age of 18.

Where it comes to our notice that a child under the age of 13 is, or may be, sexually active, this will be discussed with the DSL of TPH and the host organisation/ school. Each case must be assessed individually so that a full assessment can be made.

**‘Sexting’**

Creating and sharing sexual photos and videos of under-18s is illegal. Sharing youth produced sexual imagery, which is commonly known as ‘sexting’ covers the incidents where:

* A person under the age of 18 creates and shares sexual imagery of themselves with a peer under the age of 18
* A person under the age of 18 shares sexual imagery created by another person under the age of 18 with a peer under the age of 18 or an adult
* A person under the age of 18 is in possession of sexual imagery created by another person under the age of 18.

When such an incident involving youth produced sexual imagery comes to a member of staff’s attention, this will be shared with the designated safeguarding lead with a view to referring to appropriate agencies following the referral procedures.

**Violence Against Women and Girls (VAWG)**

VAWG is defined as any act of gender–based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. VAWG is the umbrella term which brings together multiple forms of serious violence such as crimes committed in the name of “honour”; domestic abuse; female genital mutilation (FGM); forced marriage; sexual violence, abuse, exploitation and rape; stalking; harassment; trafficking for sexual exploitation; prostitution. If members of staff have a concern about or knowledge of any VAWG incidents, they will share it immediately with the DSL with a view to referring to appropriate agencies.

**‘Honour-based’ abuse (HBA) (including Female Genital Mutilation and Forced Marriage)**

HBA includes incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving “honour” often involves a wider network of family or community pressure and can include multiple perpetrators. All forms of HBV are abuse (regardless of the motivation) and will be handled and escalated as such. If members of staff have a concern about or

knowledge of a child that might be at risk of HBA or who has suffered from HBA, they will share it immediately with the DSL with a view to referring to appropriate agencies.

**Female Genital Mutilation (FGM)**

FGM (also called 'female circumcision' or 'cutting’) is a procedure where the female genital organs are injured or changed without medical reason. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.

* FGM is illegal in the UK. It is estimated that approximately 60,000 girls aged 0-14 were born in England and Wales to mothers who had undergone FGM and approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.
* FGM is a deeply embedded social norm, practised by families for a variety of complex reasons. It is often thought to be essential for a girl to become a proper woman, and to be marriageable. The practice is not required by any religion.
* FGM is an unacceptable practice for which there is no justification. It is child abuse and a form of violence against women and girls.
* FGM is prevalent in 30 countries and is a deeply rooted practice, widely carried out mainly among specific ethnic populations in Africa and parts of the Middle East and Asia. While FGM is concentrated in countries around the Atlantic coast to the Horn of Africa, in areas of the Middle East like Iraq and Yemen, it has also been documented in communities in Colombia, Iran, Israel, Oman, The United Arab Emirates, The Occupied Palestinian Territories, India, Indonesia, Malaysia, Pakistan and Saudi Arabia. It has also been identified in parts of Europe, North America and Australia.

We note a duty that was introduced on 31 October 2015 that requires teachers, which includes qualified teachers or persons who are employed or engaged to carry out teaching work in schools and other institutions to report ‘known’ cases of FGM in girls aged under 18 to the police. The duty applies to any teacher who is employed or engaged to carry out ‘teaching work’, whether or not they have qualified teacher status, in maintained schools, academies, free schools, independent schools, non-maintained special schools, sixth form colleges, 16-19 academies, relevant youth accommodation or children’s homes in England. The duty does not apply in relation to suspected cases – it is limited to ‘known’ cases’ (i.e. those which are visually identified or disclosed to a professional by the victim). It will be rare for TPH staff to see visual evidence, and they should not be examining pupils or students. The duty does not apply in cases where the woman is over 18 at the time of the disclosure/discovery of FGM (even if she was under 18 when the FGM was carried out).

Further information on this duty can be found in the document “*Mandatory Reporting of Female Genital Mutilation – procedural information*”.

Staff/ volunteers in our organisation will personally report to the police cases where they discover that an act of FGM appears to have been carried out (calling 101 is recommended). They will also discuss any such case with the designated safeguarding lead. NSPCC also has a dedicated FGM helpline **0800 028 3550**

**Signs to look out for:**

* A relative or someone known as a 'cutter' visiting from abroad.
* The family are making plans to go on holiday during the summer/have requested extended leave from school.
* The child talks about a forthcoming special celebration.
* The child / woman may have difficulty walking or sitting.
* A female relative e.g., a mother or sister, has had FGM**.**

**Private Fostering**

Private fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer, for 28 days or more. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or by marriage). Great grandparents, great aunts, great uncles and cousins are not regarded as close relatives.

The law requires that Local Authorities should be notified if anyone is looking after someone else's child for 28 days or more. The purpose of the council's involvement is to support the child and private foster family (and wherever possible the biological parent/s) with any issues arising. These may be practical issues such as benefits, housing, immigration or emotional issues such as keeping contact with biological family, maintaining cultural identity.

Schools have an obligation to report private fostering and so suspicions of this while working in a school should be passed on to a school's DSL as well as discussed with TPH’s DSL.

**Domestic abuse**

Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. That abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional. Children can be victims of domestic abuse. They may see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own

intimate relationships (teenage relationship abuse). All of which can have a detrimental and long-term impact on their health, well-being, development, and ability to learn.

**Child-on-child abuse**

All staff should be aware that children can abuse other children (often referred to as child-on-child abuse), and that it can happen both inside and outside of the organisation and online. It is important that when staff have any concerns regarding child-on-child abuse they should speak to the Designated Safeguarding Lead (or a deputy). It is essential to challenge inappropriate behaviours between children that are abusive in nature. Downplaying certain behaviours, for example dismissing sexual harassment as “just banter”, “just having a laugh”, “part of growing up” can lead to a culture of unacceptable behaviour, normalising abuse leading to children accepting it and not coming forward to report it.

Consensual image sharing, especially between older children of the same age, may require a different response. It might not be abusive – but children still need to know it is illegal- whilst non-consensual is illegal and abusive. UKCIS provides detailed advice about sharing of nudes and semi-nude images and videos.

Child-on-child abuse is most likely to include, but may not be limited to:

• bullying (including cyberbullying, prejudice-based and discriminatory bullying)

• abuse in intimate personal relationships between children (sometimes known as ‘teenage relationship abuse’)

• physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse)

• sexual violence such as rape, assault by penetration and sexual assault; (this may include an online element which facilitates, threatens and/or encourages sexual violence)

• sexual harassment such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse

• causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party

• consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery)

• upskirting which typically involves taking a picture under a person’s clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm, and

• initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

**Appendix 4 : Incident Report Form**

**Record of Incident or Disclosure**

**This form is to be used in conjunction with The Play House’s Safeguarding policy.**

**This is for digital use and should be shared only with the DSL. Please do not print.**

CONFIDENTIAL

|  |  |
| --- | --- |
| Name of the individual(s) concerned |  |
| Date and time of concern/disclosure |  |
| Date and time of completing this form |  |
| Name of individual who is making report  |  |
| Name of other adults/ witnesses |  |

Please state below what was said, any concerns you had and what you observed in as much detail as possible. Please use additional paper if required. Check to make sure your report is clear – and will also be clear to a stranger reading it.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Person Recording*

Information should include the following:

* Name of child/vulnerable person
* Time, date and location of the disclosure or of when you noticed the concern
* Age of child and date of birth
* Home address and telephone number
* Is the person making the report expressing their own concerns or those of someone else?
* What is the nature of the allegation? Include dates, times, any special factors and other relevant information. Use the person’s own words as quotes where possible.
* Make a clear distinction between what is fact, opinion or hearsay.
* A description of any visible bruising or other injuries. Behavioural signs indirect signs?
* Witnesses to the incidents.
* The child’s account, if it can be given, of what has happened and how any bruising or other injuries occurred.
* Have the parents been contacted?
* If so what has been said?
* Has anyone else been consulted? If so record details.
* If it is not the child making the report has the child concerned been spoken to? If so what was said?
* Has anyone been alleged to be the abuser?

This form will be stored in accordance with GDPR and processed in line with TPH’s Safeguarding Policy.

**For Safeguarding Officer:**

|  |  |
| --- | --- |
| Additional Information |  |
| Action Taken |  |
| Referral made? (if so, date/time) |  |
| Sign and date |  |