



Safeguarding Policy

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Safeguarding is everyone's business, and abuse is unacceptable in all circumstances. We believe all children and young people wherever they are, whoever they are with, whatever they are doing have the right to protection from neglect, physical, emotional and sexual abuse. We are committed to ensuring that we take all necessary steps to ensure we provide a safe environment, where the risk of harm is minimized, and children have the opportunity to express themselves, explore their creativity, and thrive.

Definitions of key terms:

- **Child is defined as anyone under the age of 18 (Children's Act 1989).**
- **Vulnerable Adult is defined as anyone over the age of 18 who has special needs or requirements which could make them vulnerable.**
- **Vulnerable People are defined as people of any age who have special needs and may need protection. This may include people with disabilities, special care needs or any other condition that makes them vulnerable.**

Legal framework

This policy has been drawn up based on law and guidance that seeks to protect children, namely:

- Children Act 1989
- United Convention of the Right of the Child 1991
- General Data Protection Regulation 2018
- Human Rights Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- Special educational needs and disability (SEND) code of practice: 0 – 25 years – Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities; HM Government 2014
- Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents, and carers; HM Government 2015
- Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children; HM Government 2015

This policy should be read alongside our policies and procedures on:

- Dignity and Respect at work
- Whistleblowing policy
- Health and Safety
- Alcohol, Drugs and Smoking
- Disciplinary procedure
- Grievance procedure
- Internet and Social media policy

1. Safeguarding policy

1.1 Introduction

The **Orange Tree Theatre** has a moral and legal obligation to be a safe place for all the children and young people who visit, whether as audience members or participants in community activities. This policy applies to all paid employees, including casual workers and freelancers as well as volunteers, students and the Board of Trustees or anyone working on behalf of the Orange Tree Theatre (the OT). The policy's purpose is:

- To protect children, young people, vulnerable adults, students in receipt of a service or experience provided by the OT.
- To provide staff, freelancers, and volunteers with the overarching principles that guide our approach to safeguarding and child protection.

The OT is committed to promoting equality, diversity and an inclusive and supportive environment for all children, young people and vulnerable adults and believes that any individual should never experience abuse of any kind. We have a responsibility to promote the welfare of anyone involved with the OT and to keep them safe in all physical and digital spaces. We are committed to practice in a way that protects them.

In recognising the different needs of vulnerable persons, the OT actively seeks to meet needs identified to us by children, parents/carers and/or teachers. Should any member of

staff have any questions about this policy, they should be referred to the Community Director in their capacity as Designated Safeguarding Lead.

1.2 Policy statement

We recognise that:

- The welfare of the child is paramount, as enshrined in the Children Act 1989
- All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation, or identity, have a right to equal protection from all types of harm or abuse
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

We will seek to keep children, young people, and vulnerable adults safe by:

- valuing them, listening to, and respecting them
- appointing a Designated Safeguarding Officer (DSO) for children and young people, a deputy, and a lead board member for safeguarding
- adopting child protection and safeguarding practices through procedures and a code of conduct for staff and volunteers
- developing and implementing an effective e-safety policy and related procedures
- providing effective management for staff and volunteers through supervision, support, training, and quality assurance measures
- recruiting staff and volunteers safely, ensuring all necessary checks are made
- we will uphold our legal obligation to refer anyone involved working in or attending our services who has or appears to have caused harm to a child.
- recording and storing information professionally and securely, and sharing information about safeguarding and good practice with children, their families, staff, and volunteers
- using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families, and carers appropriately

- creating and maintaining an anti-bullying environment which extends to digital spaces and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise
- ensuring that we have effective complaints and whistleblowing measures in place
- ensuring that we provide a safe physical environment for our children, young people, staff, and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance
- All OT employees and/or volunteers will be recruited with regard to their suitability for that responsibility, vetted in accordance with legal requirements and will be provided with guidance and/or training in good practice and child protection procedures.
- Working in partnership with both parents and children as well as with teachers and other professionals acting in loco parentis is essential for the protection of children.
- Implementing and monitoring child protection procedures and reviewing and updating this policy at least once every two years for approval by the Board and always in accordance with new legislation. Additional guidance on child safeguarding issues can be found through the Richmond Single Point Access (contact Information 4.4)

2 Recruiting and selecting personnel working with children

2.1 Introduction

It is important that all reasonable steps are taken to prevent unsuitable people from working with children. This applies equally to paid staff and volunteers, both full and part time. To ensure unsuitable people are prevented from working with children the following steps should be taken when recruiting.

2.2 Controlling access to children

1. All staff, freelance workers and volunteers should complete an application form. The application form will elicit information about the applicant's past and self-disclosure about any criminal record.
 - All staff will complete a self-disclosure form relating to disciplinarys, investigations or reports of risk to young people
 - Consent should be obtained from the applicant to seek information from the Disclosure and Barring Service (DBS) and the process implemented immediately on confirmation of appointment.

- Two confidential references, including one regarding previous work with children should be obtained. These references MUST be taken up and confirmed through telephone contact.
- Evidence of identity (passport or driving licence with photo)

2.3 Interview and induction

All employees and volunteers will be required to undertake an interview carried out to acceptable protocol and recommendations. Two members of the OT Community team shall set questions relating to the job description and shall score candidates appropriately. All employees and volunteers should receive formal or informal induction during which:

- A check should be made that the application form has been completed in full, including sections on criminal records and self disclosures
- The job requirements and responsibilities should be clarified
- Safeguarding procedures are explained and training needs identified e.g. basic safeguarding awareness

2.4 Training

In addition to pre-selection checks, the safeguarding process includes training after recruitment to help staff and volunteers in:

All trustees as well as staff & volunteers in public facing roles

- Being alert to the possibility of child abuse and neglect, i.e. the definition, prevalence, identifying features in a child or adult, legal parameters and social consequences
- Having enough knowledge to recognise an abusive or potentially abusive event or set of circumstances
- Knowing who in the organisation to raise your concerns with
- Being competent in taking the appropriate immediate or emergency action
- Knowing how to make a referral to Social Services and/or the Police

Additionally for Community staff & volunteers the following must be delivered by fully accredited trainers:

- Community Director/ Designated Safeguarding Officer and Community Officer/ Deputy Designated Safeguarding Lead must complete Level 3 Safeguarding at least every two years

- Community freelance practitioners and volunteers leading regular activity (defined as once a week or more in a 30 day period) should have evidence of having completed at least Level 1 training in the previous 2 years.
- The OT will arrange an annual Level 1 training session, which all practitioners engaged in regular activity and not able to prove their compliance with the above clause must attend.

2.5 Disclosure & Barring (DBS) procedures

The OT requires:

- Enhanced Disclosure & Barring Service (DBS) checks on staff & freelancers who are likely to have direct and regular (once a week or more in a 30 day period) contact with young people.
- All freelance workers must have an Enhanced DBS check certified within the 12 months prior to commencing employment and/or be registered on the DBS Update service, which allows employers to check certificates online.
- Certificates will be checked by the CD or CM who will record the name, Disclosure Number and date processed, which will be kept in a password secure document.
- The OT covers the cost of DBS checking
- Freelancers will be given a self-certification form to disclose information of any spent or unspent criminal convictions.
- Freelancers will be employed subject to what is recorded on their DBS form and their suitability of working with young people.
- A worker for the OT without a DBS check may lead a workshop if they are supervised by a DBS- checked member of staff and not in regular activity (as defined in the first clause of this Section)

3. Promoting good practice

3.1 Introduction

The good practice highlighted below outlines a code of behaviour for members of staff, freelancers, contractors, and volunteers when working with children/ vulnerable persons for the OT. Each child/ vulnerable person has the right to protection from all forms of abuse, neglect, or exploitation.

We agree to adhere to the 4Rs Recognise, Respond, Refer and Record

RECOGNISE: Recognise a concern, or someone has made a disclosure.

RESPOND: Reassure the individual, ask what they would like to happen and let them know what action will need to take.

REFER: Pass the concerns on by contacting the DSO and Richmond Single Point Of Access(SPA)

RECORD: What has been seen, heard or been told? Ensure you record these as soon as possible.

It is not always easy to distinguish poor practice from abuse. It is therefore NOT the responsibility of people working at the OT to make judgements about whether or not abuse is taking place. It IS however their responsibility to identify poor practice and possible abuse and act if they have concerns about the welfare of the child/ vulnerable person, as explained in section 4.

It is also their responsibility under the direction of OT management to implement all applicable controls, procedures and vetting arrangements which are in place to safeguard children and vulnerable people whilst on site or working on community programmes and to follow up through the appropriate channels any concerns raised.

3.2 Good practice

All OT employees and volunteers should adhere to the following principles and action:

- Always put the welfare of the child first
- Treat all children equally and with respect and dignity
- Always engage with children in an open environment i.e., avoiding private or unobserved situations.
- Avoid unnecessary physical contact with children. Where any form of manual or physical support is required, it should be provided openly and with the consent of the child and with prior consultation with parent/ carer.
- Keep a written record of any injury that occurs, along with details of any treatment given, in the Accident section of the Session Report, shared with the Community Director.

Additionally, Community staff, freelance practitioners and volunteers should:

- Make the experience of the Orange Tree Theatre's programme fun and enjoyable: promote fairness, confront, and deal with bullying

- Be an excellent role model, provide an example of good conduct: e.g., being mindful of language used; adhering to a school's rules when working in schools; dressing appropriately for the activity being delivered; clearing away rubbish or left-over materials at the end of a workshop.
 - Avoid private communication with children, whether in person or online. Phone calls should always be from Orange Tree Theatre's lines/ mobiles and never from personal mobiles. (See section 2.4 for detail on social media use) .
 - There is no circumstance where a person engaged in OT delivery should be connecting with a child outside of the session they are delivering, by phone, social media or other. This communication is acceptable, and if it occurs the staff /volunteer will be subject to disciplinary procedures.
 - Always give enthusiastic and constructive feedback rather than negative criticism
 - Always ensure appropriate children-to-staff ratio recommended by the DfE
 - We recommend having at least two adults present when working with or supervising children and young people, even with smaller groups.
3. Reporting any discrepancies to the Community Officer / Director.
- Always conduct a risk assessment before the start of any workshop or activity. Templates are available from the Community Department.
 - Involve parents/carers wherever possible, e.g., encourage parents to take responsibility for taking off socks and tights. This also includes parents who are looking after children on behalf of others.
 - Ensure that teachers accompanying school groups are with their students at all times during their visit, including both in sessions and during breaks. Report any teacher absence to the Designated Safeguarding Lead.
 - Ensure that a register of attendance is taken at the beginning of every session with all absences accounted for through contact with parents
 - The Community Officer must ensure that parents of each child have confirmed how their child/ren will be picked up from a session/s or if they have permission to make their own way home. This information is available in the weekly registers
 - Workshop Leaders and Assistants should ensure all children are picked up from sessions or make their way home on their own accordingly to this guidance and each student should be marked to have left safely. If a named adult has said they are picking the child up, they should only be released to that adult. If the situation changes then the staff should always confirm with the legal guardian.
 - Ensure the collection or availability of contact details for parent/ carer for each

child.

- Bar, Box Office, and Front of House staff must: Ask for proof of age for anyone engaging in age-restricted activity, i.e., the sale and consumption of alcohol.

3.3 Use of photographic/filming equipment

The OT requires parents/carers to complete a Photographic Release Form for any child under the age of 18, before taking photographs or video footage. The consent is for the full use of the material by the OT in any form and in any medium, which reasonably promotes or advertises the aims of the Orange Tree Theatre. This will include OT approved organisations, local press and commercial educational/funding magazines. The photography/video footage will not be used for any other means. These photographs will be stored in a password secure folder and will only be accessed by the Community Director and Community Officer. They will be stored for up to 7 years.

Community facilitators please note: Photographs cannot be taken or stored on personal devices. If photographs are to be taken during the sessions these must be taken on Orange Tree equipment which is accessed by the Community Officer and Director. It is the responsibility of the Facilitator to ensure participants, observers or audiences do not use mobile phones to take photos unless previous consent has been given.

3.4 Digital working safety measures

The OT's Code of Expected Behaviour extends to our digital spaces and should be adhered to for all digital activity. All arrangements for an online class need to be made through the parent/legal guardian, and they need to provide written consent to any use of their child's e-mail address. For children under 12 a parent must be present to register their child into the session.

When work is carried out remotely, we expect all employees, children and young people, vulnerable adults and freelancers to adhere to further online safeguarding measures:

Public Networks

- Always use a safe and secure network, preferably in your own home. If you need to connect to public wifi to carry out OT work,

don't:

- Allow your Wi-Fi to auto-connect to networks
- Log into any account via an app that contains sensitive information. Go to the website instead and verify it uses HTTPS before logging in

- Leave your Wi-Fi or Bluetooth on if you are not using them
- Access websites that hold your sensitive information, such as such as financial or health-care accounts
- Log onto a network that isn't password protected.

Make sure you **do**:

- Disable file sharing
- Only visit sites using HTTPS
- Log out of accounts when done using them
- Use a VPN, like Norton Secure VPN, to make sure your public Wi-Fi connections are made private.

Live Video Chat

- Never use your full name, first names will do.
- Ensure that chat rooms are only accessible by invitation only and that only registered participants are present.
- Make sure people you are living with know you are on a live video chat. Don't include them in the chat.
- Wear appropriate clothing, even on parts of you that you think won't be seen
- Remember it's easy to misinterpret things online
- Refer to a group leader directly if you feel worried about anything
- Do not record or take photos of anything without parental consent in place.

Communication via telephone If using their personal mobile phones remotely staff should hide their number when communicating externally with young people.

Communication via email Where young people's email addresses are gathered at the point of recruitment, an email address of a parent/carer will be also be collected. This information will be stored in a password-secure file which can only be accessed by the Community Director and the Community Officer. Where staff are required to email young people's personal email addresses, the parent/carer will be CCed. In such cases staff should use clear language to avoid any misunderstanding on the part of the recipient. Staff members who have concerns regarding the content of an email that they send or receive from a young person should consult the DSO or DDSO for guidance.

Communication via social media Current social media applications used by the OT include X, Facebook and Instagram. OT will not follow young people's social media accounts. If direct messages are received about activities for young people (e.g. OT Youth Theatre) the Community department email address should be passed on, and the interaction taken off the social media app and moved to email correspondence.

All social networking sites have the potential to allow workers to communicate with young people on a one-to-one basis, however there is no circumstance where a person engaged in OT delivery should be connecting with a child outside of the session they are delivering, by phone, social media or other. If this occurs the staff /volunteer will be subject to disciplinary procedures.

Communication via digital platforms

When communicating with young people via digital platforms OT staff will use OT accounts and phones and ensure that the personal numbers of young people and freelancers are not shared.

OT staff and OT freelancers will be the only adults present in OT digital platforms.

All parents will be informed of the platforms to be used and the dates and times of sessions and the adults who will be in these platforms.

OT Staff set clear rules of engagement for working on digital platforms. Staff will also remind young people that this is not a private space and whatever they share online will be seen by the group.

Any young person who breaks the above rules will be removed from the platform by OT staff and parents/carers will be informed.

Safeguarding

- If a profile or group is set up in the name of a Community group, it is essential that a member of staff becomes a member of it and oversees the content and activity.
- The staff member should monitor conversations, images and other activity of members of the group and challenge, educate, or intervene, as necessary.
- Any communication using such groups should be kept public or kept logged. Messages should be saved and kept (both incoming and outgoing) and instant chat must not be used at any time to communicate with young people.
- If an OT staff member receives content from a young person which they believe is inappropriate they will not forward the content or delete it but immediately contact the DSO to report the content and the DSO will follow the safeguarding incident

procedure of OT.

- The staff member should educate members of the group about online safety, including how to customise privacy settings. (For information and resources see <http://www.thinkuknow.co.uk>)
- Staff must not publish images of people unless consent has been given in writing, using an official photograph consent form (available on the Orange Tree Theatre's shared drive) and images are consistent with the purposes and values of the organisation
- Staff should maintain clear boundaries between their personal and professional lives by customising their privacy settings and avoiding inappropriate personal information becoming visible to members of the group.

Working on personal devices

When working from home OT staff will have their own accounts to access emails and a log-in to our remote server. All OT files are saved on the server and files with personal and contact details are password protected in line with GDPR.

- No young people's details or images will be downloaded or saved on personal computers (unless it is a computer provided by the OT for work use only).
- OT staff will not share their accounts or log-ins with other members of staff and only log into their own accounts.
- If young people's images need to be downloaded for photo or video editing then they will be deleted once the edit has taken place and the edited film is uploaded to the server.

Artists who need access to creative content including videos are given links which enable them to watch videos online but not download.

Sharing work created online

When OT share work created online will take the following steps;

- Share the final edits with the young people and their parents/carers before sharing.
- Not use a child's surname in photography or video content.
- Gain parental/guardian consent for their child to be photographed and videoed
- Only use images of children in suitable clothing to reduce the risk of inappropriate use.

- Only share content through OT's official accounts.

If, for whatever reason, a parent/carer or young person is not happy with the use of content, then OT will not share the content.

3.5 Data protection and storage of photography

The OT will protect children's personal data. Personal contact details of anyone under the age of 18 will be stored in a password sensitive document accessed only by DBS cleared staff. Access to these documents is traceable by the DSO. Data will otherwise be kept in accordance with GDPR legislation.

Photographs of children and vulnerable persons, where we do not hold permission to publish, will be stored in a password sensitive folder accessed only by DBS cleared staff for a maximum of 6 months. Access to these documents is traceable by the DSO.

3.6 Poor/ at risk practice

The following are regarded as poor practice and must be avoided by all personnel to avoid putting them or the child at risk:

- Spending time alone with children away from others or being unescorted in a school environment. In situations where this cannot be avoided, make yourself as visible as possible (e.g. do not have your back to others, leave a door open).
- Making sexually suggestive comments to a child, even in fun
- Allowing allegations made by a child to go unrecorded or not acted upon (for more information on responding to allegations, please see Section 4 of this Policy)
- Administering prescription or other medications under any circumstances.

In addition, Community staff and practitioners must avoid:

- Taking a child alone on car journeys, however short
- Taking a child to their home, whether alone or in the company of another adult
- Engaging in rough, physical, or sexually provocative games, including horseplay
- Allowing or engaging in inappropriate touching of any form
- Allowing a child to use inappropriate language unchallenged
- Reducing a child to tears as a form of control
- Doing things of a personal nature that the child can do for themselves

- Making individual contact with children using personal mobile phones, social media and/or email addresses.
- Organising trips without consulting the Community Director and Community Manager) and obtaining parental consent
- Allowing persons who are not parent or carers into the workshop space without prior arrangement with the Community Director and/or Community Officer or allowing parents/ carers to take responsibility for others children unless previously agreed.
- Drinking alcohol or smoking, either during or on the way to/ from any activity involving children

4. Child abuse

4.1 Introduction

Abuse is defined as a violation of an individual's human and civil right by any other person or persons

Child abuse is any form of physical, emotional, or sexual mistreatment or lack of care that leads to injury or harm, it commonly occurs within a relationship of trust or responsibility and is an abuse of power or a breach of trust. Abuse can happen to a child/ vulnerable person regardless of their age, gender, ethnicity, or ability.

The abuser may be a family member, someone the child encounters in residential care or in the community, including through sports and leisure activities. Any individual may abuse or neglect a child or vulnerable person directly or may be responsible for abuse because they fail to prevent another person harming the child or vulnerable person.

Abuse in all its forms can affect someone at any age. The effects can be so damaging, that if not treated may follow a child into adulthood.

Young people with disabilities may be at increased risk of abuse through various factors such as stereotyping, prejudice, discrimination, isolation, and a powerlessness to protect themselves or adequately communicate that abuse had occurred.

4.2 Types of abuse

Physical abuse: where a child/ vulnerable person is physically hurt or injured e.g. by hitting, shaking, throwing, poisoning, burning, biting, scalding, suffocating, drowning. Giving children alcohol or inappropriate drugs would also constitute physical abuse.

This category of abuse can also include when a parent/carer reports non-existent symptoms or illness deliberately causes ill health in a child they are looking after. Fabricated or

Induced Illness (previously known as Munchausen Syndrome by Proxy)

Emotional abuse: The persistent emotional ill treatment of a young person, likely to cause severe and lasting adverse effects on the child's emotional development. It may involve telling a young person they are useless, worthless, unloved, inadequate or valued in terms of only meeting the needs of another person. It may feature expectations of young people that are not appropriate to their age or development. It may cause a young person to be frightened or in danger by being constantly shouted at, threatened, or taunted which may make the young person frightened or withdrawn.

Neglect occurs when an adult fails to meet the young person's basic physical and/or psychological needs, to an extent that is likely to result in serious impairment of the child's health or development. For example, failing to provide adequate food, shelter, and clothing, failing to protect from physical harm or danger, or failing to ensure access to appropriate medical care or treatment.

Bullying may come from another young person or an adult. Bullying is defined as deliberate hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. There are four main types of bullying, which may happen in face-to-face contexts or remotely, e.g. via social media.

It may be physical (e.g. hitting, kicking, slapping), verbal (e.g. racist or homophobic remarks, name calling, graffiti, threats, abusive text messages), emotional (e.g. tormenting, ridiculing, humiliating, ignoring, isolating from the group), or sexual (e.g. unwanted physical contact or abusive comments).

Sexual abuse occurs when adults (male or female) use children to meet their own sexual needs. This could include full sexual intercourse, masturbation, oral sex, anal intercourse and fondling. Showing young people pornography, talking to them in a sexually explicit manner or encouraging inappropriate relationships to develop are also forms of sexual abuse.

Child sexual exploitation 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. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying (including cyberbullying) and grooming. It is important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Female Genital Mutilation (FGM) : FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for nonmedical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies. The practice causes severe

pain and has several immediate and long-term health consequences, including difficulties in childbirth also causing dangers to the child.

Radicalisation The Counterterrorism and Security Act, which received Royal Assent on 12 February 2015, places a duty on specified authorities, including local authorities and child-care, education, and other children's services providers, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism ("the Prevent duty"). The accepted UK Governmental definition of extremism is: 'Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs; and/or calls for the death of members in our armed forces, whether in this country or overseas'. The OT recognises that extremism and exposure to extremist materials and influences can lead to poor outcomes for children and extremist views of any kind are not tolerated.

4.3 Signs of abuse and neglect

The following signs may be noted by any member of OT staff, but often they may only be noticed by Community staff/ practitioners, or those with some prior knowledge of the child. It must be recognised that the below

PLEASE NOTE: Reference section 4 for situations of when a young person discloses sensitive information to you.

Behavioural signs of sexual abuse:

These might include a marked change in the child's general behaviour. For example, they may become unusually quiet and withdrawn, or unusually aggressive. Or they may start suffering from what may seem to be physical ailments, but which can't be explained medically.

- The child may refuse to attend school or start to have difficulty concentrating so that their schoolwork is affected.
- They may show unexpected fear or distrust of a particular adult or refuse to continue with their usual social activities.
- They may start using sexually explicit behaviour or language, particularly if the behaviour or language is not appropriate for their age.
- The child may describe receiving special attention from a particular adult, or refer to a new, "secret" friendship with an adult or young person. useful link to <https://www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool>

Behavioural signs of physical abuse:

If a child is being physically abused, their behaviour may change in one or more of the following ways:

- Become sad, withdrawn, or depressed.
- Have trouble sleeping.
 - Behave aggressively or be disruptive.
 - Show fear of certain adults.
- Have a lack of confidence and low self-esteem.
- Use drugs or alcohol.

Signs of FGM or risk of FGM:

A girl or woman may be at risk if: Parents state that they or a relative will take the child out of the country for a prolonged period, possibly to the country of origin, if that country is known to practise FGM.

For a list of countries, visit: www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPractice_GuidelinesNov14.pdf

Indicators that a girl or woman may have been the victim of FGM include:

- She has difficulty walking, sitting, or standing and may even look uncomfortable
- She has frequent urinary, menstrual or stomach problems or spends prolonged time in the toilet
- She talks about pain or discomfort between her legs.

Individually, these factors may not indicate risk but if there are two or more indicators present, this could signal a risk to the child or young person.

Signs of neglect:

Neglect involves ongoing, severe failure to meet a child's needs. Here are some signs of possible neglect:

- If the child seems underweight and is very small for their age
- If they are poorly clothed, with inadequate protection from the weather

- If they are often absent from school for no apparent reason
- If they are regularly left alone, or in charge of younger brothers or sisters.

Behavioural signs of radicalisation:

- Graffiti symbols, writing or art work promoting extremist messages or images
- Accessing extremist material online, including through social networking sites
- Distributing extremist literature and documentation
- Parental reports of changes in behaviour, friendship or actions and requests for assistance
- Voicing opinions drawn from extremist ideologies and narratives
- Use of extremist or 'hate' terms to exclude others or incite violence
- Intolerance of difference, whether secular or religious or, in line within our equalities policy, views based on, but not exclusive to, gender, disability, homophobia, race, colour or culture
- Attempts to impose extremist views or practices on others.

5. Responding to concerns, allegations, and disclosure

5.1 Introduction

It is not the responsibility of anyone working at the OT in a paid or unpaid capacity to decide whether or not child abuse has taken place. However there is a legal obligation to report any concerns so that the necessary action may be taken to protect the child. This applies BOTH to allegations/concerns of abuse occurring at OT (whether by staff, volunteers or members of the public) and to disclosure/concerns that abuse is taking place elsewhere.

This section explains how to respond to allegations/suspensions. For more detailed information, see the Government's guidance document: 'What to do if you are worried a child is being abused' (2015)

[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)

5.2 Receiving evidence of possible abuse

OT staff or freelancers working with children and/or vulnerable people at the OT may become aware of possible abuse in various ways. They may see it happening, may suspect it happening because of signs such as those listed in section 3 of this document, it may be reported to by someone else or directly by the person affected.

If a child discloses information that indicates that they are being abused, you should:

- stay calm and listen carefully to what is said
- inform the child, at an appropriate early opportunity, that it is likely the information will need to be shared – do not promise to keep secrets
- allow the child to continue at her/his own pace
- reassure the child that they are not to blame and that it was right to tell
- listen to the child, showing that you are taking them seriously
- ask questions for clarification only so that there is a clear and accurate understanding of what has been said. At all times avoid asking questions that suggest a particular answer
- tell them what you will do next and with whom the information will be shared
- record in writing what was said using the child's own words as soon as possible – note date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated
- report the incident to the Designated Safeguarding Lead (Community Director)

5.3 Recording information

To ensure that information is as helpful as possible, a detailed record should always be made at the time of the allegation/ disclosure/concern. In recording you should confine yourself to the facts and distinguish what is your personal knowledge and what others have told you. Please use an Incident Report Form (Appendix B). Information should include the following:

- The child/vulnerable person's name, age and date of birth
- The nature of the allegation/ disclosure/concern, including dates, times, and any other relevant information.
- Relevant information about the circumstances of your concern – what you see, hear and suspect to be happening to the young person.

- Details of witnesses to the incidents
- The child/ vulnerable person's account, if it can be given, of what has happened and how any bruising/injuries occurred if relevant
- Have the parents been contacted? (This should not be done prior to advice from Community Director/Community Officer). If so, what has been said?
- Has anyone else been consulted? If so, record details
- Has anyone been alleged to be the abuser? Record detail.

The OT will keep a record of any child protection information on file in a password-protected folder until the day that child is due to turn 25 years old. This retention is set in line with the Limitation Act 1980, which allows that a claim can be made against an organisation by a minor for up to 7yrs from their 18 Birthday.

5.4 Reporting the concern

If you have any concerns about the welfare of a child, you must report these to the Designated Safeguarding Lead (the Community Director). They will usually decide whether to refer the child to Richmond single point of access (SPA), but it is important to note that anyone can refer their concerns to Richmond SPA directly.

If there is a risk of immediate serious harm to a child, call the police on 999.

If the Designated Safeguarding Lead is the subject of the suspicion/allegation the report must be made to the Executive Director who will refer the matter to children's social care.

If, following a referral, the child's situation does not appear to be improving, the Designated Safeguarding Lead or the staff member who has reported concerns should press for re-consideration. Concerns should always lead to help for the child at some point. Allegations of abuse are sometimes made sometime after the event. Where such allegation is made, you should follow the same procedures and have the matter reported to children's social care.

You can report your concern via the following routes:

- Richmond Children's Social Care: From 8am to 5.15pm, Monday to Thursday, and 8am to 5pm on Friday call 020 8547 5008, Out of hours, phone 020 8770 5000, Secure Email: spa.referrals@achievingforchildren.org.uk
- NSPCC: 0808 800 5000 (24hrs line)

5.5 How the OT will respond

Any suspicion that a child has been abused by an employee or a volunteer should be reported to the Designated Safeguarding Lead at Orange Tree Theatre, Community Director Francesca Ellis, who will take appropriate steps to ensure the safety of the child in question and any other child who may be at risk. This will include the following:

- The OT will refer the matter to children's social care
- The Executive Director and Board Safeguarding Lead should be notified to decide who will deal with any media inquiries and implement any immediate disciplinary proceedings
- The Chair of the Board would be notified, as well as relevant funders.

5.6 Sharing Information

Effective sharing of information between professionals and local agencies is essential for effective identification, assessment, and service provision.

- Remember that GDPR is not a barrier to sharing information but provides a framework to ensure that personal information is shared appropriately.
- Be open and honest with the person (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.
- Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
- Share with 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, that lack of consent can be overridden in the public interest. You will need to base your judgement on facts.
- Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
- Necessary, proportionate, relevant, 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 people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- Keep a record of your decision in the private safeguarding folder on the remote server 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

5.7 Should we tell parent / carers if we are going to make a referral?

- It is the duty of the Designated Safeguarding Officer to report any referrals to social care. The DSO will be as open and honest as possible with parent/ carers about any concerns. If there is a need to make a referral to social care, the DSO should normally discuss this with the parent carer before they do. However, inability to inform parent carers should not prevent a referral being made. It would then be a joint decision with Children's Social Care about how and when the parents should be approached and by whom.

You should NOT discuss your concerns with parent /carer in the following circumstances:

- Where sexual abuse or sexual exploitation is suspected
- Where organised or multiple abuse is suspected.
- Where Fabricated or Induced Illness (previously known as Munchausen Syndrome by Proxy) is suspected
- Where Female Genital Mutilation is the concern
- In cases of suspected Forced Marriage
- Where contacting or discussing the referral would place a child, yourself, or others at immediate risk.

5.8 Internal inquiries and suspension

- If any member of staff has concerns about another staff member or about safeguarding practices at the Orange Tree Theatre, they must report their concerns to the Executive Director/ Board Safeguarding Lead
- Orange Tree Theatre's Executive Director/ Board Safeguarding Lead will make an immediate decision about whether any individual accused of abuse should be temporarily suspended pending further police and social services inquiries
- Irrespective of the findings of the social services or police inquiries the Executive Director and Board Safeguarding Lead 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; especially where there is insufficient evidence to uphold any action by the police. In such cases the Executive Director and Board Safeguarding Lead must reach a decision based upon the available information. Suspensions will be upheld if, on the balance of probability, it is more likely than not that the allegation is true. Whilst proper procedures must be maintained, the welfare of the child should remain of paramount importance through-out.

- **Appendix A – Incident Report Form**

To be completed in the presence of the Community Director or Community Officer

Completed by:

Contact details:

Description of incident:

Date:

Please include:

Child's name, age and date of birth

The nature of your concern, including dates, times and any other relevant information

Relevant information about the circumstances of your concerns – what you see, hear or suspect to be happening about an individual child and young person; allegations of abuse; injuries or bruising

The child's account, if it can be given, of what has happened

I confirm that the above information is correct to my best knowledge. I know not to pass on any information disclosed above but may be requested to recount the events in a court of law.

..... (Signed on behalf of witness)

..... (Signed on behalf of Orange Tree Theatre)

Appendix B – Government information and guidance on safeguarding issues

Key legislation and government guidance, including detail on the procedures for reporting and following up concerns may be found online in the following locations:

Working Together to Safeguard Children (statutory guidance)

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Keeping Children Safe in Education (statutory guidance)

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

Appendix C – Key contacts

Richmond Single Point of Access

https://www.richmond.gov.uk/single_point_of_access

For advice and guidance on any issues relating to this policy, please contact: http://www.safenetwork.org.uk/training_and_awareness/pages/lscbs.aspx

Concerns about the welfare of a child may be reported by via the following routes:

- ❓ Richmond Single Point of Access, available from 8am to 6pm, Monday to Friday. Call us on 020 8547 5008, or if you need to speak to someone urgently after hours or at the weekend, call the 'Out of Hours' team on 020 8770 5000.
- ❓ Richmond Police Station, 8 Red Lion Street, Richmond, Surrey, TW9 1RW, 02086079199.
- ❓ NSPCC: 0808 800 5000 (24hrs line)
- ❓ **If a child is in immediate danger, call 999.**