



**London Academy of Music and Dramatic Art  
Overarching Safeguarding Policy and Procedures for Children and Adults at Risk**

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Purpose	The policy and procedures describe LAMDA's commitment to safeguarding for children and adults at risk
Approval by	Senior Management Team
Application	<ul style="list-style-type: none"><li>• LAMDA employees at all levels</li><li>• Partners and contractors</li><li>• Examiners</li><li>• Associates and visitors</li><li>• Volunteers</li><li>• Mentors and stewards</li><li>• Consultants</li><li>• Any other individuals who may work with LAMDA from time to time.</li></ul>
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## 1. SAFEGUARDING POLICY

### 1.1 Policy Statement

London Academy of Music and Dramatic Art (LAMDA) works with children, young people and adults at risk, delivering sessions in acting, movement, voice and technical theatre skills that aim to be educational and fun. This can only be achieved in an atmosphere of trust, respect, safety and security. LAMDA is therefore committed to creating an environment which ensures all children and adults at risk can learn and develop and one that prevents risk from any form of harm or abuse.

LAMDA has a responsibility to safeguard and promote the welfare of all children and adults at risk to whom it provides services. In recognising this duty of care LAMDA has developed this policy and procedures with the NSPCC to provide a clear framework on how to respond to concerns to ensure children and adults at risk are safeguarded through our varied activities across LAMDA.

***Please note: where the procedures may differ for adults at risk to that of children, these will be clearly highlighted throughout this document.***

***Please see Section 2.2 Defining Safeguarding for Children and Adults at Risk for detailed definitions.***

In brief, the following define children and adults at risk for the purpose of this document.

**Child:** anyone who has not yet reached their 18th birthday. In this document 'children' is taken to include young people up to 18.

**Adults at risk:** any person who is aged 18 years or over and who is at risk of abuse or neglect because of their needs for care and support'. Some organisations use the term "vulnerable adult"; however LAMDA will use the terminology 'adult at risk'.

***For a quick guide on:***

***Procedures-: What to do if your concerned about a child or adult abuse- See Appendix 5 Process Flowchart***

***Procedures: What to do if you have a safeguarding concern or allegations against an employee or other listed in this document- See Appendix 6 Process Flowchart***

### 1.2 Implementation

LAMDA believes that:

- The welfare of a child and adult at risk is paramount, regardless of age, disability, gender, nationality, racial heritage, faith, sexual orientation, identity or any other additional vulnerability all have a right to equal protection from all types of harm or abuse while undertaking activities at LAMDA
- The best interests of the child and adult at risk are paramount, including when to maintain confidentiality and when to share information about them. All employees, including contractors, examiners, mentors, stewards, learners, students, partners, volunteers, associates, visitors and any other individuals who may work with LAMDA from time to time, have a role to play in safeguarding. A culture of mutual respect between children, adults at

risk and those who represent LAMDA in all its activities will be encouraged, with adults modelling good practice in this context

- Anybody who encounters safeguarding concerns in the context of their work on behalf of LAMDA will be supported when they report their concerns in good faith
- This document will be referred to or included in recruitment, induction, training, standardisation, moderation and policy materials where appropriate, and widely available and actively promoted across LAMDA
- Concerns or allegations that LAMDA employees, or those listed above have abused or neglected a child or adult at risk will be managed sensitively and fairly in accordance with this policy, other LAMDA policies and relevant legislation and guidance.
- As part of working together, LAMDA expects the relevant authorities to act on our concerns. We will escalate our concerns, where necessary, in our efforts to be satisfied that our concern has been taken seriously and the child and adult at risk has been protected.

### 1.3 Purpose and Scope

LAMDA have contact with children and adults at risk directly or indirectly through their activities and services and therefore requires a safeguarding policy and procedures which protect them.

The policy and procedures are essential because they provide a clear process for all our employees and those named above. They ensure that everyone is clear about their roles, responsibilities and expectations to protect children and adults at risk from harm.

It is the responsibility of employees, and any other individuals who may work with LAMDA from time to time to act if there is a cause for concern about a child or an adult at risk, or the behaviour of an adult towards a child but it is not their responsibility to determine if abuse has occurred or what action is required to protect them. Responsibility for deciding whether to escalate a concern to the appropriate authority lies with the LAMDA-nominated Safeguarding Leads and Officers.

Child and adult abuse can have both short term and long term consequences. The impact can include serious injury, disability, threats to survival or even death. It can affect a person's development, mental health, and ability to form relationships, self-esteem, confidence or achievements in education or work. It may impact on the ability to parent and have a decent family life. It can have huge personal and economic consequences for the individual, their family, community and society. Hence the necessity of doing everything possible to prevent abuse wherever possible and to protect children at risk whenever we identify it may be happening.

### 1.4 Application

This policy and procedures apply to **all employees, including contractors, examiners, mentors, stewards, learners, students, partners, volunteers, associates, visitors and any other individuals who may work with LAMDA from time to time.** When making reference to employees throughout this document this will include all those named above.

LAMDA requires that our partners, current or in future, share our commitment to safeguarding. We will expect them to demonstrate this to us by having their own safeguarding policy and procedures in place that are 'fit for purpose' before any partnership agreement is agreed and continued or that the partners agree to adhere LAMDA's safeguarding policy and procedures.

### 1.5 Breaches

The Board of Trustees is committed to taking all appropriate corrective action, including disciplinary, legal or other action in response to any breaches of the Safeguarding Policy and Procedures.

## 1.6 Our commitment to safeguard

LAMDA will fulfil its commitment to safeguarding by:

- Valuing, listening to and respecting children and adults at risk in receipt of our activities and services
- Providing a code of conduct within this document for employees and visitors which also links to our disciplinary procedures
- Ensuring suitable employees are recruited by adopting safer recruitment, selection and vetting processes
- Providing effective management through induction, review and support
- Providing employees with training appropriate to their safeguarding roles and responsibilities
- Establishing a safeguarding governance structure with assigned roles and responsibilities at operational and strategic level
- Monitoring and regularly reviewing our safeguarding practice in order to draw out any lessons learnt or implications for policy and practice
- Informing, contractors, partners, visitors, parents, carers and children of the existence of our safeguarding policy and procedures and to promote how they can alert us if they have concerns
- Ensuring that our contractors and partners have their own robust safeguarding policies and processes in place or have agreed to adhere to LAMDA's policy and procedures, through contracting arrangements/terms and conditions
- Ensure third party Hirers sign up to adhering to LAMDA's safeguarding policy and procedures
- Reviewing our safeguarding policy and procedures every three years, or sooner if required due to legal changes or any learning from safeguarding incidents.

## 1.7 Relevant Policies and procedures

Safeguarding and promoting the welfare of children and adults at risk is a broad concept. Therefore policies and procedures which contribute to safeguarding should also be followed by those to whom they apply or when relevant. This document should be used in conjunction with policy and procedures linked to specific activities across LAMDA and including those mentioned in the table below.

Policy
Whistleblowing policy
Safer Recruitment and Vetting
Disciplinary Policy
Health & Safety Policy
Harassment & Bullying Policy
Code of Conduct in the Workplace Policy
Any other relevant polices

## 2. LEGISLATION, GUIDANCE AND DEFINING CHILD PROTECTION AND SAFEGUARDING

### 2.1 Legislation and Guidance

It is LAMDA's policy is underpinned by English legislation and statutory guidance which includes:

UN Convention on the Rights of the Child 1991

Data Protection Act 1998

Children Act 1989 and 2004

Sexual Offences Act 2003

Working Together to Safeguard Children & HM Government (2015)

What to do if you are Worried a Child may be being Abused HM Government (2015)

Care Act 2014  
Mental Capacity Act 2005  
Human Rights Act 1998  
The SEND codes of Practice 2014  
Children and Families Act 2014 (for young adults 18-25)  
Care Act 2014  
Mental Capacity Act 2005  
Sexual Offences Act 2003  
Protection of Freedoms Act 2012  
HM Government (2015) Working Together to Safeguard Children & HM Government (2015)  
What to do if you are worried a child may be being abused  
Counter Terrorism and Security Act 2015  
Charity Commission Guidance; The Essential Trustee 2015  
Serious Crime Act 2015

## **2.2 Defining Safeguarding for Children and Adults at Risk**

### **2.2.1 A child**

As stated in the Children Acts 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. In this document 'children' is taken to include young people up to 18.

The fact that a young person has reached the age of 16, is living independently or is in further education does not change his/her entitlement to protection.

### **2.2.2 Adults at risk:**

any person who is aged 18 years or over and who is at risk of abuse or neglect because of their needs for care and support' (Care Act 2014 [England]). Some organisations use the term "vulnerable adult" however LAMDA will use the terminology 'adult at risk' as this focuses our attention on the risks that people face rather than any inherent vulnerability and is also in line with the terminology used in the Care Act 2014.

### **2.2.3 Abuse:**

a form of maltreatment of a child or adult. Somebody may abuse or neglect a child or adult by inflicting harm, or by failing to act to prevent harm. Children or adults may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children. They may be abused offline, online or a combination of both.

### **2.2.4 Safeguarding and promoting the welfare of children** is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best life chances.

### **2.2.5 Child or adult protection:**

This is part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children or adults who are suffering, or at risk of suffering, significant harm. Different types of abuse may constitute significant harm.

### **2.2.6 Significant harm**

Ill-treatment or the impairment of health or development (compared with the health or development which might be expected of a similar child)

### 2.2.7 Abuse and neglect

Are forms of maltreatment of a child or adult at risk. Somebody may abuse or neglect a child or adult at risk by inflicting harm, or by failing to act to prevent harm. Children or adults at risk may be abused in family or in an institutional or community setting by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults or by another child or children. Males and females can be involved in the abuse of children and adults at risk

### 2.2.8 Type of Abuse

There are a number of different types of abuse although in reality more than one type of abuse may be occurring simultaneously or sequentially. Appendices 1-4 contain the following Information to supplement these procedures:

- Defining child Abuse and Neglect - *Appendix 1*
- Types and Indicators of Childs Abuse and neglect – Appendix 2
- Types and Indicators of child abuse and Neglect - *Appendix 1a*
- Types and Indicators of Adult Abuse and Neglect- Appendix 2a
- Grooming Behaviours – *Appendix 3*
- Additional Guidance on Children and Young People Abused in Specific Circumstances- *Appendix 3a*
- Barriers to Seeking Help for Children - *Appendix 4*

### 2.2.9 Non recent historic allegations of abuse

Any disclosure or concerns that relate to abuse that happened more than a year ago, whether involving anyone working at the LAMDA or outside of it, must still be taken seriously and acted upon in line with the procedures outlined in *Section 4 and 6*. Often victims of abuse take many years to come forward due to shame and a fear of being disbelieved however the alleged perpetrator may remain a risk to others and therefore all non-recent historic allegations have to be examined. LAMDA will report such cases and concerns to the local authorities and/or the police.

### 2.3 Additional vulnerabilities including safeguarding disabled children

Some groups of children are particularly vulnerable to abuse either due to impairment and/or life experiences. For example research shows that disabled children are more likely to be a target for abuse. Equally children who are in the looked after system or those that have already experienced harm may be more vulnerable.

[Additional Guidance on Children and Young People Abused in Specific Circumstances - Appendix 3a](#)

## 3. SAFEGUARDING GOVERNANCE ARRANGEMENTS

### 3.1 Roles and Responsibilities

Whilst all LAMDA employees have a responsibility to identify and share safeguarding concerns, some employees hold additional responsibilities for safeguarding at strategic and organisational level.

### 3.2 Key Roles and Responsibilities- Board of Trustees

**The Board of Trustees** are responsible for, scrutiny and safeguarding oversight across LAMDA. The board will support the **Principal and SMT nominated members** who are **Safeguarding Leads (SL's)** in making strategic and operational decisions regarding serious incidents relating to risk management with regards to children, adults at risk and employee (all inclusive) conduct.

**The Trustees will:**

- Monitor compliance with a safeguarding Training Plan

- Ensure communication of lessons learned throughout the LAMDA and implementing partners, with the ultimate objective of preventing reoccurrence of any safeguarding incidents
- Ensure that there is ongoing monitoring and review to ensure that safeguards are being implemented and that controls in place are effective
- Promote a culture and environment whereby all employees and visitors are enabled to raise concerns and understand their safeguarding responsibilities
- Communicate to employees any changes in policy and procedures
- Evaluate the effectiveness of safeguarding within LAMDA
- Ensure that LAMDA meets the requirements of its insurers regarding its safeguarding responsibilities
- Nominate a Safeguarding Champion on the Board whose role is one of scrutiny and to support the Principal and Senior Management Team (SMT) with safeguarding responsibilities in assessing and managing safeguarding risks where identified

**3.3 Safeguarding Leads (SL's), Principal, HR Manager (HRM), nominated members of (SMT)** are accountable for strategic and operational responsibilities, across LAMDA, reporting to the Board of Trustees and supporting the Safeguarding Officers (SO's) in their role.

**SL's are responsible for:**

- Make decisions about appointing someone who has a criminal record
- Ensure that safeguarding is integrated into all contractual arrangements with service providers/contractors/partners/Third Party Hirers
- Manage complaints about poor practice of employees in any capacity
- Keeping the Trustees informed about any incidents, risk or deficits, action taken and any further action required in organisational safeguarding arrangements or practices
- Ensure safeguarding policies and procedures are in place, regularly reviewed, up to date and signed off by the board of trustees
- Develop a safeguarding action plan and report against it on an annual basis
- Being the point of contact for the Safeguarding Officer (SO) about the safety and welfare of a child
- The provision of appropriate supervision and support for staff and volunteers, including safeguarding training, a mandatory induction, and regular reviews of their practice with line managers
- Advise the Trustees on training needs and ensure key representatives are supported relevant to their role and responsibility for safeguarding
- Dealing with the aftermath of an incident in LAMDA
- Collating monitoring data on safeguarding activities
- Updating the organisations policy and procedures on safeguarding.
- Quality assure and monitor partners and contractors comply with safeguarding best practice when providing services
- Individually consider the safeguarding implications of all existing and proposed new activities, services or developments in the LAMDA in conjunction with SL
- Together with the General Manager (GM) ensure that safer recruitment practices, including DBS vetting checks, are in place and in operation for appointment of employees engaged in regulated activity. (regulated activity as defined by the DBS relating to close and unsupervised contact)
- SL or HRM to alert the DBS in cases where a person is dismissed or left LAMDA due to the harm or risk of harm they present to children
- Assist in the management of safeguarding allegations against employees and all others listed in this document
- Liaise with the HRM as appropriate, about any action taken and any further response required where there have been allegations about employees

- Maintaining links with the Local Safeguarding Children's Board (LSCB) and the Local Safeguarding Adults Board (LSAB) to ensure local procedures are adopted, keep up to date and to become more effective in safeguarding children at strategic level
- Ensure that partners have their own policies and procedures in place or adhere to LAMDA's policies and procedures

**3.4 Safeguarding Officer's (SO's), Registrars, Head of Examinations and any other nominated persons** are responsible for safeguarding issues at an operational level, supporting employees and reporting to the SL:

- Being the first point of contact for employees who are concerned about the safety and welfare of a child and adult at risk
- Providing information and advice on safeguarding within LAMDA
- Being aware of government guidance on safeguarding, child and adult protection
- Making a referral to the relevant authorities following safeguarding incidents and discussion with the SL
- Ensuring that an individual case record is maintained of the concern, action taken, liaison with other agencies and the outcome
- Ensuring appropriate information is available when making a referral and that the referral is made within one working day and confirmed in writing within two working days to children or adults Social Care
- Ensure there is an accurate record of concerns and actions taken
- Informing the SL whenever concerns arise about a child so that a decision can be made as to what action to take
- To ensure employees and visitors are aware of LAMDA's safeguarding policy and procedures
- Maintaining links with the Local Safeguarding Children's Board (LSCB) and Local Safeguarding Adults Board (LSAB) to ensure local procedures are adopted, keep up to date and to become more effective in safeguarding children at an operational level.

**3.5 All employees and others covered by this policy** have a responsibility for identifying, responding and reporting all safeguarding concerns to the Safeguarding Officers (SO's) and:

- To be familiar with LAMDA safeguarding policy and procedures
- Take action (within the same working day) when a concern arises
- Report the concern immediately to the SO who will determine the next steps to take.
- To record concerns and actions taken (or to pass to SO to record)

To be as helpful as possible the information should include:

- The nature of the allegation or concern
- A description of any visible bruising or other injuries (location, size, colour or any other significant factor)
- The child or adult account, if he or she can give them, of what happened
- Any times, dates, or other relevant information
- Whether the parent, carer, child, or adult at risk is aware of the concern
- A clear distinction between what is fact, opinion, or hearsay

**3.5.1** A record must be kept of the concern, using the *Safeguarding Form Appendix 7*. The form can be completed by the person reporting the concern, or the SO/SL. However, it is the role of the SO to ensure that it has been completed and appropriate action is taken.

**3.5.2** It is not the responsibility of LAMDA employees to determine if abuse has taken place; rather they are responsible for reporting on their concerns to the appropriate individuals within LAMDA such as SO.

## 4. PROCEDURES- WHAT TO DO IF YOU ARE CONCERNED ABOUT CHILD OR ADULT ABUSE (UK)

See *Appendix 5 for Flowchart of the process What to do if you have a Safeguarding Concern about a Child or Adult at Risk*

### 4.1 Principles of the Procedures

The '5Rs' underpin reporting procedures; they are:

- **Recognise** concerns that a child or adult is being harmed or might be at risk of harm;
- **Respond appropriately** to a child or adult who is telling you what is happening to them;
- **Refer** the concerns, if appropriate, to Children's or Adults Social Care or the police;
- **Record** the concerns appropriately and any subsequent action taken; ensure there is no delay in passing on concerns. Timescales are in place to ensure that matters are resolved in a timely way but these are the *maximum allowed* and nothing should prevent a more speedy response if this is required.
- **Resolution** and Escalation – LAMDA has a responsibility to ensure that it follows up referrals made and records any further actions on the *Safeguarding Record Log Appendix 8*

### 4.2 A concern about the safety of a child or adult might arise as a result of:

- A child or adult says that s/he is being abused or is telling you about an experience or event that has happened to them that you think would be harmful (this is sometimes referred to as a 'disclosure' – not to be confused with a criminal records disclosure done by the Disclosure and Barring Service)
- Signs or indicators of abuse or neglect
- Somebody says either face to face or by any other means of communication, that a child or adult is being harmed or is at risk of harm
- The behaviour of an adult towards a child gives cause for concern or vice versa
- A child or adult at risk tells about an experience of abuse in their past - this may be referred to as 'historical or non-recent abuse'.

### 4.3 Responding to a child or adult protection emergency

In an emergency situation where a child has been seriously hurt or is in imminent danger of being harmed employees must:

- Ring 999 and ask for the emergency service required - police and/or ambulance;
- Inform the SO immediately after taking this action;
- If the SO is not present then inform the SL;
- Complete the *Safeguarding Concern Form* – see *Appendix 7*
- Seek support from the SO or SL if required.

### 4.4 Responding to a child or adult protection concern non-emergency

See *Appendix 5 for Flowchart of the process - What to do if you have a Safeguarding Concern about a Child or Adult at Risk*

If you identify a safeguarding concern which is not immediately life-threatening or risk of serious harm, you must:

- Consult immediately with the SO (or the SL if the SO is unavailable).
- Make a careful record of what was said and done using the:

*Safeguarding Concern Form Appendix 7* and pass this on to the SO within 24 hours.

- The SO will determine what action is needed (i.e. no action or a referral out to Children or adults Social Care or the Police). Whatever decision is taken s/he must record it on the *Safeguarding Concern Form Appendix 7* with a rationale even if no further action is to be taken.
- A decision to take no further action, monitor or defer a decision is as serious as a decision to make a referral.
- The SO must consider if consent is required from the parents/carers of the child or the adult at risk to share the concern with the statutory agencies:  
*See Section 4.7 Information Sharing and Confidentiality and 4.7.3 to 4.7.5 specifically for Adult at risk protection and confidentiality*
- The SO may consult with the SL or one of the statutory services or the NSPCC Helpline if s/he is unsure how to proceed with the concern or any aspects of information sharing.
- Any referrals to statutory services must be made by the SO unless it is an emergency or the SO considers it better for the employee's to make the referral and report back.
- Any referrals to statutory services must be followed up in writing within 48 hours and feedback received/sought within 3 working days of having made the referral to check what action is being taken. It is the responsibility of the SO to do this.
- Each local authority has a process for receiving referrals and so LAMDA must use the relevant process in its area. Employees (normally the SO/SL) must complete the local authority's referral form when making a formal referral about child or adult at risk.

#### 4.5 Escalation

If, after reporting on a concern, it is evident that the local authority has not taken appropriate next steps in relation to the safeguarding concern, then the SO must discuss this with the SL and determine if the matter needs escalating with the local authority. LCSB and LSAB will have specific procedures to be followed in such instances where escalation is warranted. A record of any decisions and outcomes must be kept by the SO or SL using the [Safeguarding Record Log Appendix 8](#).

#### 4.6 Responding to a direct disclosure of abuse

Sometimes a child or adult at risk will make a direct disclosure about their experience of abuse; the following guidelines should be followed when responding to this situation:

- **Do:**
  - Be accessible and receptive.
  - Listen carefully.
  - Take it seriously.
  - Reassure him/her that he/she was right to tell.
  - Explain what will happen next.
- **Do not:**
  - React strongly – for instance saying 'that's terrible'.
  - Jump to conclusions especially about the abuser.
  - Tell him/her you will keep this a secret.
  - Ask leading questions.
  - Make promises you cannot keep.
  - Stop him/her from speaking freely.
  - Tell him/her to stop talking so that you can fetch the SO.

4.6.1 If a child or adult at risk indicates either through what is said or their behaviour that s/he has concerns or a problem but is unwilling to discuss it with an employee then give them the contact details for NSPCC ChildLine or Helpline where they can talk in confidence. Record the action taken on the *Safeguarding Concern Form Appendix 7* and pass it on to the SO within 24 hours.

4.6.2 It is important that employees recognise that the cultural norms of some people are incompatible with UK laws and values. LAMDA employees must guard against making a decision not to report

such issues in the belief that they are protecting the person's cultural or religious beliefs or through fear that their action might be interpreted as being prejudiced.

#### 4.7 Information Sharing and Confidentiality

Information sharing can be a complex area. The following guidelines should be adhered to:

- Ideally information should be shared where there is consent for so doing.
- Data Protection legislation is not a barrier to sharing information about safeguarding.
- Be open and honest about what you will do with the information.
- Seek advice from appropriate professionals.
- Share with consent but don't let 'no consent' prevent sharing.
- Always consider the safety of the child and adult at risk (for instance would telling a child's parents put that child at further risk)?
- Ensure what is shared is necessary, proportionate, relevant, accurate, timely and secure.
- Keep a record of what information has been shared and also the reason for seeking consent or not using the *Safeguarding Record Log Appendix 8*
- SO or SL is to maintain the Safeguarding Record Log. The log is confidential to the SO and SL and others that they identify but this should be on a genuine 'need to know' basis.

**4.7.1** All employees must be aware that they have a professional duty to share information with other agencies in order to safeguard children and adults at risk. The public interest in safeguarding children and adults at risk may override confidentiality interests. Information will be shared on a need to know basis only, as judged by the SO and SL. All employees, contractors and partners must be aware that they cannot promise any child that they will keep information confidential when it concerns safeguarding.

**4.7.2 In the case of child protection**, it is best practice to get consent to share information if possible and as long as it will not increase the risk of harm to the child. In most instances parents/carers and the child depending on his/her age should be informed that you are making a safeguarding referral to Children's Social Care unless to do so might put a child or in further danger, or where you suspect the parents/carers may be directly harming the child or where it might put yourself in danger. If anyone is unsure about this, they should speak to the SO or have a conversation with Children's Social Care to seek further advice.

For more guidance on information sharing go to

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

**4.7.3 In the case of adult protection** it is normally necessary to gain consent from the adult to share information. There are exceptions to this in certain circumstances. For example:

- Where you have concerns that the adult lacks the mental capacity to make a decision, and a risk assessment indicates that referral would be in their best interests.
- Where seeking consent could potentially put the individual concerned, other individuals, including employees at risk.
- Where a crime has been committed.

**4.7.4 In the case of adult protection - Mental capacity** is a legal concept. It is the ability at that point in time to understand, retain and use the information required to make an informed decision on a specific issue and understand the consequences. It is also necessary to be able to communicate this decision. Adults are presumed to have mental capacity until it has been assessed that they do not.

**4.7.5 In the case of adult protection** The Mental Capacity Act 2005 sets out how to assess for capacity and make a best interests decision. This is a specialist task to be done by a specialist in adult social care work. The main principles of the Act are:

- A person must be assumed to have capacity unless it is established that they lack it.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him/her have been taken without success.
- A person is not to be treated as unable to make a decision merely because it is seen as an unwise decision.
- Anything done for, or on behalf of, a person who lacks mental capacity must be in their 'best interests' and the 'least restrictive' of their rights and freedoms.

#### **4.8 Bullying**

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group). The damage inflicted by bullying (including bullying via the internet or mobile devices) can frequently be underestimated. It can cause considerable distress to children and adults at risk, to the extent that it affects their health and development or, at the extreme, causes them significant harm (including self-harm).

If an employee and or others listed in this document become aware of a bullying incident whilst at LAMDA s/he should report it onto the SO. A record of having done so should be made using the Safeguarding Concern Form *Appendix 7* passing it on to the SO within 24 hours of the incident.

#### **4.9 Missing or Lost Children**

LAMDA recognise that, while at LAMDA, children involved in activities may get separated from employees or families. If you become aware of this please inform the Safeguarding Officer or General Manager immediately. If the child isn't found once a search has been completed, the Safeguarding officer or General Manager will assess the next course of action in discussion with the Safeguarding Lead and escalate the matter. This may involve contacting the Police and parents ASAP and completing the *Safeguarding Concern Form Appendix 7*

#### **4.10 Grooming Behaviour**

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking.

Children and young people can be groomed online or face-to-face, by a stranger or by someone they know - for example a family member, friend or professional.

Groomers may be male or female. They could be any age.

Many children and young people don't understand that they have been groomed or that what has happened is abuse. 'Grooming' is the process through which a person attempts to befriend a child with the intention of later developing a sexual relationship with them. It involves making the child feel comfortable through a variety of methods thus developing trust, before initiating physical contact and abusing that trust. Some argue that the term *entrapment* or *control* better describes this process.

An offender is likely to look to groom the adults as well as the child in order to gain their trust. This process can happen within any setting. Those who sexually abuse children are often experts at gaining confidence, and can look for situations where they can have unsupervised access to children. *See Appendix 3 for examples of Grooming Behaviours.*

#### 4.11 Safeguarding in the Online Environment

There is increasing concern about the distribution of Indecent Images of Children (IIOC) via the internet. Such images should not be referred to as 'child pornography' rather, they are permanent records of children being sexually exploited and as such should be referred to as IIOC.

##### 4.11.1 What to do if an employee is inadvertently exposed to child sexual abuse images of children whilst using LAMDA equipment or the internet:

- The URLs (webpage addresses) which contain the suspect images should be reported to the Internet Watch Foundation via [www.iwf.org.uk](http://www.iwf.org.uk) – employees should refer to the SO who will carry out the report. This is to avoid duplication – a key principle is that CBHT must avoid sending copies of the images to the Internet Watch Foundation.
- Any copies that exist of the image, for example in emails, should be deleted.

##### 4.11.2 What to do if IIOC are found at LAMDA:

The SO's are the only people within LAMDA who are authorised to deal with this issue, unless it concerns his/her behaviour in which case the responsibility rests with the SL.

The following actions will be carried out:

- Employees must report what they have found to the SO within 24 hours.
- The URLs (webpage addresses) which contain the suspect images should be reported on to the Internet Watch Foundation via [www.iwf.org.uk](http://www.iwf.org.uk) by the SO. You must avoid sending copies of the images to the Internet Watch Foundation.
- The police should be informed and the *Safeguarding Concern Form Appendix 7* completed.
- If any copies of images need to be stored at the request of the police, then they should be stored securely where no one else has access to them.
- All other copies must be deleted.

##### 4.11.3 What to do if employees, contractor or partner is found in possession of IIOC on any LAMDA electronic device:

- The SO is responsible for dealing with such matters.
- Contact the Police regarding the images. If there is a doubt about whether the images are criminal, then a discussion will take place with the police regarding the best way for them to receive copies to determine whether they are criminal or not.
- Discuss with the Police what to do about the device that the images are on.
- Quarantine the device in question and discuss with the police about checking for any other images on that device or any others.
- Follow the *Procedures- Safeguarding Allegations Against Employees Section 6* including an initial discussion with the Police to consider temporary suspension of the member of employees pending investigation.

##### 4.11.4 If a child discloses that they are being groomed/abused by someone online:

- Follow the procedures as outlined in *Section 4 Procedures- What to do if you are Concerned about a Child* of these procedures. The SO should contact the Police. Advice and a report can also be made to Child Exploitation and Online Protection (CEOP) which is a specialist Police command dealing with inappropriate online behavior - See *Appendix 10 for Safeguarding Contact List*
- If the adult committing grooming is an employees, contractor or partner then also follow the safeguarding allegations procedures: *Section 6 Procedures- Safeguarding Allegations Against Employees*.

#### **4.12 Photography and Filming**

##### Use of Child Images in Photographs/Website

As a means of publicising the work of LAMDA in brochures and on the website, LAMDA would naturally seek to use images of participants on its programmes. This will only be done within the following guidelines:

- A written consent will be obtained from parents/carers or school for the use of all child images. *See Appendix 9 Consent Form For Images, Photography and Filming*
- In the case of children aged 16+ permission will also be sought directly from the young people themselves
- Permission will detail specific use of any image
- No inappropriate images will be taken
- New permission will be sought for other use of any image.
- Copies of the consent forms must be sent to the SL for filing.
- Project completion is defined as “Once images or streaming have been used for their purpose and no longer required to be kept”.
- Names and addresses of children in images should not be stored alongside the actual images; rather a coding system should be developed.

#### **4.13 International Context**

Where overseas students are undertaking LAMDA activities, the procedure to follow if there is a safeguarding concern about a child is the same as outlined in *Section 4*.

In addition, the SL may contact the Foreign and Commonwealth Office in the relevant country as a useful source of advice or the NSPCC Helpline on 0808 800 5000.

#### **4.14 Use of Chaperones (For Productions)**

In the event a concern is raised regarding a Chaperones behaviour or conduct please follow safeguarding procedures in [Section 6](#) of this document.

**Please also refer to** ‘A Guide to Child Performance Licencing May 2016 (NNCEE) and Laura Dickens, Industry Liaison and Professional Development Officer.

#### **4.15 In the event of Accident and Injury**

In the event of an accident or injury to the young person, the supervising employee should act according to LAMDA procedures relating to accident or injury. It will be the responsibility of the SO to contact the student’s parents to inform them of the situation.

#### **4.16 Medication**

For example administering paracetamol is very different from having to administer an Epi pen and therefore individual circumstances and additional considerations must be borne in mind. Some of them being terms of agreement with parents, the employee responsible for this and finally if there’s a medical consent form those considerations may also apply.

#### **4.17 Prevent Duty**

Under the Counter Terrorism and Security Act 2015 (‘the Act’) relevant higher education bodies (RHEBs) must have due regard to the need to prevent people from being drawn into terrorism. This is known as the Prevent duty. The aim of the Prevent strategy is to reduce the threat to the UK from all forms of terrorism by stopping people becoming terrorists or supporting terrorism.

Please See *Conservatoire for Dance and Drama Prevent Strategy and Policy*, link below for more information and the Framework for the monitoring of the Prevent duty in higher education in England, link below.

LAMDA is a body affiliated with the Conservatoire, which is a Higher Education Institution and a recognised Higher Education Body on which the Prevent duty falls. The Prevent strategy outlined in the Conservatoire for Dance and Drama Prevent Strategy and Policy is closely aligned with this Safeguarding Policy and Procedures and therefore any concerns about a child or adult at risk of radicalisation, should be treated as a safeguarding concern.

<http://www.cdd.ac.uk/wp-content/uploads/2017/10/CDD-Prevent-Strategy-and-Policy-October-2017.pdf>

<http://www.hefce.ac.uk/pubs/year/2017/201710/>

## 5. CODES OF PRACTICE

### 5.1 Purpose

This code of practice outlines the expectations and behaviour required of all LAMDA employees and those listed in this document. The code will serve to protect children and adults at risk. It will also help everyone to maintain appropriate standards of behaviour and reduce the possibility of allegations of abuse being made against them.

It is important that all those mentioned above are aware that they may be seen as role models by children and therefore must behave in an appropriate manner at all times by upholding LAMDA's code of practice. They should also be mindful that their behaviour should reflect the spirit of the code of practice in their personal life as well and should not behave in a way that would undermine the reputation of LAMDA be it in a professional or personal capacity.

### 5.2 You must:

- Treat all children and adults at risk equally, respectfully, with warmth and empathy, and listen to their wishes and feelings
- Encourage a non-discriminatory environment
- Behave in a calm, positive, supportive and encouraging way with children and adults at risk
- Report on any suspicions, concerns, allegations or disclosures made by a child or adult at risk including poor practice, including 'grooming' behaviour
- Ensure the relationship with a child (including their family) that you have met through LAMDA remains professional at all times. The aim should never be to develop the relationship into a friendship or intimate relationship.
- 1-2-1 time alone with a child is discouraged, plan activities that involve more than one other being present, or at least within sight of others.
- If any kind of physical support is required during any activities, it is provided only if absolutely necessary in relation to the activity and that you are doing this in a way that other colleagues can observe you.
- Respect a child's and adult's right to personal privacy but never agree to keep any information relating to the harm of a child confidential.
- Risk assess any new activities for children and adults at risk
- Ensure that dangerous or otherwise unacceptable behaviour, including bullying by children are challenged and addressed.

- Be aware that children and adults at risk can develop infatuations (crushes) towards adults. If this is happening, you should tell your line manager and then respond to the situation in a way that maintains the dignity of all concerned.
- Physical contact should be discouraged. If a child or adult at risk needs physical comfort that this is done in a way that is both age appropriate and respectful of their personal space, with their permission and in the presence of someone.

**You must not:**

- Conduct a sexual relationship with a child or indulge in any form of sexual contact with a child regardless of the age of consent. This would constitute a breach of a position of trust and is never acceptable even if the child is aged 16 years or above and can legally consent to a sexual relationship in the UK.
- Swear or make sarcastic, insensitive, derogatory or sexually suggestive comments or gestures to or in front of children or adults at risk
- Engage in or allow any sexually provocative games involving or observed by children or adults at risk, whether based on talking or touching.
- Show favouritism or gossip about children or adults at risk.
- Rely on your reputation, position or LAMDA to protect you.
- Ask a child or adult at risk questions which may be construed as sensitive without first consulting with a an employee responsible for the child or adult at risk.
- Let any allegations of abuse or poor practice goes unchallenged or unreported.
- Maintain confidentiality about sensitive information to safeguard a child or adult at risk.
- Work under the influence of alcohol or drugs.
- Smoke, vape or drink alcohol in front of children.
- Discuss your own personal/ sexual relationships in front of children or adults at risk.
- Give or receive gifts and/or substances such as drugs, alcohol, cigarettes, and e-cigarettes from or to a child or their family.
- Use any type of physical punishment in order to discipline. Shouting at children or adults at risk should also be avoided whenever possible and only if alternative forms of discipline have failed.
- Do things of a personal nature that the child or adult at risk can do for themselves.
- Steal, or condone someone else's stealing, regardless of the value the stolen item.
- Photograph or film children for which no prior consent has been sought.
- Administer First Aid involving the removal of clothing unless in the presence of their parents/carers or others.
- Show any audio and/or visual material (CDs, DVDs, videos, photos, films, computer or games etc.) that has inappropriate content for children.
- Arrange to meet a child outside of your work context where the purpose is one of friendship or an intimate relationship.
- Permit a child or adult at risk to use language that aims to radicalise by supporting terrorism and forms of extremism leading to terrorism. Contacting a child through any form of social media.
- Investigating any allegation of abuse themselves.

**5.3 The Sexual Offences Act (2003)** makes it a criminal offence for a person to engage in any kind of sexual activity with a person under 18 where the adult is in a position of trust. This applies even if they do not work together directly. See section 6.7 for more information.

## 6. PROCEDURES- WHAT TO DO IF YO HAVE A SAFEGUARDING CONCERN OR ALLEGATIONS AGAINST EMPLOYEES AND ALL OTHERS COVERED BY THIS DOCUMENT

*See Appendix 6 for Process Flowchart – What to do if there are Concerns or Allegations made about an Employee and/or others named in this Document*

### 6.1 The aims of these procedures are to ensure that:

- children and adults at risk are protected and supported following an allegation that they may have been abused by an adult working for or on behalf of the LAMDA
- there is a fair, consistent and robust response to any safeguarding allegation made including those that are historical
- an appropriate level of investigation into concerns or allegations, whether they are said to have taken place recently, at any time the person in question has been employed contracted by LAMDA or prior to the person's involvement with the LAMDA
- LAMDA continues to fulfil its responsibilities towards the employee who may be subject to such investigations.

### 6.2 Definition of a safeguarding allegation

#### 6.2.1 This is where a person has:

- a) behaved in a way that has harmed a child or adult at risk, may have harmed a child or adult at risk or might lead to a child or adult at risk being harmed;
- b) possibly committed or is planning to commit a criminal offence against a child or adult at risk or related to a child or adult or;
- c) Behaved towards a child or adult at risk in a way that indicates s/he is or would be unsuitable to work with children or adults at risk.

#### 6.2.2 The allegation may:

- involve a child/ren, or adult(s) or both
- Not directly have a 'known child' victim as such. For example, if an employee is accessing abusive images of children online or using the internet to groom children with the intent to harm in future;
- be about any type of abuse;
- concern a breach of the LAMDA safeguarding code of conduct;
- relate to a employees who has left LAMDA (known as a 'historical non recent allegation')
- concern a son or daughter of a employees

#### 6.2.3 A safeguarding allegation may arise when:

- A child, adult at risk, or parent/carer makes a direct allegation against employees, contractors' partners or others covered by this policy.
- directly observes behaviour that is cause for concern
- LAMDA receives a safeguarding allegation from any individual in the course of another internal procedure, for example a disciplinary or complaint
- LAMDA is informed by the Police or Local Authority that an individual is the subject of a child protection and/or criminal investigation
- information emerging from the renewal of a DBS check that a employees member may have committed an offence or been involved in an activity that could compromise the safety of a child/ren

- an employee informs LAMDA that they have been the subject of allegations, have actually harmed a child committed an offence against or related to a child or adult at risk

**6.2.4** The Managing Safeguarding Allegations procedure must be followed consistently in all instances, regardless of how the safeguarding allegation arises or from whom, or whether it is shared with LAMDA by email, face-to-face contact, social networking, telephone or letter.

**6.2.5** If an employee is concerned about the behaviour of another employee then s/he should not worry about the confidentiality of this information. Even if it turns out to be mistaken, it is better to discuss it and enable a proper investigation and assessment to happen than not report it at all. Do not:

- Ignore concerns
- Confront the person
- Discuss the matter with others apart from those identified in this procedure

### **6.3 What to do if a safeguarding allegation is made**

*See Appendix 6 for Process Flowchart – What to do if there are Concerns or Allegations Made about an Employee and/or others named in this Document*

**6.3.1** The person who has or receives a safeguarding allegation must make a note of the basic details of the allegation using the *Safeguarding Concern Form Appendix 7* to include:

- name of the individual who the allegation is about and any other identifying information, including location
- name of any child involved
- date and time of the allegation arising
- name and contact details of the person making the allegation
- key information about the nature of the safeguarding allegation

**6.3.2** The person should inform the SO. This should be done within this same working day of the allegation coming to light. If the concern is about the SO then inform the SL

**6.3.3** If it is considered that a child or adult is subject to life threatening concerns or risk of immediate harm, or needs emergency medical attention, then the emergency services must be contacted straightaway and the parents/carers of the child or adult at risk told that immediate steps are being taken to get help.

**6.3.4** The SO will inform the SL within 24 hours who will consult with the HRM and consider if the allegation is a safeguarding one requiring action. If the SL is on leave or not available then the SO will need to contact the HRM.

### **6.4 Initial considerations about managing a safeguarding allegation**

**6.4.1** There may be up to four strands in the consideration of any safeguarding allegation:

- Enquiries and assessment by social care about whether a child or adult is in need of protection and/or services
- A police investigation if a criminal offence may have been committed
- Consideration by an employer of disciplinary action in respect of the individual
- Referral for 'consideration to bar' a person from working with children (i.e. referral to the Disclosure and Barring Service) and/or referral to a professional registration body for professional misconduct.

**6.4.2** The SL will oversee the management of all allegations together with the HRM and hold accountability for them.

**6.4.3** The SL and HRM are responsible for agreeing an initial plan of how to proceed with managing the allegation. They need to agree that the information before them is a safeguarding allegation. The safeguarding allegation may be in respect of the person's employment or behaviour towards any other children or adult at risk including their own.

**6.4.4** If, after the initial consideration, the SL and HRM do not consider the matter constitutes a safeguarding allegation then they must decide if an internal investigation is required to determine if the behaviour/incident was related to poor practice or misconduct. The disciplinary process must then be followed. All decisions and the reasons for them, including there being no need to take safeguarding action, must be recorded and kept on the individual's file.

**6.4.5** If confirmed as a safeguarding allegation, the SL and HRM must agree an initial plan within one working day consulting with the SL. They should consider:

- the immediate safety of any relevant child/ren or adults at risk involved, for example those that are the subject of the safeguarding allegation or other children that the individual has contact with through work or family
- what information to share with the individual who is the subject of the safeguarding allegation and with any other known employer of the individual, and when to do so
- whether any immediate decision has to be taken about suspension of the individual subject to allegation, pending further enquiries and/or investigation;
- delegation of particular tasks to nominated Safeguarding representatives
- if any records need to be secured or 'locked down', or any equipment removed from the individual who is the subject of the concern
- whether the criteria is met for referral to the Local Authority and/or the Police;
- what further information may be required for clarification
- identifying who else is aware of the safeguarding allegation and who has been spoken to
- whether any advice should be sought from the local authority or NSPCC helpline
- arrangements to support the person who is the subject of the safeguarding allegation, the person who raised the allegation and the alleged victim

In addition, there may need to be a plan around the management of information including:

- who needs to know and what information can be shared
- how to manage speculation, leaks and gossip
- what, if any, information can reasonably be given to reduce speculation
- how to manage press interest if, and when, it might arise

**6.4.6** In the event that a safeguarding allegation is made against:

- The SO- the SL and HRM will manage the allegation process
- The SL- the HRM and GM will manage the allegation
- HRM/GM- the SL and nominated member of board of trustees will manage the allegation

**6.4.7** If it is agreed that the safeguarding allegation meets one or more of the criteria in Section 6.2.1 then the SO or SL must make a referral within one working day to:

- the Designated Officer for the Local Authority (DOLA) (normally where the child lives) previously referred to as Local Authority Designated Officer (LADO) if the allegation is about behaviour towards a specific child or adult at risk
- the DOLA (or equivalent) where the employees member, contractor or partner lives if the allegation is about behaviour but with no identifiable victim

Some safeguarding allegations are clearly so serious that they require immediate referral to the Local Authority police. Other allegations that appear to meet the criteria may seem less serious; however, it is important that they are followed up and examined objectively by the external authorities who may hold other relevant information about the individual that is unknown to LAMDA.

**6.4.8** If the allegation is considered to meet the criteria for referral, then the safety and welfare of any child/ren or adults at risk is of the utmost importance, and any child or adult protection investigation and/or police investigation must take priority over any internal LAMDA procedures.

**6.4.9** All decisions and the evidence upon which they are based must be recorded.

## **6.5 Action required of the SO and SL following initial consideration**

**6.5.1** Where the allegation meets the criteria in *Section 6.2.1* the SO or SL will make the referral to the Local Authority see *Section 6.4.7* to discuss and agree the next steps, including informing parents/carers of the child or adult at risk concerned (if applicable) about the allegation if they are not already aware of it.

**6.5.2** The DOLA will:

- discuss the allegation and obtain further details of the allegation and the circumstances in which it was made;
- discuss whether there is evidence/information that establishes the allegation is false or unfounded

**6.5.3** If there is reason to suspect that a criminal offence may have been committed, the police will be involved in making enquiries LAMDA is expected to cooperate fully with any police or child adult protection investigation.

**6.5.4** The possible risk of harm to other child/ren and adults at risk must be effectively evaluated and managed in respect of any child/ren involved in the allegations, and any other children or adults at risk in the individual's home, work or community life. In some cases, this will require LAMDA to suspend the employee who is the subject of the allegation or cease to use their services.

**6.5.5** The act of suspension does not indicate a person's guilt. An individual must not be suspended automatically when there has been an allegation or without careful thought. Suspension should be considered in any case where:

- there is cause to suspect a child is at risk of significant harm
- or, the allegation warrants investigation by the Police
- or, is so serious that it might be grounds for dismissal
- Or, there are concerns that the person about whom the allegations are made may put pressure on or interfere with potential witnesses.

**6.5.6** The power to suspend the accused employee or dispense with the services of the contractor or partner is vested in the employer alone. However, in making these decisions the SL in consultation with the HRM and the GM will need to take into consideration the views of the Police and the Local Authority.

**6.5.7** The SL and HRM will be responsible for deciding how and when to feedback to the person who made or received the allegation, and what information to give to others who may know the accused individual concerned.

**6.5.8** The SL and HRM will decide on a case-by-case basis if, and when, it is necessary to advise the nominated safeguarding champion on the board of trustees about the allegation and its

management, depending on the seriousness of the allegation, reputational risks, liability and potential media interest.

*See Appendix 6 for Process Flowchart – What to do if there are Concerns or Allegations Made about an Employee and/or others named in this Document*

## **6.6 Action following the conclusion of the investigative process**

**6.6.1** At the conclusion of any external investigations, the SL in conjunction with the HRM and the DOLA will formally review the outcome and determine any further action required. The range of options open will depend on the circumstances of the case and will need to take into account the result of any Police investigation or trial, any investigations in respect of the child and adult at risk safety, as well as the different standard of proof required in disciplinary and criminal proceedings. Options include:

- Reintegration of the employee and all others listed in this document
- invoking the disciplinary process
- alerting other known employers of the individual concerned (advice may need to be sought from either the DOLA, Police or NSPCC helpline on this point)
- referral to the Disclosure and Barring Service (DBS) for consideration to bar the person from working with children

**6.6.2** The following definitions should be used when recording the outcome of allegation:

- **Substantiated:** there is sufficient evidence to prove the allegation
- **False:** there is sufficient evidence to disprove the allegation.
- **Malicious:** there is sufficient evidence to disprove the allegation and that there has been a deliberate act to deceive
- **Unsubstantiated:** there is insufficient evidence to either prove or disprove the allegation. The HRM, therefore, does not imply guilt or innocence

**6.6.3** Every effort should be made to reach a conclusion in all cases even if:

- the individual refuses to cooperate, although s/he should be given a full opportunity to answer the allegation and make representations
- it is difficult to reach a conclusion
- the employee has resigned or the contractor and/or partner withdraws his/her services
- the person is deceased.

**6.6.4** LAMDA **never** agrees to the use of a 'settlement agreement' with an employee. This is where the employee subject to the allegation agrees to resign, the employer agrees not to pursue disciplinary action, and both parties agree a form of words to be used in future references. Nor can it be used to override LAMDA's duty to make a referral to the DBS where they meet the criteria for consideration to bar them from working with children or adults at risk.

**6.6.5** The SL and HRM must determine who needs feedback following the conclusion of any investigations and the nature of that feedback in accordance with the principles of data protection and confidentiality. This might include feedback to the child's his/her parents/carers, and/or the person who raised the concern initially and the line manager of the employee.

**6.6.6** If an allegation is determined to be false or malicious, the SL with the HRM where relevant must consider if any further action is required which includes:

- If the safeguarding allegation was made by a child or adult at risk then there is a need to consider if a referral to Children's Social Care is required to determine if that child is in need of services, or may have been abused by someone else; and/or

- if the safeguarding allegation was deliberately invented or malicious by another adult then this should be discussed with the police and advice sought;
- whether disciplinary action is required;
- the support needs of the person that was the subject of the safeguarding allegation
- The support needs of an adult survivor of historical abuse.

**6.6.7** At the end of the process of managing an allegation and its conclusions, the SL and HRM is responsible for the identification of any lessons learned from the operation of this procedure, the actions taken, and the support offered. This learning should feed into policy and procedural revisions and any plans for safeguarding training.

**6.6.8** The SL must provide in writing feedback to the person who has been subject to the investigation, clarifying the final outcome and any implications for their employment. This must be provided within five working days of the conclusion of the investigation.

## **6.7 Abuse of a Position of Trust**

It is an offence for any person aged 18 or over, who is in a 'position of trust', to have a sexual relationship with a young person under 18 if their role is one identified within the Sexual Offences Act 2003.

All employees should understand the need to maintain appropriate boundaries in their dealings with children. When you are working with children or come into contact with children you are considered to be acting in a position of trust. Broadly speaking, a relationship of trust can be described as one in which one party is in a position of power or influence over the other by virtue of their work or the nature of their activity. It is vital for all those in positions of trust to understand the power this can give them over those they care for and the responsibility they must exercise as a consequence of this relationship.

Young people of 16 or 17 can legally consent to sexual activity but they may still be relatively immature emotionally. It is essential that those who may be in a position of responsibility and trust recognise this vulnerability and ensure that it is not exploited.

## **6.8 Poor Practice**

There may be circumstances where allegations are about poor practice rather than child or adult at risk abuse, for example the employee and/or others named in this document has not adhered to the Codes of practice within this policy. Where there is any doubt, the manager should consult with the SO/SL. If the investigation shows that the allegation is clearly about poor practice then LAMDA will determine how best to remedy this e.g. as part of the Disciplinary Procedure dependent on the nature and seriousness of the practice.

## **6.9 Support**

**6.9.1** LAMDA will fully support and protect any employee who, in good faith, reports his or her concern that a colleague is, or may be abusing a child or adult at risk. If an allegation is made that is found to be malicious or fraudulent LAMDA retains the right to take appropriate action against the individual responsible for making the claim.

As an employer, LAMDA has a duty of care to its employees and will therefore act to manage and minimise the stress inherent in the allegations process. In managing any allegation there is a need for the SL and HRM to consider the support needs of individuals involved. The support they require depends on the circumstances of the case and will have to be negotiated and agreed on a case-by-case basis. Support may include responding to the impacts of shock, anger or being a suicide risk, for example. It may include support for the:

- person who raised the concern at the outset

- person who is the subject of the allegation
- Child/parents/carers, if applicable, where harm was alleged against a particular child or adult at risk.

**6.9.2** The SL and HRM are responsible for ensuring that the employees and all those named in this document who is subject of the allegation is:

- informed of the allegation against them (once agreed by the Local authority/Police), notified of the processes that will follow and signposted to independent support should they require it
- kept up to date about any progress in relation to their case
- advised to contact their union or professional association at the outset
- Kept up to date about what is happening in the workplace in cases where the member of employees is suspended or LAMDA cease to use his/her services. This is to enable their reintegration should they return to work.
- sent correspondence confirming all of the above including the arrangements for support.

## **6.10 Referral to the Disclosure and Barring Service (DBS) and the Professional Regulatory Body**

Once the final outcome of the allegation management process is concluded, the following actions must be considered by the SL in conjunction with the HRM and the DOLA (or equivalent):

- Where an employee or contractor or partner is engaged in providing 'regulated activity' (See *Safer Recruitment Policy*) then the issue of whether they are allowed to continue in this role must be considered by LAMDA depending on the outcome of the enquires. If it is concluded that the person should no longer be engaged in regulated activity then there is a legal requirement for LAMDA to refer the person to the DBS for consideration to bar the person from working with children or adults at risk. The referral process is outlined on the DBS website and they can be contacted for advice if there is uncertainty as to what to do. It will be lead responsibility of SL or HRM for making referrals to the DBS.
- Where an employee may be registered with a professional body the issue of referral of the employee to the [professional regulatory body](#) must be considered
- LAMDA is regulated by Ofqual for Examinations qualifications and report to HEFCE for Higher Education activities and therefore notification to these bodies must be considered if required under the respective procedures
- The Charity Commission require notification of suspicions, allegations and incidents of abuse or mistreatment of 'vulnerable beneficiaries'. Therefore the SL in conjunction with the HRM will need to consider if such notification is required and take the necessary steps if required.

*See Charity Commission Guidance; The Essential Trustee: What do you need to know, what do you need to do 2015.*

- The actions outlined in the preceding paragraph must be considered even if the person has resigned or the volunteering activity has ceased or the person is deceased. A record of all decisions and actions must also be recorded using the *Safeguarding Record Log Appendix 8*

## **6.11 References**

Cases in which an allegation was proven to be false, unsubstantiated or malicious should not be included in employer references. However, LAMDA provides factual references only and therefore this would not apply.

## 7. RECORDING, RECORD RETENTION AND DESTRUCTION

### 7.1 Recording

It is essential that LAMDA keeps clear and comprehensive records of any concern or allegation including details of how they were followed up and resolved, and details of the decisions reached and any action taken.

The purpose of the record is to:

- enable accurate information to be given in response to any future request for a reference
- provide clarification in cases where a future DBS disclosure reveals information from the police that an allegation was made but did not result in a prosecution or a conviction
- prevent unnecessary re-investigation should an allegation resurface after time
- provide evidence and information if a decision is made to refer the person for consideration to be barred from working with children or adults at risk
- Enable LAMDA to review and improve policies, procedures and practice based on learning and feedback.

### 7.2 Creation and Maintaining

The SO or SL is responsible for creating and maintaining the record during the course of managing a safeguarding concern or allegation.

### 7.3 Additional Records

Additional records e.g. email, hard copy documents are likely to be created as part of an investigation process. Summaries of the content of these will be recorded on the [Safeguarding Record Log Appendix 8](#). At the end of the investigation the SO or SL will create a file of **all** emails including scanned copies of all hard copy documents. The file must be appended to the [Safeguarding Concern Form Appendix 7](#) by the SO or SL. All original hard copy documents should be immediately destroyed (post scanning) using the shredder/secure paper collection

### 7.4 Records of Safeguarding Allegations

Records of safeguarding allegations and any subsequent processes against employees, contractors and partners must be retained by LAMDA, including for people who leave the organisation, at least until the person reaches 65 years, or for 10 years if that is longer. The records must be stored securely in a password protected folder in a shared drive and with restricted access by the SO and SL and anyone else authorised by them. Details of allegations that are found to be malicious should be removed from personnel records.

### 7.5 Safeguarding Concern Form

All the information relating to a safeguarding concern about a child or adult at risk and subsequent action taken must be recorded using the Safeguarding Concern Form Appendix 7 and the Safeguarding Record Log Appendix 8. The records must be stored securely in a password protected folder in a shared drive and with restricted access by the SO and SL and anyone else authorised by them. These records should be retained for a period of 15 years. The period of retention may need to be longer if there has been a complaint in respect of the case or legal proceedings. The reason for keeping a record for longer than 15 years must be documented so as to be in line with the principles of the Data Protection Act.

### 7.6 Retention

Once the requisite retention period has been reached all records should be destroyed using shredding and confidential waste or be electronically purged in accordance with LAMDA's IT Security Policy. It is the responsibility of SL to check when records are due for destruction and arrange to do this.

## 8. WORKING WITH CONTRACTORS, PARTNERS AND THIRD PARTY HIRERS

### 8.1 Expectations of Contractors and Partners

We understand that our contractors and partners may be at different stages in terms of their understanding of safeguarding however, there are minimum requirements that LAMDA expects to be in place for engagement to happen. This must be explored as part of the partnership agreement process by asking the partner to agree and adhere to LAMDA's safeguarding Policies and procedures through a written Contractual Agreement/THRMs and Conditions if they do not have adequate safeguarding policies and procedures in place.

If the contractors or partners have their own safeguarding policies and procedures LAMDA will nominate a key safeguarding representative to quality assure these are fit for purpose.

If a DBS check is required for a contractor, this should be sought by the contractor's organisation and LAMDA should request confirmation from the contractor's organisation that all necessary checks (not just DBS) have been completed to a satisfactory standard outlined in the Safer Recruitment Policy being developed.

### 8.2 Third Party Hirers

All parties/persons hiring LAMDA premises will be expected to adhere to LAMDA's safeguarding policy and procedures and other relevant policies and will be notified of them. This will also be reflected in any Contractual Agreements/Terms and Conditions as part of the hiring arrangements.

## 9. TRAINING

### 9.1 Training

LAMDA is committed to ensuring all staff with safeguarding roles and responsibilities will be trained at the appropriate level to fulfil both their day to day role and safeguarding roles and responsibilities.

LAMDA will ensure its Training Plan considers safeguarding training at all levels across the organisation and is regularly reviewed and updated.

## APPENDIX 1: DEFINING CHILD ABUSE AND NEGLECT

There are four categories of harm although often children may suffer more than one type of harm.

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

**Emotional abuse** is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless and unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include:

- not giving the child opportunities to express their views;
- deliberately silencing them, 'making fun' of what they say or how they communicate;
- Age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction;
- seeing or hearing the ill-treatment of another;
- Serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

**Sexual abuse and exploitation** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve:

- Physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts, such as masturbation, kissing, rubbing and touching outside of clothing.
- Non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

*Child sexual exploitation* is a form of child sexual abuse. It occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

**Neglect** is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born neglect may involve a parent or carer failing to:

- provide adequate food, clothing, and shelter (including exclusion from home or abandonment);
- protect a child from physical harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers);
- Ensure access to appropriate medical care or treatment.
- Neglect can also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## APPENDIX 1A: TYPES AND INDICATORS OF CHILD ABUSE AND NEGLECT

### **Some of the following signs might be indicators of abuse or neglect:**

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed;
- Children with clothes which are ill-fitting and/or dirty or with consistently poor hygiene;
- Children who make strong efforts to avoid specific family members or friends, without an obvious reason;
- Children who talk about being left home alone, with inappropriate carers or with strangers;
- Children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason;
- Children who are regularly missing from school or education or who are reluctant to go home after school;
- Parents who are dismissive and non-responsive to professionals' concerns;
- Parents who collect their children from activities when inebriated, or under the influence of drugs;
- Children who drink alcohol regularly from an early age;
- Children who are concerned for younger siblings without explaining why;
- Children who talk about running away; and
- Children who shy away from being touched or flinch at sudden movements.

There are four main categories of abuse and neglect: physical abuse, emotional abuse, sexual abuse and neglect. Each has its own specific indicators, which you should be alert to.

### **Physical abuse**

Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse occurs. Babies and disabled children also have a higher risk of suffering physical abuse. Physical abuse can also occur outside of the family environment.

#### **Possible indicators are:**

- Children with frequent injuries
- Children with unexplained or unusual fractures or broken bones
- Children with unexplained: bruises, cuts, burns, scalds, bite marks.

### **Emotional abuse**

Emotional abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development.

Emotional abuse may involve serious bullying – including online bullying through social networks, online games or mobile phones – by a child's peers.

#### **Possible indicators are:**

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder'
- Parents or carers blaming their problems on their child
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

### **Sexual Abuse and Exploitation**

Sexual abuse is any sexual activity with a child. Often children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong, rather believe that they are in a relationship with someone.

**Possible indicators of sexual abuse are:**

- Children who display knowledge or interest in sexual acts inappropriate to their age
- Children who use sexual language or have sexual knowledge beyond their years
- Children who ask others to behave sexually or play sexual games
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.

**Possible indicators of sexual exploitation are:**

- Children who appear with unexplained gifts or new possessions
- Children who associate with other young people involved in exploitation
- Children who have older boyfriends or girlfriends
- Children who suffer from sexually transmitted infections or become pregnant
- 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
- Children who regularly miss school or education or don't take part in education.

**Neglect**

Neglect is a pattern of failing to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter. It is likely to result in the serious impairment of a child's health or development.

Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child. Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse.

**Possible indicators are:**

- Children who are living in a home that is persistently dirty or unsafe
- Children who are left hungry or dirty
- Children who are left without adequate clothing for the weather conditions
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence
- Children who are often angry, aggressive or self-harm
- Children who fail to receive basic health care
- Parents who fail to seek medical treatment when their children are ill or are injured
- Children left in the care of unsuitable adults.

## APPENDIX 2: TYPES AND INDICATORS OF CHILD ABUSE AND NEGLECT

Some of the following signs might be indicators of abuse or neglect:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed;
- Children with clothes which are ill-fitting and/or dirty or with consistently poor hygiene;
- Children who make strong efforts to avoid specific family members or friends, without an obvious reason;
- Children who talk about being left home alone, with inappropriate carers or with strangers;
- Children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason;
- Children who are regularly missing from school or education or who are reluctant to go home after school;
- Parents who are dismissive and non-responsive to professionals' concerns;
- Parents who collect their children from activities when inebriated, or under the influence of drugs;
- Children who drink alcohol regularly from an early age;
- Children who are concerned for younger siblings without explaining why;
- Children who talk about running away; and
- Children who shy away from being touched or flinch at sudden movements.

There are four main categories of abuse and neglect: physical abuse, emotional abuse, sexual abuse and neglect. Each has its own specific indicators, which you should be alert to.

### Physical abuse

Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse occurs. Babies and disabled children also have a higher risk of suffering physical abuse. Physical abuse can also occur outside of the family environment.

#### Possible indicators are:

- Children with frequent injuries
- Children with unexplained or unusual fractures or broken bones
- Children with unexplained: bruises, cuts, burns, scalds, bite marks.

### Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development.

Emotional abuse may involve serious bullying – including online bullying through social networks, online games or mobile phones – by a child's peers.

#### Possible indicators are:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder'
- Parents or carers blaming their problems on their child
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

### Sexual Abuse and Exploitation

Sexual abuse is any sexual activity with a child. Often children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong, rather believe that they are in a relationship with someone.

**Possible indicators of sexual abuse are:**

- Children who display knowledge or interest in sexual acts inappropriate to their age
- Children who use sexual language or have sexual knowledge beyond their years
- Children who ask others to behave sexually or play sexual games
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.

**Possible indicators of sexual exploitation are:**

- Children who appear with unexplained gifts or new possessions
- Children who associate with other young people involved in exploitation
- Children who have older boyfriends or girlfriends
- Children who suffer from sexually transmitted infections or become pregnant
- 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
- Children who regularly miss school or education or don't take part in education.

**Neglect**

Neglect is a pattern of failing to provide for a child's basic needs, whether it is adequate food, clothing, hygiene, supervision or shelter. It is likely to result in the serious impairment of a child's health or development.

Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child. Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse.

**Possible indicators are:**

- Children who are living in a home that is persistently dirty or unsafe
- Children who are left hungry or dirty
- Children who are left without adequate clothing for the weather conditions
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence
- Children who are often angry, aggressive or self-harm
- Children who fail to receive basic health care
- Parents who fail to seek medical treatment when their children are ill or are injured
- Children left in the care of unsuitable adults.

## **APPENDIX 2A: TYPES AND INDICATORS OF ADULT ABUSE AND NEGLECT**

Adult abuse and neglect can take many forms and the circumstances of the individual case should always be considered.

### **Physical abuse can include**

- assault
- hitting
- slapping
- pushing
- misuse of medication
- restraint
- inappropriate physical sanctions

### **Domestic violence can include**

- psychological
- physical
- sexual
- financial
- emotional abuse
- so called 'honour' based violence
- coercive and controlling behaviour

### **Sexual abuse can include:**

- rape
- indecent exposure
- sexual harassment
- inappropriate looking or touching
- sexual teasing or innuendo
- sexual photography
- subjection to pornography or witnessing sexual acts
- indecent exposure
- sexual assault
- sexual acts to which the adult has not consented or was pressured into consenting

### **Psychological abuse can include:**

- emotional abuse
- threats of harm or abandonment or deprivation of contact
- humiliation
- blaming
- controlling
- intimidation
- coercion
- harassment
- verbal abuse
- cyber bullying
- isolation
- unreasonable and unjustified withdrawal of services or supportive networks

### **Financial or material abuse can include:**

- theft
- fraud
- internet scamming
- coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions
- the misuse or misappropriation of property, possessions or benefits

**Modern slavery can include:**

- slavery
- human trafficking
- forced labour and domestic servitude.
- traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

**Discriminatory abuse can include:**

- harassment
- slurs or similar treatment because of a person's race, gender and gender identity, age, disability, sexual orientation, religion

**Organisational abuse**

This includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home or the care provided in one's own home. It involves one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

**Neglect can include:**

- ignoring medical, emotional or physical care needs
- failure to provide access to appropriate health, care and support or educational services
- the withholding of the necessities of life, such as medication, adequate nutrition and heating

**Self-neglect**

This covers a wide range of behaviours such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt an enquiry by adult social care. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support. Incidents of abuse may be one-off or multiple, and affect one person or more. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared.

### APPENDIX 3: GROOMING BEHAVIOURS

Signs that an individual may be grooming a child or young person include:

- Being dressed inappropriately around the child or young person
- Spends most of his/her spare time with children and has little interest in spending time with someone of his/her own age
- Giving special attention to a particular child or young person
- Isolating a child or young person from other people
- Hugging, touching, kissing, tickling, wrestling with or holding a child or young person
- Giving gifts (including cigarettes/alcohol/drugs) or money for no apparent reason
- Treating a child as an equal/peer or like a spouse
- Finding ways to be alone with a child or young person when other adults are not likely to interrupt, e.g. taking the child for a car ride, arranging a special trip, etc.
- Not respecting the privacy of a child or young person
- Discussing their own sex life or asking a child or young person to discuss sexual experiences or feelings;
- Viewing abusive images of children
- Abusing alcohol or drugs and/or encourages children or young people to use them. The use of such substances reduces inhibitions.
- Allowing children or young people to consistently 'get away' with inappropriate behaviors
- Encouraging silence or secrets
- Makes fun of a child's body parts – uses sexualised names for the child or young person
- Not adhering to the rules, authority or code of conduct in the particular setting, organisation or within an activity

## APPENDIX 3A: ADDITIONAL GUIDANCE ON CHILDREN AND YOUNG PEOPLE ABUSED IN SPECIFIC CIRCUMSTANCES

**Abuse by peers.** Young people, particularly those living away from home, are vulnerable to physical, sexual and emotional bullying and abuse by their peers. Such abuse should always be taken as seriously as abuse perpetrated by an adult. It is subject to the same safeguarding children procedures as apply in respect of any young person who is suffering or at risk of suffering significant harm from an adverse source. A significant proportion of sexual offences are committed by teenagers. Staff should not dismiss some abusive sexual behaviour as “normal” between young people.

**Child abuse linked to belief in “spirit possession” or “witchcraft”.** The belief in “possession” and “witchcraft” is widespread in some communities. It is not confined to particular countries, cultures or religions. The number of known cases of child abuse linked to accusations of “possession” or “witchcraft” is small, but young people involved can suffer damage to their physical and mental health, capacity to learn, ability to form relationships and self-esteem due to extreme physical and emotional abuse that may be wrongly justified on the basis of spirit possession or witchcraft.

**Child abuse and social media.** The internet has become a significant tool in the distribution of abusive images of children. Social media is used as a means of contacting young people with a view to grooming them for inappropriate or abusive relationships. Contacts made initially in a chat room can be carried on via email, instant messaging services, mobile phones or text messaging. Cyberbullying, including sexting (which is illegal), is now widespread and can be very harmful to young people. Further advice and guidance on this topic are on the websites of the NSPCC, CEOP, Internet Watch Foundation and the UK Safer Internet Centre.

**Children and families who go missing.** Local agencies and professionals should bear in mind, when working with young people and families where there are outstanding concerns about the young person’s safety and welfare that a series of missed appointments may mean the family have moved. Young people who are looked after (i.e. in care) sometimes go missing from their placements. There will be procedures in place, which should be followed if this occurs and the care home/foster placement must be immediately informed.

**Child trafficking.** Child trafficking is child abuse. This is where children are recruited, moved or transported and then exploited e.g. for the purpose of sexual exploitation or domestic servitude. They are often subject to multiple forms of abuse. Children may be trafficked into the UK from abroad but can also be trafficked from one part of the UK to another. Advice can be sought from the Child Trafficking Advice Centre (CTAC) on: 0808 800 5000.

**Disabled children.** Children with a disability or additional health needs are a particularly vulnerable group as signs of abuse and neglect may be masked or misinterpreted as being due to underlying impairments. Disabled young people are three times more likely than non-disabled children to experience abuse due to a number of factors:

- have fewer outside contacts than other young people;
- may receive personal care, possibly from a number of carers, which may both increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries;
- have an impaired capacity to resist or avoid abuse;
- have communication difficulties that may make it difficult to tell others what is happening or to be believed;
- be inhibited about complaining because of a fear of losing services;
- be especially vulnerable to bullying and intimidation and /or, abuse by their peers.

**Domestic violence.** Young people living in families where they are exposed to domestic violence have been shown to be at risk of behavioural, emotional, physical and long term developmental problems. Everyone working with young people and families should be alert to the frequent inter-relationship between domestic violence and the abuse and neglect of young people.

**Families living in temporary accommodation.** Living in temporary accommodation, often at a distance from previous support networks, can lead to young people and families falling through the net and becoming disengaged from services. Where there are concerns about a young person in temporary accommodation, safeguarding procedures should be followed.

**Female genital mutilation (FGM).** (Also known as ‘female genital cutting’ or ‘female circumcision’) Communities tend to use local names for referring to this practice including “sunna”. Some FGM-practicing families do not see it as an act of abuse; however, FGM has significant physical and mental health consequences both in the short and long term and, therefore, must not be excused, condoned or accepted. FGM cannot be left to personal preference or cultural custom as it is an extremely harmful practice that violates basic human rights. Girls are at particular risk of FGM during school summer holidays. This is the time when families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM. FGM is illegal in the UK and where it is suspected it must be referred onto children’s social care.

**Forced marriage.** A forced marriage is a marriage conducted without the full consent of both parties and where duress is a factor. It is an entirely different from an arranged marriage, and the two should not be confused. In an arranged or assisted marriage, the families take a role in choosing and introducing the marriage partners but the marriage is entered into freely by both people, without pressure. In a forced marriage, this consent does not exist. If this form of harm is suspected, advice should be sought from the Forced Marriage Unit prior to any discussion with the young person or family on 0207 008 0151 or out of office hours contact: 0207 008 1500 (ask for Global Response Centre).

**Parental adversity.** Parental drug misuse can cause harm from conception to adulthood, including physical and emotional abuse and neglect. Where drug misuse co exists with domestic violence and mental illness the risk of harm to a child is even greater.

**Race and racism.** Young people from black and minority ethnic groups may have experienced harassment, racial discrimination and institutional racism. The experience of racism is likely to affect the responses of the young person and parents/carers to other intervention in their lives. There is also a danger that professionals working with children and young people may not intervene soon enough for fear of being seen as racist and in so doing, offer the child less protection.

**Unaccompanied asylum-seeking children (UASC).** A UASC is an asylum-seeking child under the age of 18 who is not living with their parent, relative or guardian in the UK. They can be more vulnerable to abuse and exploitation because they lack the necessary support networks, protection and communication skills.

**Safeguarding adolescents.** The nature of abuse and neglect for teenagers is different from that of younger children. Behaviours by parents/adults that might be deemed abusive or neglectful for a very young child may be considered appropriate for teenagers. Additionally they may face a wider range of risks due to the relationships they have, social media that they use, lifestyles that they lead and with their increasing independence. Risk taking and experimentation is a normal part of growing up but also can place young people in harm’s way.

**Young people whose behaviour indicates a lack of parental control.** When young people are brought to the attention of the police or wider community because of their behaviour, this may be an indication of vulnerability, poor supervision, abuse or neglect in its wider sense. It is important to consider whether these are young people in need of protection and/or support services and not to view them as only an offender as they may well be also victims themselves.

**Young people and gang activity.** Overall, young people can be particularly vulnerable to suffering harm in the gang context are those who are:

- not involved in gangs, but living in an area where gangs are active, which can have a negative impact on their ability to be safe;
- not involved in gangs, but at risk of becoming victims of gangs;

- not involved in gangs but at risk of becoming drawn in, for example, siblings or children of known gang members; *or*
- gang-involved and at risk of harm through their gang-related activities e.g. drug supply, weapon use, sexual exploitation and risk of attack from own or rival gang members.

**Young carers.** A young carer is a person under 18 who provides or intends to provide care for another person (of any age with the exception of where that care is provided for payment or as voluntary work). Young carers may require support services either for them or for the person they care for in order to ensure that their health and welfare does not suffer. In some instances young carers may also be in need of protection due to the adverse circumstances they may be experiencing or where the behaviour of the person that they are caring for is abusive.

**Radicalisation and violent extremism.** Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. Extremism is defined by the Government in the 2011 Prevent Strategy as: *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.* It also includes calls for death of members of the armed forces, whether in this country or overseas.

There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

Children or adults may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals.

Indicators of vulnerability include:

- *Identity crisis* – the young person is distanced from their cultural/religious heritage and experiences discomfort about their place in society;
- *Personal crisis* – the young person may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
- *Personal circumstances* – migration; local community tensions; and events affecting the student’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
- *Unmet aspirations* – the young person may have perceptions of injustice; a feeling of failure; rejection of civic life;
- *Experiences of criminality* – which may include involvement with criminal groups, imprisonment, and poor resettlement/reintegration;
- *Special educational needs* – young person may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

Indicators of radicalisation and violent extremism may include:

- showing sympathy for extremist causes
- contact with extremist recruiters;
- justifying the use of violence to solve societal issues;
- joining or seeking to join extremist organisations;
- glorifying violence, especially to other faiths or cultures
- making remarks or comments about being at extremist events or rallies
- possessing illegal or extremist literature

- advocating messages similar to illegal organisations or other extremist groups
- out of character changes in dress, behaviour and peer relationships secretive behaviour
- online searches or sharing extremist messages or social profiles
- intolerance of difference, including faith, culture, gender, race or sexuality
- graffiti, art work or writing that displays extremist themes
- attempts to impose extremist views or practices on others
- verbalising anti-Western or anti-British views

Children or adults who are showing signs of radicalisation and violent extremism will need to be considered as at risk of harm to themselves or others and therefore such concerns should be acted upon by following safeguarding procedures.

## **APPENDIX 4: BARRIERS TO SEEKING HELP FOR CHILDREN**

Many children and young adults are reluctant to seek help because they feel that they do not have anyone that they can turn to for support. They may have sought help in the past and had a negative experience, which makes them unlikely to do so again. In an NSPCC study of child maltreatment (2000), only a quarter of the people that had experienced sexual abuse as a child had told anyone at the time. Being unable to tell someone that you are being abused can be very stressful and may leave a vulnerable child at risk of continuing or further abuse.

Young people may not seek help because they:

- fear not being believed
- feel too embarrassed to talk to an adult about a private or personal problem
- worry that their concern will not be taken seriously
- worry about confidentiality and lack trust in both the people around them (including parents) and in the services provided to help them
- fear the consequences of asking for help
- fear the situation could become worse.

Some groups of children and young people experience more barriers. For example boys are often more reluctant to seek help than girls. Children with communication difficulties may lack the language necessary to enable them to express what is worrying them. Children that are more isolated are less likely to share their concerns, for example, children living in residential care.

### **Barriers for adults to listen**

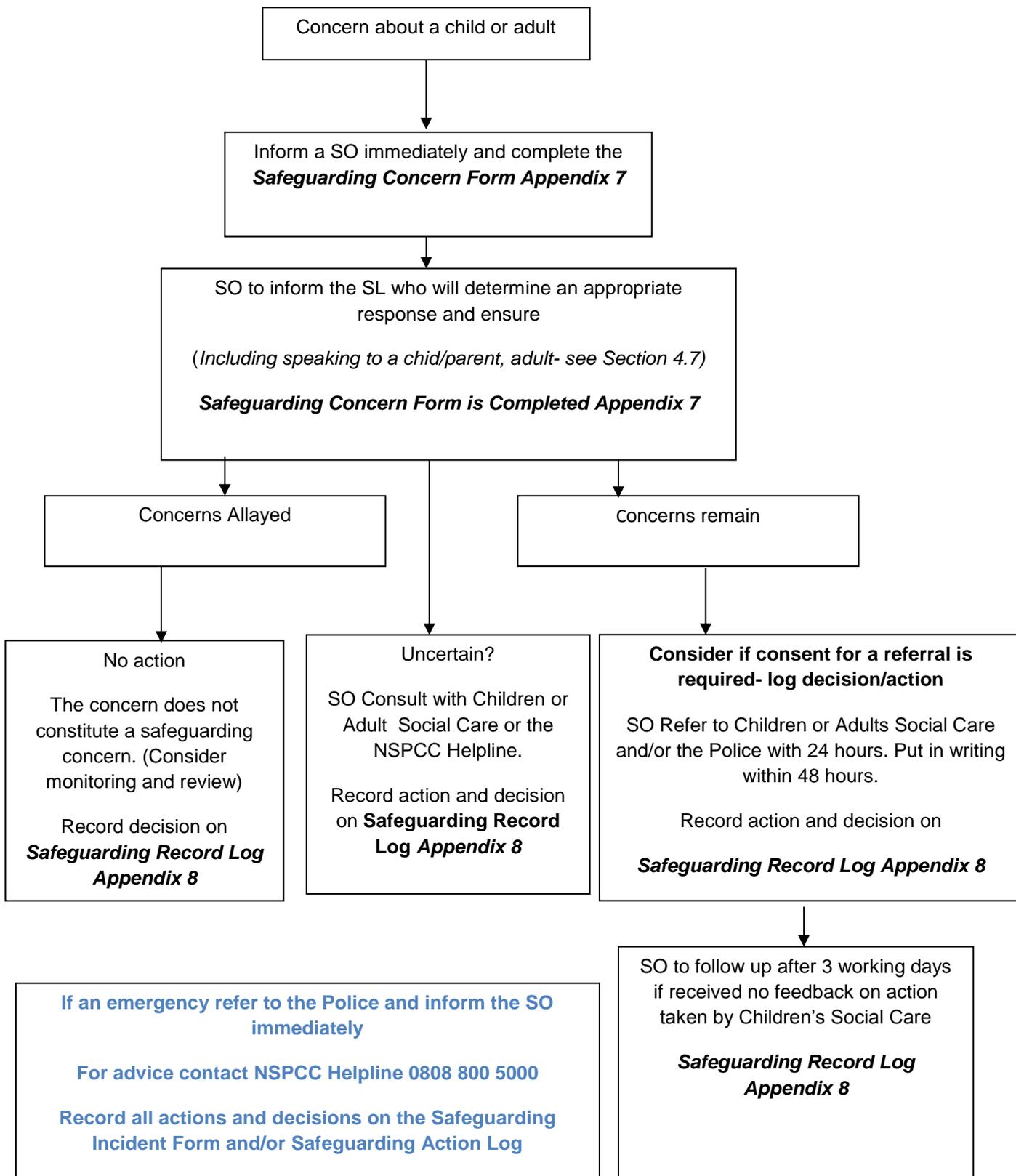
Sometimes there is reluctance by adults to listen to what children are telling them and to act on it. Adult fears may be due to:

- Not knowing how to react or who to tell
- Fear of getting it wrong
- Loyalty to the family or colleagues
- Lack of trust in the child protection system
- Not recognising the significance of the indicators.

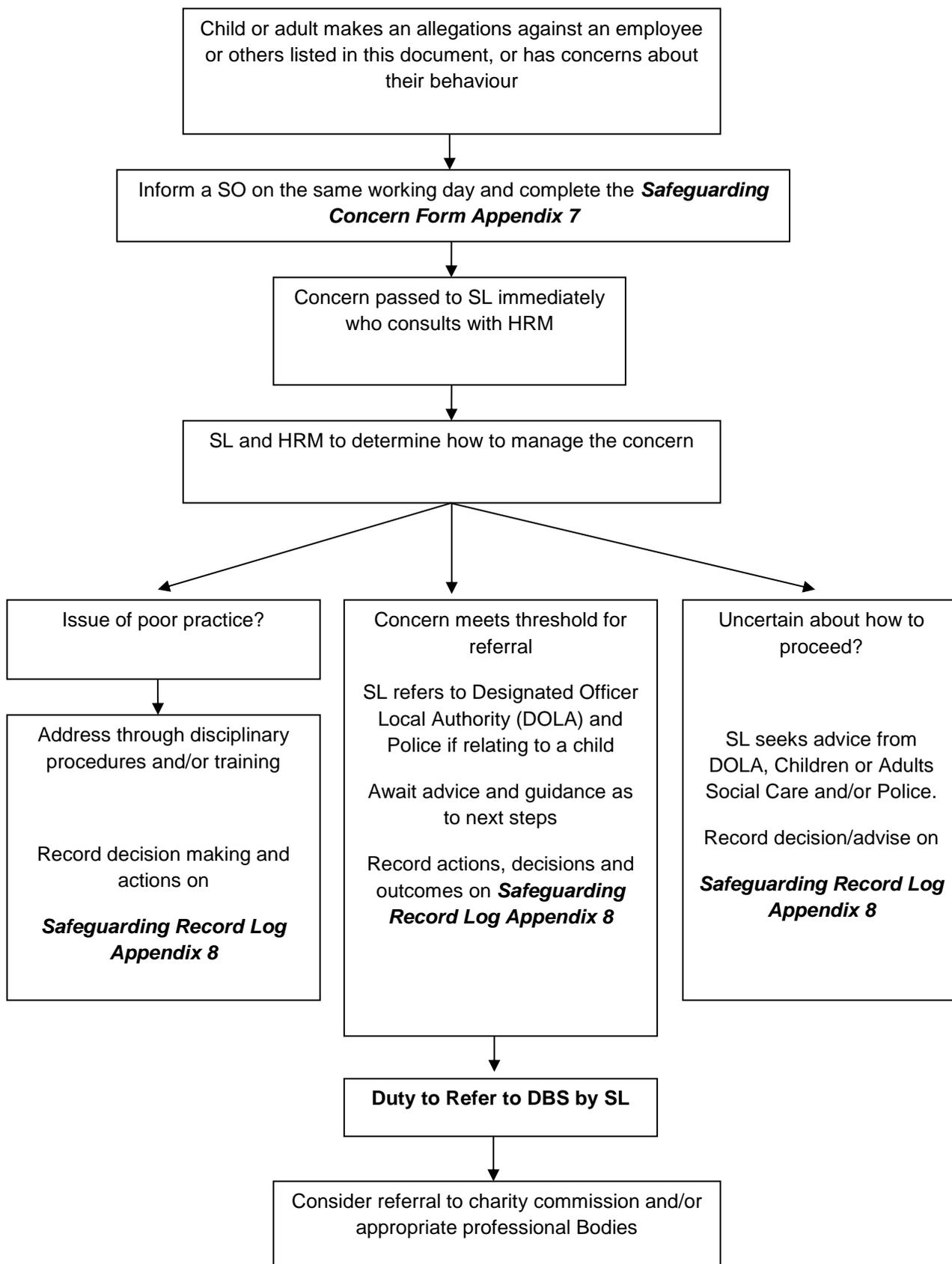
### **How to encourage children and young people to seek help and support**

- Make it easier for young people to take up the offer of help
- Listen to the people you help - see the whole person
- Build trust - treat young people with respect
- Empower young people to find their own solutions
- Advertise the benefits of seeking help
- Help to tackle the myths about those who seek help – seeking help is not a sign of weakness.

**APPENDIX 5: FLOWCHART - WHAT TO DO IF YOU HAVE SAFEGUARDING CONCERNS ABOUT A CHILD OR ADULT (NON EMERGENCY)**



**APPENDIX 6: FLOWCHART - WHAT TO DO IF THERE ARE CONCERNS OR ALLEGATIONS MADE ABOUT AN EMPLOYEE AND/OR ALL OTHERS NAMED IN THIS DOCUMENT**



## APPENDIX 7: SAFEGUARDING CONCERN FORM

Complete as much detail as you are able. Don't delay making a referral if there is information missing.

<b>Part 1 Details of the Child/children or adult at risk:</b>		
Name of Child/ren at risk:		
Gender:	Age:	Date of Birth:
Religion	Ethnicity	Any additional needs (e.g. disability, language spoken, interpreter required)
Parent's/Carer's name(s):		
Home address of child/ren or adult at risk:		
Legal status of Child/ren or adult at risk if known		
Are you aware of the child at risk subject to any of the following e.g. child protection plan/on a child protection register/a care order/child in need plan, or adult protection order?		
<b>Part 2 Details of a safeguarding allegation against employees and all others named in this document</b>		
Name and role of person		
Age and/or Date of Birth		
Home address		
<b>Part 3 Your Details:</b>		
Your Name:	Your Position:	Your contact details
<b>Part 4 Report:</b>		
Are you reporting your own concerns or responding to concerns raised by someone else?		
<input type="checkbox"/> Responding to my own concerns  <input type="checkbox"/> Responding to concerns raised by someone else	If responding to concerns raised by someone else, please provide their name, role and contact details (if known):	

Please provide details of the concerns you have for the child or adult's safety and/or welfare, including times, dates or other relevant information. Please make it clear whether you are giving a fact, expressing your opinion or expressing the opinion of someone else. Please add any other relevant information known about the family/child or adult at risk circumstances. If you are reporting on concerns about a safeguarding allegation against an employee, partner or contractor please provide full details here.

The child or adults account of what happened (e.g. of any incident, injury, disclosure, behaviour):

Please provide details of the person alleged to have caused the incident/injury if known (e.g. names(s) /address/ incident address /relationship to child or adult

Please provide details (name, role contact details if known) of any witnesses to the incident/concerns:

<b>Part 5: Actions Taken</b>	
State any risk of immediate danger:	
Identify any action taken already e.g. contact with police, manager, children or adults social care services etc.	
Is the child/children or adults family/carer or accused person aware that a report has been made:	
Any known previous history of concerns or abuse or allegations:	
Any further information or comments:	

**Date and time of report being submitted.....**

<b>Part 6: Immediate action and decisions by SO</b>

**APPENDIX 8: SAFEGUARDING RECORD LOG**

<b>Date &amp; time</b>	<b>Name</b>	<b>Notes</b>	<b>Action</b>	<b>By Whom</b>

## APPENDIX 9: CONSENT FORM FOR IMAGES, PHOTOGRAPHY AND FILMING

LAMDA recognises its responsibility to ensure the welfare and safety of children and young people.

We use photographs and film for number of reasons. Photographs may be used on display boards, plasma screens and on our website. They will only be recorded and stored on LAMDA owned equipment and will be subject to our image destruction policy.

Additionally your child's image may be used outside of LAMDA. Common instances may involve LAMDA promotional material both in print and on websites.

In order to comply with the Data Protection Act 1998 a lawful basis is required before taking images of a child. Your child's identity will not be disclosed without your consent.

LAMDA will take steps to ensure these images are used solely for the purpose they are intended. If you become aware that these images are being used inappropriately please **contact the appropriate** staff.

Consent is for one calendar year as stated above. However, you do have the right to withdraw consent at any time. To withdraw consent please contact the appropriate staff.

### Media interviews

The [name of project] may attract media interest (radio, TV, newspaper, online). LAMDA will only allow supervised interviews and will only permit media access to [the project name] members who have agreed to take part.

<b>Name of child</b>	
<b>Date of birth (of child):</b>	<b>Gender: (M/F)</b>
<b>I give permission for the above named young person to be photographed and images used</b> YES      NO	
<b>I give permission for the above named young person to be filmed</b> YES      NO	
<b>I give permission for the above named young person to be interviewed by the media</b> YES      NO	
<b>Relationship to the child:</b>	

**Print Name:**

**Signature:**

**Date:**

**Contact details of parent/carer signing the form:**

**Date received by Safeguarding Officer:**

**Action taken by Safeguarding Officer:**

## APPENDIX 10: SAFEGUARDING CONTACT LIST

Name and job title	Safeguarding Role	Contact details
Principal/SMT	Safeguarding Leads	
Safeguarding Officers	Registrar/Head of Examinations	
NSPCC Helpline	24 hour helpline for advice on child protection matters for professionals and adults	0808 800 5000
ChildLine	24 hour helpline for children and young people	0800 1111
Whistle blowing advice line (external)	Advice can be sought from NSPCC if using the LAMDA whistleblowing procedure has not resolved the concern	0800 028 0285
The UK Safer Internet Centre	Provides advice for professionals and responds to reports about sexual abuse images of children online	0844 381 4772
Child Exploitation and Online Protection Centre(CEOP)	Investigates inappropriate online behavior such as grooming online or sexual exploitation	0870 000 3344
Internet Watch Foundation	Remove images of child sexual abuse content and criminally obscene content online	01223 203030
Disclosure and Barring Service (DBS)	Advice line for criminal records checks	03000 200 190
Hammersmith and Fulham/Social Care	Reporting concerns about children	Referral Service: 0208 87535229 Out of office: 0208 87488588
Designated Officer Local Authority (DOLA)	Advise in relation to allegations about an adult	(out of office)
Hammersmith and Fulham Safeguarding Children's board	Safeguarding Advise and local Policy and Procedures	
Local authority Children's Social Care (England)	Use the following website to find out the details: <a href="https://www.gov.uk/report-child-abuse-to-local-council">https://www.gov.uk/report-child-abuse-to-local-council</a>	
Local authority Adults Social Care (England)	Use the following website to find out the details <a href="https://www.gov.uk/report-abuse-of-older-person">https://www.gov.uk/report-abuse-of-older-person</a>	
Hammersmith and Fulham	Report possible criminal offences	Police Non-Emergency (24 hours): 020-8563-1212