




DREAMARTS SAFEGUARDING AND CHILD PROTECTION POLICY AND PROCEDURES FOR STAFF AND VOLUNTEERS 2025-26

DreamArts

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Internal use only

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Signed on behalf of DreamArts	
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POLICY OVERVIEW

INTRODUCTION	2
POLICY / SAFEGUARDING ESSENTIAL READING	3
DREAMARTS POLICY IN PRACTICE	

CHILD PROTECTION ISSUES

TYPES OF RISK	5
Types of abuse	
Female Genital Mutilation (FGM)	6
Sexual Exploitation	7
Radicalisation	8
Self-Harm and Suicidal Behaviour	9
WHO CAN ABUSE?	13

POLICY PROCEDURES

EARLY HELP	14
CAUSES FOR CONCERN	
DISCLOSURE including concerns about another staff member	15
ORGANISATIONAL PLANNING / DATA PROTECTION	17
ACTIVITY PROCEDURES	18
ROLES AND RELATIONSHIPS: CODE OF CONDUCT	20
TOUCH POLICY & PHYSICAL CONTAINING	21
LONE WORKING POLICY	24
SUPERVISION AND TRAINING	26
SELECTION AND RECRUITMENT	27
POLICE CHECKS	28
WHISTLE BLOWING POLICY	29
DECLARATION FORMS:	
Child Protection Guidelines Declaration	30
Declaration signed by New Staff & Volunteers	31
USEFUL CONTACTS	32
SAFEGUARDING FLOWCHART	33
GUIDANCE NOTES ON COMPLETING POLICE CHECK FORMS	34
A. SAFEGUARDING FORM	35-36
B. CAUSE FOR CONCERN FORM	37
C. INCIDENT FORM	38
D. ONE TO ONE WORKING FORM	39

APPENDIX 1: PART ONE OF KEEPING CHILDREN SAFE IN EDUCATION 2022

INTRODUCTION

SAFEGUARDING AND CHILD PROTECTION

Everyone who comes into contact with children and families has a role to play in safeguarding children and protecting them from harm.

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 grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

Child protection is defined as the actions that must be taken if the welfare of a child is in danger. The abuse of children and young people - physically, emotionally, sexually and through neglect - is a sad fact of life. Children and young people may be abused regardless of their age, gender, religious belief, race, sexual orientation, culture or ability. They are usually abused by people they know and trust.

Those who work with children and young people in voluntary and community organisations may be able to provide an important link in identifying individuals who have been or are at risk of being harmed in this way.

In 2015 the government produced "Working Together to Safeguard Children" updated in 2018 which is a code of practice for adults working with young people, to give youth organisations a framework on which to base their activities to minimise the chances of abuse taking place. Further statutory guidance was issued by Department of Education in 2018 entitled "Keeping Children Safe in Education" and updated in 2022. These guidelines are based on this code of practice (for links to these documents please see at the bottom of this page) and provides a summary of what those who work with children **should do** and **must do** in relation to safeguarding and child protection.

All DreamArts staff and volunteers are vetted as part of our responsibility to our members. The vetting includes police checks, interview, references being followed up and a probationary period completed.

Below are links to the following key documents;

Working Together to Safeguard Children 2018

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf

Keeping Children Safe in Education 2022

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1101454/Keeping_children_safe_in_education_2022.pdf

POLICY STATEMENT

DreamArts aims to take all reasonable steps to ensure the health, safety and welfare of children and young people involved in its work.

We have adopted set procedures for the appointment of staff and volunteers who work closely with young people and established guidelines for them to work to.

DreamArts is fully committed to upholding the recommendations in the Rights of the Child 1994, the Children's Act 2004, and the statutory guidance contained within Working Together to Safeguard Children 2018 and Keeping Children Safe in Education 2022.

Definition of age; Statutory guidance defines 'children' to include everyone under the age of 18, and up to the age of 25 if they have Special Educational Needs.

The DreamArts Safeguarding and Child Protection Policy covers all participants of DreamArts aged 25 and under.

SAFEGUARDING INFORMATION FOR ALL STAFF; ESSENTIAL READING

The Keeping Children Safe in Education 2022 statutory guidance for schools and colleges requires that 'all staff in their school or college read at least Part one of this guidance'.

DreamArts in turn requires all staff to read this guidance, which can be found in Appendix 1.

POLICY IN PRACTICE

Safeguarding the welfare of children is not an optional activity which can be added to the DreamArts programme – it is an essential requirement. Protection from abuse is an integral part of the policy and practice of all the organisation's work.

DreamArts recognises that good management requires everyone to be clear about what the organisation is trying to achieve, and agree aims and policy statements for that purpose. This includes being able to distinguish between safeguarding concerns i.e. abuse, and the general welfare of young people and/or health and safety issues.

We know that dealing with safeguarding can raise professional anxieties and have personal impacts which can negatively affect both the team and young people. At DreamArts we therefore foster practice where we work together to support young people, where our teams are informed and aware so they can collaboratively safeguard without fear of 'getting it wrong' or feeling they have to be constantly hyper-vigilant. This enables us to deliver good safeguarding outcomes.

This policy statement will be brought to the attention of all new paid staff and volunteers, who should also be informed of any guidelines or training which will enable them to

implement the policy statement. DreamArts agrees to ensure the policy is provided to all team members. The policy is reviewed on an annual basis.

To ensure the welfare of children is regularly monitored, Safeguarding is addressed at all levels of DreamArts, including;

- Session Debriefs; after every DreamArts session the team (and where relevant staff from a partner agency) meet to discuss and evaluate the session. This must include discussion around the welfare of children and any safeguarding concerns must be reported by the team leader to their Line Manager as soon as possible/by the following morning. Where a cause for concern arises a Cause for Concern Form (page see page 34) is completed and a member of the Executive (Director, Assistant Director or Programme Manager) is contacted as soon possible/by the following morning).
- Clinical Logs; after every 1 to 1 therapy session a clinical log is completed and sent to the Programme Manager on a weekly basis including any safeguarding issues arising. Where a cause for concern arises a Cause for Concern Form (page see page 34) is completed and the Programme Manager is contacted as soon possible/by the following morning.
- Core Team Meetings; Safeguarding is a standing agenda item at Core Team Meetings which take place on a weekly basis between the DreamArts core staff team including the Executive (Director, Assistant Director, Programme Manager). These meetings discuss any concerns about the welfare of a young person, assess any immediate interventions that might have taken place, and establish longer-term plans of action. Core Team Meetings also discuss operational safeguarding issues that may arise e.g. changes to DBS police checks.
- Board of Trustee Meetings; Safeguarding is discussed as a regular agenda item at DreamArts Board of Trustees meetings, with the following issues and interventions reported by DreamArts Executive to ensure all levels of the organisation are kept fully informed;
 - An incident or accusation involving a member of staff
 - A disclosure by a young person resulting in Social Services involvement for the first time
 - An incident of actual bodily harm and/or serious threatThe Board is also kept informed of ongoing work with vulnerable individuals through regular Project Reports detailing the work undertaken (the names of these individuals remain anonymous).
- Clinical Supervisions and Reflection Space; DreamArts employs the services of Therapeutic Consultants who are qualified clinical supervisors and provide clinical supervisions with therapists, and regular Reflection Spaces with non-clinical staff. These provide a safe space where staff can discuss the help and interventions they offer, including safeguarding, and discuss any issues or concerns.

DreamArts is a partner within Westminster Early Help Service. We therefore raise welfare concerns, and contribute to cross-agency interventions including through Early Help Service Team Around the Child/Family meetings.

TYPES OF RISK

It is essential that both paid staff and volunteers know how to recognise signs of abuse.

This does **NOT** mean that they are responsible for deciding whether or not abuse has occurred but they do have a responsibility to be alert to behaviour by children or workers which suggests something may be wrong.

There are several different categories of abuse officially defined in government guidelines (https://www.google.com/search?q=keeping+children+safe+in+education+2022&rlz=1C1NHXL_enGB699GB700&oq=kee&ags=chrome.0.69i59j69i64j69i57j46i20i263i512j0i131i433i512j46i131i433i512j0i131i433i512j46i131i199i433i465i512.1966j0j15&sourceid=chrome&ie=UTF-8) and you should familiarise yourself with these definitions since they are central to the statutory child protection system. Any action taken by a statutory child care agency will be based on these definitions.

All staff and volunteers should be aware that, essentially, "child abuse" occurs when the behaviour of someone in a position of greater power than a child causes harm. The common denominator of all forms of child abuse is that it negatively impacts their physical, mental or emotional wellbeing. It should also be recognised that abuse can happen between young people and 'child-on-child abuse' can include bullying, such as cyberbullying and prejudice-based and discriminatory bullying. Due to the sometimes subtle nature of abuse, the harm caused cannot always be easily categorised, but generally we can identify four broad types of abuse:

- | | |
|-------------------|---|
| Physical: | where children experience physical violence, are injured, failure to protect them, inadequate care or neglect of their basic needs; |
| Sexual: | where children are encouraged or forced to observe or participate in any form of sexual activity; |
| Emotional: | where children are continuously put down, or made to feel bad about themselves. This may be through a lack of affection or attention, or through bullying and intimidation |
| Neglect: | is failure by a carer or parent to meet a child's basic needs (such as love, food, warmth, safety, education, medical attention) in a way that affects their health, development or safety. |

A good understanding of the particular nature of child abuse is essential to help staff and volunteers to spot signs of abuse.

There are a whole range of reasons why children and young people don't tell anyone they are being abused, some of which are below:

- they may have been bribed not to tell
- they may be afraid of being blamed or punished for what has happened
- they may have experienced actual or threatened violence from the abuser
- they may be afraid of what will happen to the abuser, who is most often someone they know and care about.
- the child is worried about themselves if they are taken away from the guardian
- the child is worried no one will believe them

Very often children and young people who are being abused feel they have tried to tell, by hints or clues, or something they have said or done. Children and young people often have different ways of communicating with adults, and this must be remembered.

Our natural defence mechanisms sometimes make it very hard for us to admit that abuse is taking place, especially to children we know and particularly by people we trust. It can be easy to naturally assume that people who work in voluntary organisations are caring individuals, this can lead to blocks in hearing, recognising and dealing with possibility of abuse.

It is important that all workers recognise this unconscious defence mechanism and be alert to the possibility that abuse may be taking place.

Youth providers have an important role to play in equipping children and young people to stay safe online, both in school, extra-curricular settings, and outside. Internet safety will usually be integral to any project engaging with the internet, and any IT equipment used should have the necessary levels of protection to ensure safe usage.

Critical Safeguarding Issues; i) FGM, ii) Sexual Exploitation, iii) Radicalisation, iv) Self-Harm and Suicidal Behaviour

Interlinking with the above four types of abuse, staff need to be aware of following critical safeguarding issues.

Please note that concerns around these issues should be processed in line with the charity's safeguarding and disclosure procedure.

i) Female Genital Mutilation (FGM)

The age at which girls undergo FGM varies enormously according to the community, however the majority of cases are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk. The Government's Multi Agency Practice Guidelines identify the following indicators that FGM is imminent;

- A professional may hear reference to FGM in conversation, for example a girl may tell other children about it
- A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'.
- A girl may request help from a professional if she is aware or suspects that she is at immediate risk.
- Parents state that they or a relative will take the child out of the country for a prolonged period.
- A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent

The following are indicators that FGM may have taken place;

- A girl or woman may have difficulty walking, sitting or standing and may even look uncomfortable.

- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating.
- A girl or woman may have frequent urinary, menstrual or stomach problems.
- There may be prolonged or repeated absences from school or college.
- A prolonged absence from school or college with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return could be an indication that a girl has recently undergone FGM.
- A girl or woman may be particularly reluctant to undergo normal medical examinations.
- A girl or woman may confide in a professional.
- A girl or woman may ask for help, but may not be explicit about the problem due to embarrassment or fear.
- A girl may talk about pain or discomfort between her legs

If in the course of their work a staff member discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the staff members must report this to the police.

ii) Sexual Exploitation

Often children and young people who are victims of sexual exploitation do not recognise that they are being abused. There are a number of warning signs that can indicate a child may be being groomed for sexual exploitation and behaviours that can indicate that a child is being sexually exploited. To assist in remembering potential signs and behaviours the mnemonic 'safeguard' has been created;

Sexual health and behavior; Evidence of sexually transmitted infections, pregnancy and termination; inappropriate sexualised behavior

Absent from school or repeatedly running away; evidence of truancy or periods of being missing from home or care

Familial abuse and/or problems at home; familial sexual abuse, physical abuse, emotional abuse, neglect, as well as risk of forced marriage or honour-based violence; domestic violence; substance misuse; parental mental health concerns; parental criminality; experience of homelessness; living in a care home or temporary accommodation.

Emotional and physical condition; Thoughts of, or attempted suicide or self harming; low esteem or self-confidence; problems relating to sexual exploitation; learning difficulties or poor mental health; unexplained injuries or changes in physical appearance

Gangs, older age groups and involvement in crime; Involvement in crime; direct involvement with gang members or living in a gang afflicted community; involvement with older individuals or lacking friends from the same group; contact with other individuals who are sexually exploited

Use of technology and sexual bullying; Evidence of 'sexting', sexualised communication on line or problematic use of the internet and social networking sites

Unexplained finances, including phone credit, clothes and money

Alcohol and drug misuse;

Receipt of unexplained gifts or money

Resistance to communicating with parents, carers, teachers, social services, health, police and others

Distrust of authority figures

iii) Radicalisation

The Government has strategies in place to try and prevent children and young people becoming radicalized to extremist views and organizations. This includes violent Islamist ideology and far-Right groups.

According to the Government's 'Prevent Duty' guidelines, 'there is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection.

Children at risk of radicalisation may display different signs or seek to hide their views. School staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately.

Even very young children may be vulnerable to radicalisation by others, whether in the family or outside, and display concerning behaviour. The Prevent duty does not require teachers or childcare providers to carry out unnecessary intrusion into family life but as with any other safeguarding risk, they must take action when they observe behaviour of concern'.

'Youth providers can build young people's resilience to radicalisation by providing a safe environment for debating controversial issues and helping them to understand how they can influence and participate in decision-making, promoting the spiritual, moral, social and cultural development of young people'.

In discharging this duty of care, the staff must seek to protect children and young people against the messages of all violent extremism delivered using any means or medium to express views which

- Encourage, justify or glorify political, religious, sexist or racist violence
- Belong to rigid and narrow ideologies that are intolerant of diversity and so leave those who hold them vulnerable to future radicalization
- Seek to provoke others to terrorist acts
- Encourage other serious criminal activity or seek to provoke others to serious criminal acts
- Foster hatred which might lead to inter-community violence in the UK.

To address this risk members of the DreamArts Executive have attended Prevent Strategy training provided by Westminster City Council, and in the event of safeguarding

concerns or a child protection issue all staff and volunteers must follow the procedures outlined on page 14.

iv) Managing Self-harming and Suicidal Behaviour

The guidance listed below has been taken from the London Safeguarding procedure boards', London Child Protection procedures - 5th edition 2017, http://www.londoncp.co.uk/chapters/self_harm_suic_behv.html

Self-harming and Suicidal Behaviour definitions from the Mental Health Foundation (www.mentalhealth.org) are:

- Deliberate self-harm is self-harm without suicidal intent, resulting in non-fatal injury;
- Attempted suicide is self-harm with intent to take life, resulting in non-fatal injury;
- Suicide is self-harm, resulting in death.

Deliberate self-harm is a common precursor to suicide and children and young people who deliberately self-harm may kill themselves by accident. Self-harm can be described as wide range of behaviours that someone does to themselves in a deliberate and usually hidden way. In the vast majority of cases self-harm remains a secretive behaviour that can go on for a long time without being discovered. Many children and young people may struggle to express their feelings and will need a supportive response to assist them to explore their feelings and behaviour and the possible outcomes for them.

The **signs of the distress** the child may be under can take many forms and can include:

- Cutting behaviours;
- Other forms of self-harm, such as burning, scalding, banging, hair pulling, punching walls/doors;
- Self-poisoning;
- Not looking after their needs properly emotionally or physically;
- Direct injury such as scratching, cutting, burning, hitting yourself, swallowing or putting things inside;
- Staying in an abusive relationship;
- Taking risks too easily;
- Eating distress (anorexia and bulimia) or restrictive eating;
- Addiction for example, to alcohol or drugs;
- Low self-esteem and expressions of hopelessness.

DreamArts Disclosure Procedure

Take it seriously using a supportive response

Any practitioner, who is made aware that a child or young person has self-harmed, or is contemplating this or suicide, **should talk with the child or young person without delay.**

A supportive response demonstrating respect and understanding of the child or young person, along with a non-judgmental stance, are of prime importance. Note also that a child or young person who has a learning disability will find it more difficult to express their thoughts.

Practitioners should talk to the child or young person in a private environment and establish the following as part of the **disclosure and assessment procedure**:

1. Listening to the child/young person accounts and informing that your manager will need to be notified in order to provide the most appropriate support;
2. Assessing the level of risk
3. Reporting the disclosure to your line manager
4. Monitoring the young person's frequency of self-harm, levels, patterns and actions taken. Some risks may remain static whilst others may be more dynamic such as sudden changes in circumstances within the family or school setting.

Remain curious and empathic, the following questions should be asked where possible, from which your Line Manager can make more of an informed assessment:

- how imminent or likely self-harm might be?
- level of planning and intent (incl methods, intentions, triggers)?
- If they have taken any substances or injured themselves?
- Find out what is troubling them (including, asking about the young person's health and any other problems such as relationship difficulties, abuse and sexual orientation issues?
- How do they generally feel (frequent state of sadness, high anxiety, feeling overwhelmed and without any control of their situation, delusional thoughts and behaviours, etc.)
- How long have they felt like this (frequency of thoughts and actions)?
- previous history of self harm or suicide in the wider family or peer group
- What other risk taking behaviour have they been involved in (substance misuse, unhealthy relationships, etc.)
- Ability to attend to the welfare of a child that they might be looking after or unborn baby if the young person is pregnant?
- What have they been doing that helps?
- What are they doing that stops the self-harming behaviour from getting worse?
- Find out who else may be aware of their feelings.
- What can be done in school or at home to help them with this?
- Find out what help or support the child or young person would wish to have;
- What needs to happen for them to feel better?

Try not to:

- Panic or try quick solutions;
- Dismiss what the child or young person says;
- Believe that a young person who has threatened to harm themselves in the past will not carry it out in the future;
- Disempower the child or young person;
- Ignore or dismiss the feelings or behaviour;

- See it as attention seeking or manipulative;
- Trust appearances, as many children and young people learn to cover up their distress.

Issues - information sharing and consent

In order to share and access information from the relevant professionals the child or young person's **consent will be needed**.

Professional judgement must be exercised to determine whether a child or young person in a particular situation is competent to consent or to refuse consent to sharing information.

Competency considerations should include:

- the child's chronological age,
- mental and emotional maturity,
- intelligence,
- vulnerability
- comprehension of the issues.

A child at serious risk of self-harm may lack emotional understanding and comprehension and the *Fraser guidelines* should be used which provides guidance on how to assess whether or not a child is capable of giving the necessary consent – details on these guidelines can be found at <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/>

Informed consent to share information should be sought if the child or young person is competent unless:

- The situation is urgent and there is not time to seek consent;
- Seeking consent is likely to cause serious harm to someone or prejudice the prevention or detection of serious crime.

If consent to information sharing is refused, or can/should not be sought, information should still be shared in the following circumstances:

- There is reason to believe that not sharing information is likely to result in serious harm to the young person or someone else or is likely to prejudice the prevention or detection of serious crime, and;
- The risk is sufficiently great to outweigh the harm or the prejudice to anyone which may be caused by the sharing, and;
- There is a pressing need to share the information.

Informing Parents

Professionals should keep parents informed and involve them in the information sharing decision even if a child is competent or over 16. However, if a competent child wants to limit the information given to their parents or does not want them to know it at all; the child's wishes should be respected, unless the conditions for sharing without consent apply.

Where a child is not competent, a parent with parental responsibility should give consent unless the circumstances for sharing without consent apply.

Line/Senior Management responsibilities:

To support the practitioner in assessing the risk and to make the final assessment intervention decision, including undertaking the following actions where appropriate:

- Inform parents,
- Make a referral to LA Children's Social Care under child protection services under s47 of the Children Act 1989,
- Escort the young person to hospital if treatment for physical self-harm, or if the child or young person is at serious risk to themselves or others, as advised in National Institute of Health and Clinical Excellence (NICE) June 2013,
- Assessment should be undertaken by healthcare practitioners experienced in this field,
- Liaise with parents advising carers of the need to remove all medications or other means of self-harm available to the child or young person who has self-harmed
- Update and offer process support to the DreamArts staff member(s) to whom the disclosure was made.

WHO CAN ABUSE

- Abusers come from all classes of society, all professions and all races.
- Abuse of children may sometimes be carried out by strangers but it is much more common that the abuser is known to the child and is in a position of trust and/ or authority.
- It is not only adults who abuse children ... children may suffer abuse from other children and young people. This is known as child-on-child abuse.

Staff and volunteers need to be aware that colleagues might include:

- some adults who are unable to provide consistent care;
- some adults, including professionals, who manipulate themselves into position of trust where they can exploit children and young people, emotionally and sexually;
- some adults, including professionals, who consistently behave inappropriately towards children and young people can cause them to suffer physical or emotional harm;
- it is very important to draw the distinction between sexual abuse and the other ways in which children may suffer harm - the reasons for the sexual abuse of children and young people are very different from the reasons why people physically abuse or neglect them.

EARLY HELP

All staff should be prepared to identify children who may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child's life and may include issues such as anxiety, a reluctance to engage with their peers, or difficulties in controlling their emotions.

In the first instance, staff should discuss early help requirements at a session debrief. This discussion should then be brought to the weekly Core Team Meetings (see page 4 for an overview of these meetings) where further measures and potential support may be suggested.

Staff may be required to support other agencies and professionals in assessing the needs of a child and support the child to access the help they may need. This may include the statutory Targeted Early Help service, and/or where the threshold is not met for Targeted Early Help, staff may consider wider voluntary sector partners or organisations that could offer further support.

Early help interventions and potential support plans will continue to be monitored at debriefs.

CAUSES FOR CONCERN

If staff have any concerns about a child (as opposed to a child being in immediate danger) they will need to complete a Cause for Concern Form and be part of deciding on what action to take. Where possible there should be a discussion at a session debrief involving the designated safeguarding lead (e.g. the Project Manager) to agree a course of action, although any staff member can make a referral to children's social care (see the Children's Services Access Team number below).

The Cause of Concern form must be communicated to a member of the Executive (Programme Manager, Assistant Director or Director) as soon as possible/by the following morning to confirm and where necessary add to the course of action. This may also be discussed at the weekly Core Team Meeting (see page 4 for an overview of these meetings) at which further measures and potential support may be suggested.

Graham Whitlock (male)- DreamArts Director, Safeguarding Lead 07930 606 210

Fariha Rashid (female) - DreamArts Express Plus Programme Manager, Deputy Lead 07719 104 689

Catherine Palmer (female) - DreamArts Assistant Director, Deputy Lead - 07395 284 927

Children's Services Access Team AccesstoChildrensServices@westminster.gov.uk
0207 641 4000, option 1.

DISCLOSURE

HOW TO DEAL WITH THE DISCLOSURE OR DISCOVERY OF ABUSE

Most children live healthy and happy lives but in the event that disclosure of abuse takes place within your work setting, the following guidelines apply.

IF A CHILD DISCLOSES ABUSE TO A WORKER

If a child who is suffering abuse is attending your activities regularly they may see the workers as people they can trust, these are adults who are providing activities that the child enjoys and that may take them away from the abuser. Should a child disclose abuse to a worker, they should:

- Stay calm
- Reassure them they have done the right thing
- Do not investigate whether the disclosure is true or false: (always assume that disclosure is true)
- Never make any promises of confidentiality to a young person (you have a duty to pass on the accusation to the authorities and if you promise not to tell you will abuse the trust of the child). Do tell them you will help and that it is OK to tell.
- Don't interrogate them about the allegations. If questions do need to be asked, for instance to enable you to be sure that the child really is disclosing abuse, they should be open ended; "tell me about ...", or a repeat of what the child has told them as a means of confirming the information; "what you are telling me is"
- Make verbatim notes of conversations and actions; do not make additions or judgements.
- Tell your line manager and/or a member of the DreamArts Executive (see page 14). Seek support for yourself in managing the information you have received

IF A CHILD REFUSES TO GO HOME BECAUSE OF ABUSE

There is a remote possibility that a child may suddenly announce that they do not want to go home after a meeting because they are afraid of abuse. A child should be encouraged to go home unless the worker feels they are in real danger in doing so. A worker cannot legally keep a child from going home with its parents, however they can insist on calling the police and staying with the child until they arrive, or waiting for the police if the parent has collected the child to inform them of the concern. If the child does go home the leader should contact the local Child Protection Team and tell them of their fears; do not disclose to the parents what the child has said.

CITY OF WESTMINSTER CHILD PROTECTION UNIT 020 7641 7668

CITY OF WESTMINSTER DUTY AND PROTECTION TEAM 020 7641 7521

IF A CHILD IS IN IMMEDIATE DANGER OR RISK FROM HARM

If the child is in immediate danger or is at risk of harm, a referral should be made to the City of Westminster Duty and Protection Team on 020 7641 7521 and/or the police immediately. In the event a staff member has not been able to contact a member of the Executive Team they should be informed as soon as possible that a referral has been made.

ONE OF THE STAFF MEMBERS IS ACCUSED OF ABUSE OR INAPPROPRIATE BEHAVIOUR

If the procedures and guidelines for running activities set out later in this document are followed this should not happen, but it may.

If the accusation refers to activities outside of the work of the organisation then the matter will be raised with the individual by the Executive.

They must not attend activities until the matter has been resolved following an investigation carried out by senior staff/Board of Trustees.

In Westminster, all accusations or complaints against staff must be registered by the Executive or the Chair of the Board of Trustees as appropriate with;

Local Authority designated officer (LADO): LADO@westminster.gov.uk

CONCERNS ABOUT ANOTHER STAFF MEMBER

If staff members have concerns about another staff member, then this should be referred to a member of the Executive.

Where there are concerns about a member of the Executive, this should be referred to the Chair of Trustees, Nigel Jones on 07748937072.

In Westminster, all accusations or complaints against staff must be registered with;

Local Authority designated officer (LADO): LADO@westminster.gov.uk

Please see page 28 for details of DreamArts Whistleblowing Policy.

ORGANISATIONAL PLANNING

DreamArts aims to plan its work so as to reduce to the minimum situations where it may be possible for children and young people to be abused.

DreamArts aims to do this by planning how they use premises to ensure the maximum safety of children and young people using them. This would include:

- Assessing access to the building/ venue.
- Where possible arranging for activities where a single child or young person working with an adult can be observed by others in nearby areas.
- Reducing to a minimum occasions when a single adult is in the company of a lone child e.g. in therapy sessions, and applying our Lone Working policy on page 23.
- Following a rigorous staff selection, appointment and supervision procedure.
- Ensuring young people's details are kept in secure storage only accessible to authorised staff

DATA PROTECTION

Whilst the Data Protection Act 2018 places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information where the failure to do so would result in a child being placed at risk of harm.

Fears about sharing information **cannot** be allowed to stand the way of the need to promote the welfare and protect the safety of children.

As part of a child's needs, DreamArts recognises the importance of sharing between professionals and local agencies in line with the government's Working Together to Safeguard Children 2022.

DreamArts is registered with the Information Commissioner's Office (ICO) and is committed to ensuring that all data is compliant with GDPR regulations. This includes ensuring that personal information is stored in a secure place and is password protected, and that anyone receiving information from DreamArts has opted into such communications.

ACTIVITY PROCEDURES

DreamArts staff should ensure the following procedures are followed whether an activity is indoor or outdoor.

- Ensure a staff ratio of adults to young people, which is appropriate to the activity being undertaken.
- Ensure that the roles and responsibilities of staff and volunteers are clear and understood by adults and young people.
- A register of attendees is kept by staff.
- Risk assessments are carried out on venue/ equipment etc. prior to each activity.
- Printed out details of participants kept by the leader including 2 emergency contact numbers and information on any medical needs and dietary issues/allergies.
- Accidents and/ or incidents should be recorded on relevant forms and reported to the project manager and in turn a member of the Executive.
- Safety procedures for the meeting place must be fully understood e.g. where nearest phone is, who should take charge in an emergency, who is qualified First Aider, where first aid kit is and so on.
- A safety check and fully equipped First Aid kit is available for each activity.
- All staff and volunteers must be made aware of safety and welfare policies at their induction and are expected to abide by them.
- Ensure that all adults and children know what to do in an emergency.
- Ensure that details of participants and emergency contact numbers are recorded on the DreamArts Dropbox so it can be accessed by colleagues if needed.
- Parental/ Guardian consent forms must be completed by all participants aged 14 and under.
- All relevant medical and dietary needs noted and confidentially monitored.
- Ensure both male and female workers accompany mixed gender groups where appropriate.
- Ensure same gender adults accompany single sex groups where appropriate.
- Ensure start and finish times are clear and met for all activities.
- At least one adult to hold current First Aid qualifications on all activities.
- Where possible staff and volunteers should avoid being left alone with a child or young person in private and if this is needed e.g. during therapy sessions, then our Lone Working Procedure on page 24 should be followed.

ROLES AND RELATIONSHIPS

CODE OF CONDUCT ON HOW TO BEHAVE WITH YOUNG PEOPLE

DreamArts recognises the importance of trust and positive relationships between staff and children. To achieve this it is essential for all staff and volunteers to maintain professional boundaries in their relationship with children and their families, and all staff and volunteers must observe the following code of conduct:

- Do not assume your “good name” will protect you.
- Do not, for one moment, believe “it could never happen to me”.
- Observe the correct ratio of adults to young people.
- Check out any hazards on the site and record your observations.
- While respecting the need for privacy and confidentiality try never to be alone with a child or young person. When it is appropriate to work one-to-one make sure that others are within earshot and preferably within vision (see p23 for procedures around Lone Working and One to One Sessions).
- Always contact a member of management if there are any issues (e.g.: alleged child abuse)
- Never touch a young person in a way that could be misunderstood (see page 21 for our Touch Policy).
- Make sure young people stay in sight of workers.
- Think carefully about your site. Avoid sites where children can get lost easily.
- Remember you are a role model for young people, take care about what is said and also the way in which it is said.
- If a young person intentionally removes themselves from the group and seeks solace in a private space then you should alert a second staff member and monitor that young persons’ welfare from outside the space. If for example this is a toilet cubicle a staff member should only remain inside the toilet area if a second staff member is in sight (e.g. by the main toilet entrance), otherwise they should remain outside the toilet.

Language: No abusive or intrusive Verbal and non verbal communication / actions.

Appearance: Always present yourself in a manner that reflects DreamArts’ professional standards.

Time- keeping: Staff must be present and ready for the session at least 15 minutes before the start.

Record keeping: All staff must fill out log sheets and other documentation (including session plans and debriefs) promptly

No consumption of any legal or illegal substances (e.g. alcohol and marijuana)

Online: Staff and volunteers must not communicate with children via social media unless it is via designated DreamArts platforms e.g. DreamArts Facebook page.

Mobile Phones: Staff should never use their personal mobile phones to contact a child or to film or photograph a child.

GIVE ALL PAID STAFF AND VOLUNTEERS CLEAR ROLES

Abuse of children and young people is most easily concealed where there is confusion amongst adults about roles and responsibilities. Paid workers have job descriptions which spell out clearly their responsibilities for the protection of children and young people.

Volunteers should also have a clear idea of what is expected of them. One way is to give them a description, in writing, of the task they are expected to do. This should be done for both new and existing workers.

TOUCH POLICY

It is important that staff and volunteers are not frightened of any physical contact with children – this is not an effective way of reducing abuse or promoting a safe space. Physical contact of a comforting and calming nature is a valid way of expressing your concern of and care for children and young people.

However, DreamArts is committed to provide: guidance and training to help staff and volunteers be clear about what is appropriate physical contact with children; an indication of what physical contacts are inappropriate; and be made aware of actions which might be misunderstood and situations which might render them vulnerable.

PHYSICAL CONTACT FOR THE PURPOSE OF SESSION DELIVERY

In practical terms, a certain amount of physical contact may be essential given the nature of our work with children and young people e.g. in demonstrating a dance move, or applying make-up for a performance. In these circumstances personnel will ensure the following;

- DreamArts personnel will explain that, as a ground rule, neither the child/young person nor the personnel members will touch each other in any part of the body which would normally be covered by a swimming costume e.g. breasts, genital areas and bottom. This should be explained at the start of every project/term.
- Physical contact as a means of delivering a session should only take place in a group setting
- DreamArts staff will keep physical contact as a means of delivering sessions to the level appropriate for the task
- Where physical contact takes place, the staff member will explain what is going to happen to the child/young person before proceeding.
- If a child/young person expresses verbal or non-verbal discomfort or anxiety then physical contact should not proceed. In this event the personnel member should complete an Incident Report form and discuss the incident with their Line Manager at the earliest possible opportunity.
- DreamArts staff will always endeavour to be sensitive to children/young people who might find any form of touching frightening

PHYSICAL CONTACT AS A COMMUNICATION OF COMFORT AND CALMING

Children/young people will often seek or need physical contact in order to be comforted or to help them calm down. DreamArts staff must where possible wait until the child initiates contact and respond only if the child/young person feels it to be appropriate. The aim is not to be cruel or rejecting but to be keep safe boundaries and ensure that any physical contact is not about fulfilling your need but meeting the child/young person's need in the context of a professional intervention.

- DreamArts staff must not try and hug children/young people unless they initiate it
- DreamArts personnel must minimise physical contact without appearing cold to the child/young person
- If a child/young person is consistently initiating physical contact with a personnel member then your Line Manager must be immediately informed.

PHYSICAL CONTACT FOR THE PURPOSES OF MAINTAINING SAFETY

When working with children and young people there may be circumstances when their safety and/or the safety of others requires physical containing.

In what circumstances can physical intervention be used?

- To prevent a participant causing, or being at risk of causing, injury or damage to themselves or others, whether by accident, rough behaviour or by misuse of materials or objects
- To prevent a participant committing a criminal offence, deliberate serious damage or vandalism
- To prevent a participant from attacking a member of staff or another participant

The decision to use physical intervention will be taken in the context of the level of risk presented by the behaviour, the seriousness of the incident and the relative risks of the use of physical intervention compared with any available alternative. The use of physical intervention will take into account the characteristics of the participant, including their age, gender, SEN, physical needs or disability, developmental level or cultural issues.

For example, if an eight-year-old attempts to leave a building unsupervised, physically preventing them from doing so may be appropriate to ensure their safety. In contrast, if a thirteen-year-old without additional needs attempts the same, the level of risk may not justify physical containing, and alternative responses should be considered.

If a young person is behaving dangerously and verbal requests are not being 'heard', DreamArts personnel should contact their on-site manager and/or DSL immediately. Staff should never put themselves in danger. There might be some situations in which the need for physical containing is immediate and where there are no equal effective alternatives (e.g. a child is about to run in the road). However, in many circumstances there are alternatives such as:

- The use of assertiveness skills
- A distracter to interrupt behaviour long enough for other methods of verbal control
- Withdrawal of attention (audience) e.g. if threatening to damage property
- Other techniques designed to defuse a situation, such as the avoidance of confrontation, or use of humour, in which case the incident could be dealt with later when emotions are running less high

DreamArts recognise that there are unforeseen and emergency situations in which staff have to think on their feet. The key principals are that any physical containing should:

- In the best interest of the child
- Reasonable and proportionate
- Intended to reduce risk
- The least intrusive and restrictive of those options available which are likely to be effective.

Wherever possible, these three steps should be followed:

Step 1 – Verbal warning

Step 2 – Diversion or diffusion attempts made

Step 3 – Physical intervention.

When physical containing becomes necessary:

DO

- Tell the participant what you are doing and why
- Use the least possible force for the minimum length of time
- Ensure another member of staff is present
- Tell the participant what they must do for you to remove the restraint (this may need frequent repetition)
- Use simple and clear language
- Hold limbs above a major joint if possible, e.g. above the elbow
- Relax your restraint in response to the participant's compliance

DON'T

- Act in temper (involve another staff member if you fear loss of control)
- Involve other participants in the restraint
- Touch or hold the participant in sexual areas
- Twist or force limbs back against a joint
- Hold the participant in a way which will restrict blood flow or breathing e.g.

If a participant has experienced sexual or physical abuse they may react with great upset at physical contact, which has resulted in their behaviour being controlled. Staff will always endeavour to talk the participant through the incident to explain that their intervention was for the participant's safety and not in order to harm them.

Post-incident Review & Support

Incidents that require use of physical intervention can be upsetting to all concerned.

Physical & Emotional Check-ins

After incidents have subsided, physical first-aid checks must be made for participants and staff, as well as emotional check-ins, with reassurances given to the participant to reduce a potential sense of shame.

Contacting parents/carers

Parents/carers should be contacted and informed of what took place; it may be necessary for them to come and collect their child as soon as possible. If the parent/carer becomes upset, your line manager and/or the DSL may be best placed to communicate with them.

Recording

All incidents will be recorded on an Incident Form and a copy given to their Line Manager and DSL.

Review

- The incident will be reviewed by the staff involved and the DSL focusing on:
- Who did what, when, why, how?
- What was the outcome?
- What does it tell us about what we already know about the young person?
- What have we learnt and what or how does this inform our practice?

LONE WORKING POLICY

DreamArts recognise that it has a duty to monitor and risk assess lone working that takes place under the Health and Safety at work Act (1974) and the Management of Health and Safety at Work Regulations (1999).

DreamArts recognise that one to one work takes place as a central part of the work that we do, in particular with vulnerable children and young people in our therapeutic settings. 1:1 therapy. We also recognise that it is unrealistic to state that one to one situations should never take place, for example there are circumstances where we may accompany a young person to a housing appointment.

DreamArts recognise that one to one situations have the potential to make children and young people more vulnerable to harm by those who seek to exploit their position of trust. Adults working in one to one settings with children and young people may also be more vulnerable to unjust or unfounded allegations being made against them.

DreamArts recognise that lone working has risks attached to it and takes care to minimise the levels of risk posed to children, young people and personnel through its policy and procedures and through maintaining good practice in lone working.

Lone working within DreamArts as a means of supporting young people to attend and engage with a session includes for example offering a chaperone service, meeting a young person at a designated train station to access a project space, travelling with a young person to support their attendance, waiting with a young person to support their confidence in getting a train/bus. Also, where lone working might not be intentional but could happen, e.g. you drop off a young person to a train station after a trip and you are also travelling the same way so inadvertently end up in a 1:1 context.

ONE TO ONE SESSIONS

One to one work is done where there is a need; agreed with a senior manager and where appropriate parents/carers; and that procedures and safeguards are in place to protect all individuals involved. These must include;

- A risk assessment including an evaluation of any known factors regarding the child/young person. Risk factors such as hostility, possible violence, child protection concerns, complaints or grievances can make adults more vulnerable to allegation and need to be considered in undertaking the assessment.
- A risk assessment should include an assessment of the space where the one to one work is to take place to ensure it is appropriate for use and can offer safety and confidentiality.
- At least one member of staff on site should be aware that one-on-one work is taking place, and the time the session should begin and end.
- If the one to one work is offsite—e.g. accompanying a young person to a medical appointment—the DSL should be made aware of the location/s and timings and the contact details of the young person including their emergency contact details. The DSL must be informed when the meeting begins and when it ends.
- A record must always be made of what happened in the one on one session and the outcome. For therapeutic settings this is the Clinical Log, for all other settings see appendix D. ONE TO ONE WORKING FORM (page 37).

- Any safety or safeguarding concerns should be immediately recorded and passed onto your Line Manager

HOME VISITS

If home visiting is undertaken then personnel should ensure the following;

- A risk assessment including an evaluation of any known factors regarding the child/young person family/parents/carers, and others living in the household. Risk factors such as hostility, possible violence, child protection concerns, complaints or grievances can make adults more vulnerable to allegation and need to be considered in undertaking the assessment.
- Risk assessments must be completed in advance of a visit with your Line Manager
- Home visits with unknown children/young people/families/parents/carers or where there is little or no information should be undertaken in pairs to ensure safety
- All home visits and their findings should be recorded in D. ONE TO ONE WORKING FORM on page 37.
- At least ONE MEMBER DREAMARTS DSL NEEDS TO BE NOTIFIED VIA EMAIL YOU ARE GOING ON A VISIT AND AT WHAT TIME YOU ARE EXPECTED BACK even outside office hours. Confirmation you the visit has ended must be made via text message.
- In the case of an emergency home visit where a risk assessment has not been possible then a record must always be made of the circumstances and the outcome of the home visit to be passed immediately onto your DSL using the D. ONE TO ONE WORKING FORM on page 37.
- Under no circumstances should a member of DreamArts personnel visit a child/young person in their home outside of the context of work being done with the child/young person.
- Under no circumstance should DreamArts personnel invite a child/young person to their own home without discussion and consent in advance from a Senior Manager. In these instances a clear record of the circumstances, decisions and justification for such a visit must be recorded.

SUPERVISION AND TRAINING

Regular opportunities will be made for workers to meet together to review and plan their work, to share their experiences, to receive training and to talk about their relationships with the children, young people and adults with whom they work.

One to one supervision is an ideal tool for managers to monitor and evaluate their staff's knowledge and practical application of child protection issues and procedures. Regular supervision will be available to all paid staff and volunteers.

In addition to line-managerial supervisions, DreamArts staff can access Clinical Supervisions and Reflection Space via their line manager. DreamArts employs the services of a Therapeutic Consultant who is a qualified clinical supervisor who holds Reflection Spaces and Therapeutic Lens sessions with non-clinical. These provide a safe space where staff can discuss the help and interventions they offer, including safeguarding, and discuss any issues or concerns. DreamArts also provides supervision for clinical team members delivering therapeutic work.

DreamArts will continue to monitor and evaluate its training, policies and procedures around Child Protection issues by:

- planning their work of the organisation to prevent abuse;
- using supervision as a means of protecting children and young people;
- interviewing applicants for positions involving children and young people;
- dealing with abuse which has been disclosed or discovered;
- keep a record of legal and statutory legislation as it relates to children and young people.

Regular training and refresher courses will be offered both internally and via an approved external trainer.

SELECTION AND RECRUITMENT

APPLICATIONS

All applicants will be asked to supply information which includes their full name, current and recent addresses and date of birth. Details of previous experiences, (voluntary or paid) of working with children and young people, if any will be required. Contact should be provided for at least one person who has experience of their previous work with children and young people and preferably at least one other referee who knows their character.

Details of any convictions for criminal offences, including any 'spent' (those which are no longer in effect) convictions must be provided under the Rehabilitation of Offenders Act 1974.

Permission must also be provided to check for any police criminal record.

REFERENCES

DreamArts will follow up references provided, preferably prior to appointment.

When writing to referees, it will be stated explicitly that the applicant is being considered for a position which involves work with children and/ or young people, and asked for their views on their suitability.

Referees will be asked if there is any reason why the applicant should not work with children or young people, including any concerns around safeguarding.

INTERVIEWS

Those applying for paid or voluntary posts within DreamArts will undergo an interview procedure.

Interviews will be conducted with at least two experienced individuals who through appropriate questioning will be able to establish the candidates experiences, skills and appropriateness to the post.

Candidates will be asked to produce evidence of their identity and status.

If at any time DreamArts remains uncertain about an applicants ability or credibility this will be a prime factor in the decision to appoint or not.

POLICE CHECKS

CRIMINAL RECORD CHECKS ON THOSE WORKING WITH YOUNG PEOPLE

The Police Act 1997 Police Act established a Central Criminal Records Agency, which will carry out police checks and issue certificates recording the presence or absence of convictions through its Disclosure and Baring Service (DBS).

Registration is only open to organisations likely to ask questions exempt under the 1974 Rehabilitation of Offenders Act, or to do so on behalf of other exempted organisations and registered bodies will have to comply with a code of practice.

DreamArts sees the request for criminal record checks as essential for everyone involved in regulated activity, and will ensure that all paid staff and volunteers who have unsupervised access to children complete a DBS. A key benefit of the centralised system is that police checks for individual workers will be valid nation-wide, as opposed to the old system whereby workers had to undergo police checks for different boroughs.

Any conviction which is identified on an individual police check will automatically lead to dismissal of the staff member should this not have been disclosed to a senior staff member previously.

One Westminster acts as the 'umbrella' member organisation of the Central Criminal Records Agency, and will process police checks on behalf of City-Council employees and grant-aided voluntary organisations, including DreamArts. This process is managed by the Education Department Personnel Unit in association with Westminster Youth Service Central Office.

Please see page 33 for guidance on completing police check forms.

WHISTLE BLOWING POLICY

Whilst we expect all our colleagues, both internal and external, to be professional at all times and hold the welfare and safety of every child as their paramount objective, there may be occasions where this may not be happening.

It is vital that all team members talk through any concerns they may have with their line manager at the earliest opportunity to enable any problems to be ironed out as soon as they arise.

Disclosure of information

If, in the course of your employment, you become aware of information which you reasonably believe tends to show one or more of the following, you **MUST** use DreamArts' disclosure procedure set out below:

1. That a criminal offence has been committed or is being committed or is likely to be committed
2. That a person has failed, is failing or is likely to fail to comply with any legal obligation to which they are subject (e.g. National Minimum Standards, National Care Standards)
3. That a miscarriage of justice has occurred, is occurring, or is likely to occur
4. That the health or safety of any individual has been, is being, or is likely to be, endangered
5. That the environment, has been, is being, or is likely to be, damaged
6. That information tending to show any of the above, is being, or is likely to be, deliberately concealed.

Whistleblowing procedure

- If this information relates to safeguarding and child protection then DreamArts child protection and safeguarding policy should be followed (see page 15). In Westminster, all accusations or complaints against staff must be registered with; Local Authority designated officer (LADO): LADO@westminster.gov.uk
- Where you reasonably believe one or more of the six circumstances listed above has occurred you should promptly disclose this to your manager so that any appropriate action can be taken. If it is inappropriate to make such a disclosure to your manager (i.e. because it relates to your manager) you should speak to our Chair of Trustees, Nigel Jones on 07748937072 / nigel@dreamarts.org.uk
- Employees will suffer no detriment of any sort for taking such an action in accordance with this procedure.
- Any concerns raised will be treated seriously and dealt with in a consistent and confidential manner, followed through in a detailed and thorough manner
- Any employee who is involved in victimising employees who raise concerns, takes any action to deter employees from disclosing information or makes malicious allegations or disclosures in bad faith will be subject to potential disciplinary action which may result in dismissal
- Failure to report serious matters can also be investigated and potentially lead to disciplinary action which may result in dismissal
- Any management employee who inappropriately deals with a whistleblowing issue (e.g. failing to react appropriately by not taking action in a timely manner or disclosing confidential information) may be deemed to have engaged in gross misconduct which could lead to dismissal.

DECLARATION FORMS

CHILD PROTECTION POLICY & PROCEDURES

I confirm that I have read the policy and procedures on this subject.

I understand the contents and I agree to follow these procedures when I am working or volunteering for DreamArts.

Signed _____

Name _____

Date _____

Current Address _____

Please return to:

Graham Whitlock, Director
DreamArts, 34 Grosvenor Gardens, London, SW1W 0DH

graham@dreamarts.org.uk

DREAMARTS DECLARATION FORM

DECLARATION TO BE SIGNED BY NEW STAFF AND VOLUNTARY WORKERS WORKING WITH CHILDREN AND YOUNG PEOPLE

I hereby declare and represent that, save as disclosed below, I have not at any time, either within the United Kingdom or abroad, been found guilty by a court of any offence concerning children or young people under the age of majority, nor bound over, placed on probation or discharged either conditionally or absolutely in relation to such offences.

I understand that because my voluntary work with DreamArts will involve contact with persons under the age of 16 years, any convictions involving minors which are 'spent' under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed. I also understand that failure to disclose in full the matters required to be disclosed by this Declaration will result in immediate suspension of my duties, with the likelihood of its termination.

I hereby consent to any reference being called up by DreamArts for the purposes of verifying the replies given in this Declaration, including enquiries of the Police, or any other relevant authority.

I understand that no application for duties involving young people will be considered if I withhold my consent.

Details of all my previous convictions, cautions or bind over orders are as follows:

DATE	OFFENCE	PENALTY

Signed _____

Date _____

I wish to withdraw my application without prejudice.

Signed _____

Name _____

Date _____

USEFUL CONTACTS & RESOURCES

CITY OF WESTMINSTER CHILD PROTECTION UNIT / LADO ADVICE / SAFEGUARDING ADVICE

020 7641 7668

CITY OF WESTMINSTER ACCESS TEAM

020 7641 4000 (out of hours 0207641 6000 main switchboard)

CHILDLINE

Freepost 1111, London N1 0BR

0800 1111

NSPCC - CHILD PROTECTION HELPLINE

0808 800 5000

(The helpline is a nation-wide counselling & referral service available 24 hours a day for child protection).

SAFEGUARDING STRATEGY: UNACCOMPANIED ASYLUM SEEKING AND REFUGEE CHILDREN

[/https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656425/UASC_Safeguarding_Strategy_2017.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656425/UASC_Safeguarding_Strategy_2017.pdf)

Safeguarding Flowchart

Concerned about Child Abuse?

Emotional Abuse	Physical Abuse	Neglect	Sexual Abuse	Other Concerns
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What do I do?

ACT WITHOUT DELAY

Consult with:

- Your manager

OR

- A member of the DreamArts Executive

Graham Whitlock (male)- DreamArts Director – 07930 606 210

Fariha Rashid (female) - DreamArts Express Plus Programme Manager- 07719 104 689

Catherine Palmer (female) - DreamArts Assistant Director- 07395 284 927

AND/OR

City of Westminster Child Protection Unit 020 7641 7668

Still concerned?

Yes

Contact Access & Assessment Team (020 7641 4000 (out of hours 0207 641 6000 main switchboard)

- Duty Worker will advise you of further action.
- Confirm referral in writing within 48 hours.
- Keep accurate records

No

- Record discussion and reason for the decision
- Agree any follow up with lead member of staff on child protection

Emergency Contact Numbers

- City of Westminster Access and Assessment Team 020 7641 4000
- Emergency Duty Social Work Team (Outside office hours) Tel: 020 7641 6000
- City of Westminster Child Protection Unit Tel: 020 7641 7668

Remember – No Young Person is Exempt From Abuse

If you have concerns always consult with colleagues
If colleagues disagree, but you still have concerns, consult with Child Protection

Always put the Young Person's Interests First

GUIDANCE NOTES FOR COMPLETING DISCLOSURE AND BARRING SERVICE APPLICATION FORMS

1. Please complete the form in **BLOCK CAPITALS**; it is important that you use **BLACK INK**
2. Please complete all sections highlighted in **YELLOW**
3. There are boxes marked on the form to show you where to write. Please use only **ONE LETTER** or **NUMBER** per box and make sure not to write over the edges of the box. Where relevant, please leave an **EMPTY BOX** between **WORDS** but **NOT** between **NUMBERS** or **POSTCODES**. Entering the information in this way allows the Criminal Records Bureau computer to read it easily.
4. Always mark a cross (x) within the relevant boxes. Do **NOT** put ticks or any other symbol in these boxes.
5. Completion of section E is **OPTIONAL**. It would be useful if you would complete this section through, as the information will help the Criminal Records Bureau to process your application more quickly.

**IF YOU ARE UNSURE OF HOW TO COMPLETE ANY PART OF THIS FORM, PLEASE
ASK FOR GUIDANCE FROM YOUR LINE MANAGER**

A. DREAMARTS DISCLOSURE/SAFEGUARDING FORM

Nature of disclosure/safeguarding issue

- ☐ Disclosure ☐ Sexual Abuse
☐ Physical Abuse ☐ Neglect
☐ Emotional Abuse ☐ Other

This form is designed to be used for disclosures of abuse, or safeguarding concerns where there is an imminent risk of harm to the young person/s involved. For lower level causes for concern, please use the Cause for Concern form.

Please provide a summary of the concern, including any specific words from the young person/s in verbatim, where possible:

Is anyone else aware of this safeguarding/disclosure? ☐ Yes ☐ No Unsure ☐

If so, who? (please include relationship to young person).....

Is there a social worker/early help professional involved? ☐ Yes ☐ No Unsure ☐

Is it safe for a parent/carer to be notified? ☐ Yes ☐ No Unsure ☐

If there is a professional already involved, please contact them as soon as possible to let them know of the above.

If no Social worker, or Early Help professional involved, a MASH referral will need to be made via Westminster Children's Social Service Access team. Please contact Access to Children's Services team 020 7641 4000 (9am to 5pm, Monday to Friday) or Emergency Duty Team 020 7641 2388 (outside of these times).

Please outline any follow-up actions/safety plan following the risk/disclosure (i.e. calling emergency services, contacting involved professionals, speaking to parent/carers):

Please send a copy of this form to the Designated Safeguarding Lead.

Name of DSL witnessing the form:

Date:

Any other follow up actions/conversation notes from DSL:

B. DREMARTS CAUSE FOR CONCERN FORM

This form should be used to record any causes for concern regarding a young person you are working with. Causes for concern must be recorded no matter how small or great they may seem. This form is for any concerns which do not meet the threshold for disclosures/safeguarding, and where no immediate risk of harm is present, however there may be an emerging risk in future. All causes for concern should be noted and discussed with the appropriate Project/Service Manager.

Name(s) and Position(s) of the person(s) completing this form:

Date:

Date of conversation/session:

Name of the child(ren)/young person(s):

Please provide a summary of the concern, including your observations and/or any specific words from the young person/s in verbatim, where possible:

1. Is a parent/carers aware of the above concern? ☐ Yes ☐ No ☐ Unsure
2. If the YP has a social worker, are they aware? ☐ Yes ☐ No ☐ Unsure
3. Are there any other professionals that have been involved? ☐ Yes ☐ No ☐ Unsure

Please outline any actions that have already been taken, by all professionals involved/aware of the concern:

If you have answered "Yes" to the above questions, and action has already been taken to manage the concern, no further action is required at this point. If you have answered either "No" or "Unsure", please go back and obtain additional information. Use the box below to outline any necessary follow up actions.

Follow-up action plan (e.g. continue to monitor, check in with parent/carers for more information, complete disclosure form etc):

N.B. Cause for concern forms are kept open for a duration of 3 months from the date of being recorded, unless otherwise stated above. If you are viewing this document more than 3 months after the original date, please be aware that this will be a historic concern. If risk re-emerges, please complete a new form.

C. DREAMARTS INCIDENT FORM

This form should be used to record any incidents, including accidents, regarding a young person, a member of the team or the public (including a parent/carer) taking place during a session or project. All incidents should be noted and discussed with the appropriate Project/Service Manager.

Type of Incident

Non Accidental

☐ Physical e.g.: fight/harassment /inappropriate contact

☐ Verbal e.g. inappropriate language/harassment

Accidental

☐ Physical e.g. injury, non-procedural contact such as a staff member colliding with a young person

Name(s) and Position(s) of the person(s) completing this form:

Name of the children/young people/staff members/volunteers/members of the public/any others involved in the incident:

Location of the incident:

Date of the incident: / /

Please use the words of the young person/people involved in the incident (verbatim) or your own words a summary of your concern (Facts):

Signature of person(s) completing this form: _____

Name of Project Lead witness this form: _____

Date witnessed

Action taken

D. DREAMARTS ONE TO ONE WORKING FORM

This form should be used to plan and record one to one work including home visits and accompanying young people to appointments. One to one work therapeutic work should use therapeutic services procedures.

Name & Position of the person completing this form:

Date:

Contact Number:

Session Details

Date of lone working:

Type of lone working:

Home Visit ☐

Chaperoning ☐

Travel Support ☐

Appointment Support ☐

Other – please specify

Young Person / Family Details:

Name of young person:

Age (if known):

Contact Details:

Emergency contact details:

Name of parent/carer/adult present at home visit

Contact Details:

Pre-Session Check List

Risk assessment completed ☐

Location/s & timings shared with DSL ☐

Emergency contact details known and accessible ☐

Start Time:

Expected End Time:

Location/s:

Post-Session Report (to be completed after lone working and returned to the DSL)

Actual End Time:

Was the session complete as planned?

Yes ☐

No (please explain) ☐

Please tick if there were any safety/safeguarding concerns ☐

If yes, please describe and complete a Cause for Concern or a Safeguarding Report.

Follow-up actions needed (if any):

DSL Notified:

Before session ☐

After session ☐

DSL Name:

Part one: Safeguarding information for all staff

What school and college staff should know and do

A child centred and coordinated approach to safeguarding

1. Schools and colleges and their staff are an important part of the wider safeguarding system for children. This system is described in the statutory guidance *Working Together to Safeguard Children*.
2. Safeguarding and promoting the welfare of children is **everyone's** responsibility. **Everyone** who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child centred. This means that they should consider, at all times, what is in the **best interests** of the child.
3. No single practitioner can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, **everyone** who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.
4. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:
 - protecting children from maltreatment
 - preventing the impairment of children's mental and physical health or development
 - ensuring that children grow up in circumstances consistent with the provision of safe and effective care, and
 - taking action to enable all children to have the best outcomes.
5. Children includes everyone under the age of 18.

The role of school and college staff

6. School and college staff are particularly important, as they are in a position to identify concerns early, provide help for children, promote children's welfare and prevent concerns from escalating.
7. **All** staff have responsibility to provide a safe environment in which children can learn.

8. All staff should be prepared to identify children who may benefit from early help.⁴ Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years.
9. Any staff member who has any concerns about a child's welfare should follow the processes set out in paragraphs 51-67. Staff should expect to support social workers and other agencies following any referral.
10. Every school and college should have a designated safeguarding lead who will provide support to staff to carry out their safeguarding duties and who will liaise closely with other services such as local authority children's social care.
11. The designated safeguarding lead (and any deputies) are most likely to have a complete safeguarding picture and be the most appropriate person to advise on the response to safeguarding concerns.
12. The Teachers' Standards 2012 state that teachers (which includes headteachers) should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties.⁵

What school and college staff need to know

13. All staff should be aware of systems within their school or college which support safeguarding, and these should be explained to them as part of staff induction. This should include the:
 - child protection policy (which should amongst other things also include the policy and procedures to deal with child-on-child abuse)
 - behaviour policy (which should include measures to prevent bullying, including cyberbullying, prejudice-based and discriminatory bullying)⁶
 - staff behaviour policy (sometimes called a code of conduct) should amongst other things, include low-level concerns, allegations against staff and whistleblowing
 - safeguarding response to children who go missing from education, and

⁴ Detailed information on early help can be found in Chapter 1 of [Working Together to Safeguard Children](#).

⁵ The [Teachers' Standards](#) apply to: trainees working towards QTS; all teachers completing their statutory induction period (newly qualified teachers [NQTs]); and teachers in maintained schools, including maintained special schools, who are subject to the Education (School Teachers' Appraisal) (England) Regulations 2012.

⁶ All schools are required to have a behaviour policy (full details are [here](#)). If a college or chooses to have a behaviour policy it should be provided to staff as described above.

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- role of the designated safeguarding lead (including the identity of the designated safeguarding lead and any deputies).

Copies of policies and a copy of Part one (or Annex A, if appropriate) of this document should be provided to all staff at induction.

14. All staff should receive appropriate safeguarding and child protection training (including online safety) at induction. The training should be regularly updated. In addition, all staff should receive safeguarding and child protection (including online safety) updates (for example, via email, e-bulletins, and staff meetings), as required, and at least annually, to continue to provide them with relevant skills and knowledge to safeguard children effectively.

15. All staff should be aware of their local early help process and understand their role in it.

16. All staff should be aware of the process for making referrals to local authority children's social care and for statutory assessments⁷ under the Children Act 1989, especially section 17 (children in need) and section 47 (a child suffering, or likely to suffer, significant harm) that may follow a referral, along with the role they might be expected to play in such assessments.

17. All staff should know what to do if a child tells them they are being abused, exploited, or neglected. Staff should know how to manage the requirement to maintain an appropriate level of confidentiality. This means only involving those who need to be involved, such as the designated safeguarding lead (or a deputy) and local authority children's social care. Staff should never promise a child that they will not tell anyone about a report of any form of abuse, as this may ultimately not be in the best interests of the child.

18. All staff should be able to reassure victims that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting any form of abuse and/or neglect. Nor should a victim ever be made to feel ashamed for making a report.

19. All staff should be aware that children may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/or they may not recognise their experiences as harmful. For example, children may feel embarrassed, humiliated, or are being threatened. This could be due to their vulnerability, disability and/or sexual orientation or language barriers. This should not prevent staff from having a professional curiosity and speaking to the designated safeguarding lead (DSL) if they

⁷ Detailed information on statutory assessments can be found in Chapter 1 of [Working Together to Safeguard Children](#)

have concerns about a child. It is also important that staff determine how best to build trusted relationships with children and young people which facilitate communication.

What school and college staff should look out for

Early help

20. Any child may benefit from early help, but all school and college staff should be particularly alert to the potential need for early help for a child who:

- is disabled or has certain health conditions and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- has a mental health need
- is a young carer
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups or county lines
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking, sexual or criminal exploitation
- is at risk of being radicalised or exploited
- has a family member in prison, or is affected by parental offending
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing alcohol and other drugs themselves
- has returned home to their family from care
- is at risk of 'honour'-based abuse such as Female Genital Mutilation or Forced Marriage
- is a privately fostered child, or
- is persistently absent from education, including persistent absences for part of the school day.

Abuse and neglect

21. All staff should be aware of indicators of abuse and neglect (see below), understanding that children can be at risk of harm inside and outside of the school/college, inside and outside of home and online. Exercising professional curiosity and knowing what to look for is vital for the early identification of abuse and neglect so that staff are able to identify cases of children who may be in need of help or protection.

22. All school and college staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events and cannot be covered by one definition or one label alone. In most cases, multiple issues will overlap with one another.

23. All staff, but especially the designated safeguarding lead (and deputies) should consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual abuse (including harassment and exploitation), domestic abuse in their own intimate relationships (teenage relationship abuse), criminal exploitation, serious youth violence, county lines, and radicalisation.

24. All staff should be aware that technology is a significant component in many safeguarding and wellbeing issues. Children are at risk of abuse and other risks online as well as face to face. In many cases abuse and other risks will take place concurrently both online and offline. Children can also abuse other children online, this can take the form of abusive, harassing, and misogynistic/misandrist messages, the non-consensual sharing of indecent images, especially around chat groups, and the sharing of abusive images and pornography to those who do not want to receive such content.

25. In all cases, if staff are unsure, they should always speak to the designated safeguarding lead or a deputy.

Indicators of abuse and neglect

26. **Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

27. **Physical abuse:** a form of abuse which 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.

28. **Emotional abuse:** the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or 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 or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate

expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), 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, although it may occur alone.

29. **Sexual abuse:** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving 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. They may also include 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education and all staff should be aware of it and of their school or college's policy and procedures for dealing with it.

30. **Neglect:** 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, for example, 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 and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Safeguarding issues

31. **All staff should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking and/or alcohol misuse, deliberately missing education, serious violence (including that linked to county lines), radicalisation and consensual and non-consensual sharing of nude and semi-nude**

images and/or videos⁸ can be signs that children are at risk. Below are some safeguarding issues all staff should be aware of. Additional information on these safeguarding issues and information on other safeguarding issues is included in Annex B.

Child-on-child abuse

32. All staff should be aware that children can abuse other children (often referred to as child-on-child abuse), and that it can happen both inside and outside of school or college and online. All staff should be clear as to the school's or college's policy and procedures with regard to child-on-child abuse and the important role they have to play in preventing it and responding where they believe a child may be at risk from it.

33. All staff should understand that even if there are no reports in their schools or colleges it does not mean it is not happening, it may be the case that it is just not being reported. As such it is important if staff have any concerns regarding child-on-child abuse they should speak to their designated safeguarding lead (or a deputy).

34. It is essential that all staff understand the importance of challenging inappropriate behaviours between children, many of which are listed below, that are abusive in nature. Downplaying certain behaviours, for example dismissing sexual harassment as "just banter", "just having a laugh", "part of growing up" or "boys being boys" can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it.

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

- bullying (including cyberbullying, prejudice-based and discriminatory bullying)
- abuse in intimate personal relationships between children (sometimes known as 'teenage relationship abuse')
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse)
- sexual violence,⁹ such as rape, assault by penetration and sexual assault; (this may include an online element which facilitates, threatens and/or encourages sexual violence)

⁸ Consensual image sharing, especially between older children of the same age, may require a different response. It might not be abusive – but children still need to know it is illegal- whilst non-consensual is illegal and abusive. [UKCIS](#) provides detailed advice about sharing of nudes and semi-nude images and videos.

⁹ For further information about sexual violence see Part 5 and Annex B.

- sexual harassment,¹⁰ such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse
- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
- consensual and non-consensual sharing of nude and semi-nude images and/or videos¹¹ (also known as sexting or youth produced sexual imagery)
- upskirting,¹² which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm, and
- initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)

36. Both CSE and CCE are forms of abuse that occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in sexual or criminal activity, in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence. CSE and CCE can affect children, both male and female and can include children who have been moved (commonly referred to as trafficking) for the purpose of exploitation.

Child Criminal Exploitation (CCE)

37. Some specific forms of CCE can include children being forced or manipulated into transporting drugs or money through county lines, working in cannabis factories, shoplifting, or pickpocketing. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others.

38. Children can become trapped by this type of exploitation, as perpetrators can threaten victims (and their families) with violence or entrap and coerce them into debt. They may be coerced into carrying weapons such as knives or begin to carry a knife for a sense of protection from harm from others. As children involved in criminal exploitation often commit crimes themselves, their vulnerability as victims is not always recognised by adults and professionals, (particularly older children), and they are not treated as victims

¹⁰ For further information about sexual harassment see Part 5 and Annex B.

¹¹ UKCIS guidance: [Sharing nudes and semi-nudes advice for education settings](#)

¹² For further information about 'upskirting' see Annex B.

despite the harm they have experienced. They may still have been criminally exploited even if the activity appears to be something they have agreed or consented to.

39. It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however professionals should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

Child Sexual Exploitation (CSE)

40. CSE is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.

41. CSE can occur over time or be a one-off occurrence and may happen without the child's immediate knowledge for example through others sharing videos or images of them on social media.

42. CSE can affect any child who has been coerced into engaging in sexual activities. This includes 16- and 17-year-olds who can legally consent to have sex. Some children may not realise they are being exploited for example they believe they are in a genuine romantic relationship.

Domestic Abuse

43. Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. That abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional. Children can be victims of domestic abuse. They may see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). All of which can have a detrimental and long-term impact on their health, well-being, development, and ability to learn.

Female Genital Mutilation (FGM)

44. Whilst all staff should speak to the designated safeguarding lead (or a deputy) with regard to any concerns about female genital mutilation (FGM), there is a specific

legal duty on teachers.¹³ If a teacher, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the teacher must report this to the police.

Mental Health

45. All staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

46. Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Education staff, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. Schools and colleges can access a range of advice to help them identify children in need of extra mental health support, this includes working with external agencies.

47. If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy, and speaking to the designated safeguarding lead or a deputy.

Serious violence

48. All staff should be aware of the indicators, which may signal children are at risk from, or are involved with, serious violent crime. These may include increased absence from school or college, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs and may be at risk of criminal exploitation.

Additional information and support

49. Departmental advice [What to Do if You Are Worried a Child is Being Abused - Advice for Practitioners](#) provides more information on understanding and identifying abuse and neglect. Examples of potential indicators of abuse and neglect are highlighted throughout the advice and will be particularly helpful for school and college staff. The [NSPCC](#) website also provides useful additional information on abuse and neglect and what to look out for.

50. Annex B contains important additional information about specific forms of

¹³ Under section 5B(11) (a) of the Female Genital Mutilation Act 2003, "teacher" means, in relation to England, a person within section 141A(1) of the Education Act 2002 (persons employed or engaged to carry out teaching work at schools and other institutions in England).

abuse and safeguarding issues. School and college leaders and those staff who work directly with children should read Annex B.

What school and college staff should do if they have concerns about a child

51. Staff working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff should always act in the best interests of the child.
52. If staff have any concerns about a child's welfare, they should act on them immediately. See page 22 for a flow chart setting out the process for staff when they have concerns about a child.
53. If staff have a concern, they should follow their own organisation's child protection policy and speak to the designated safeguarding lead (or a deputy).
54. Options will then include:
- managing any support for the child internally via the school's or college's own pastoral support processes
 - undertaking an early help assessment,¹⁴ or
 - making a referral to statutory services,¹⁵ for example as the child might be in need, is in need or suffering, or is likely to suffer harm.
55. The designated safeguarding lead (or a deputy) should always be available to discuss safeguarding concerns. If in exceptional circumstances, the designated safeguarding lead (or a deputy) is not available, this should not delay appropriate action being taken. Staff should consider speaking to a member of the senior leadership team and/or take advice from local authority children's social care. In these circumstances, any action taken should be shared with the designated safeguarding lead (or a deputy) as soon as is practically possible.
56. Staff should not assume a colleague, or another professional will take action and share information that might be critical in keeping children safe. They should be mindful

¹⁴ Further information on early help assessments, provision of early help services and accessing services is in Chapter 1 of [Working Together to Safeguard Children](#).

¹⁵ Chapter 1 of [Working Together to Safeguard Children](#) sets out that the safeguarding partners should publish a threshold document that should include the criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under section 17 and 47. Local authorities, with their partners, should develop and publish local protocols for assessment. A local protocol should set out clear arrangements for how cases will be managed once a child is referred into local authority children's social care.

that early information sharing is vital for the effective identification, assessment, and allocation of appropriate service provision, whether this is when problems first emerge, or where a child is already known to local authority children's social care (such as a child in need or a child with a protection plan). [Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers](#) supports staff who have to make decisions about sharing information. This advice includes the seven golden rules for sharing information and considerations with regard to the Data Protection Act 2018 (DPA) and UK General Data Protection Regulation (UK GDPR).

57. DPA and UK GDPR do not prevent the sharing of information for the purposes of keeping children safe and promoting their welfare. If in any doubt about sharing information, staff should speak to the designated safeguarding lead (or a deputy). Fears about sharing information must not be allowed to stand in the way of the need to safeguard and promote the welfare of children.

Early help assessment

58. If early help is appropriate, the designated safeguarding lead (or a deputy) will generally lead on liaising with other agencies and setting up an inter-agency assessment as appropriate. Staff may be required to support other agencies and professionals in an early help assessment, in some cases acting as the lead practitioner. Any such cases should be kept under constant review and consideration given to a referral to local authority children's social care for assessment for statutory services if the child's situation does not appear to be improving or is getting worse.

Statutory children's social care assessments and services

59. Where a child is suffering, or is likely to suffer from harm, it is important that a referral to local authority children's social care (and if appropriate the police) is made immediately. Referrals should follow the local referral process.

60. Local authority children's social care assessments should consider where children are being harmed in contexts outside the home, so it is important that schools and colleges provide as much information as possible as part of the referral process. This will allow any assessment to consider all the available evidence and enable a contextual approach to address such harm. Additional information is available here: [Contextual Safeguarding](#).

61. The online tool [Report Child Abuse to Your Local Council](#) directs to the relevant local authority children's social care contact number.

Children in need

62. A child in need is defined under the Children Act 1989 as a child who is unlikely to

achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children Act 1989.

Children suffering or likely to suffer significant harm:

63. Local authorities, with the help of other organisations as appropriate, have a duty to make enquiries under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. Such enquiries enable them to decide whether they should take any action to safeguard and promote the child's welfare and must be initiated where there are concerns about maltreatment. This includes all forms of abuse and neglect.

What will the local authority do?

64. Within one working day of a referral being made, a local authority social worker should acknowledge its receipt to the referrer and make a decision about the next steps and the type of response that is required. This will include determining whether:

- the child requires immediate protection and urgent action is required
- any services are required by the child and family and what type of services
- the child is in need and should be assessed under section 17 of the Children Act 1989. Chapter one of [Working Together to Safeguard Children](#) provides details of the assessment process
- there is reasonable cause to suspect the child is suffering or likely to suffer significant harm, and whether enquiries must be made, and the child assessed under section 47 of the Children Act 1989. Chapter one of [Working Together to Safeguard Children](#) provides details of the assessment process, and
- further specialist assessments are required to help the local authority to decide what further action to take.

65. The referrer should follow up if this information is not forthcoming.

66. If social workers decide to carry out a statutory assessment, staff should do everything they can to support that assessment (supported by the designated safeguarding lead (or a deputy) as required).

67. If, after a referral, the child's situation does not appear to be improving, the referrer should consider following local escalation procedures to ensure their concerns have been addressed and, most importantly, that the child's situation improves.

Record keeping

68. All concerns, discussions and decisions made, and the reasons for those decisions, should be recorded in writing. This will also help if/when responding to any complaints about the way a case has been handled by the school or college. Information should be kept confidential and stored securely. It is good practice to keep concerns and referrals in a separate child protection file for each child.

Records should include:

- a clear and comprehensive summary of the concern
- details of how the concern was followed up and resolved, and
- a note of any action taken, decisions reached and the outcome.

69. If in doubt about recording requirements, staff should discuss with the designated safeguarding lead (or a deputy).

Why is all of this important?

70. It is important for children to receive the right help at the right time to address safeguarding risks, prevent issues escalating and to promote children's welfare. Research and serious case reviews have repeatedly shown the dangers of failing to take effective action.¹⁶ Further information about serious case reviews can be found in Chapter four of [Working Together to Safeguard Children](#). Examples of poor practice include:

- failing to act on and refer the early signs of abuse and neglect
 - poor record keeping
 - failing to listen to the views of the child
 - failing to re-assess concerns when situations do not improve
 - not sharing information with the right people within and between agencies
 - sharing information too slowly, and
 - a lack of challenge to those who appear not to be taking action.
-

What school and college staff should do if they have a safeguarding concern or an allegation about another staff member

71. Schools and colleges should have processes and procedures in place to manage any safeguarding concern or allegation (no matter how small) about staff members (including supply staff, volunteers, and contractors).

72. If staff have a safeguarding concern or an allegation is made about another member of staff (including supply staff, volunteers, and contractors) harming or posing a risk of harm to children, then:

- this should be referred to the headteacher or principal
- where there is a concern/allegation about the headteacher or principal, this should be referred to the chair of governors, chair of the management committee or proprietor of an independent school, and
- in the event of a concern/allegation about the headteacher, where the headteacher is also the sole proprietor of an independent school, or a situation where there is a conflict of interest in reporting the matter to the headteacher, this should be reported directly to the local authority designated officer(s) (LADOs). Details of your local LADO should be easily accessible on your local authority's website.

73. If staff have a safeguarding concern or an allegation about another member of staff (including supply staff, volunteers or contractors) that does not meet the harm threshold, then this should be shared in accordance with the school or college low-level concerns policy. Further details can be found in Part four of this guidance.

What school or college staff should do if they have concerns about safeguarding practices within the school or college

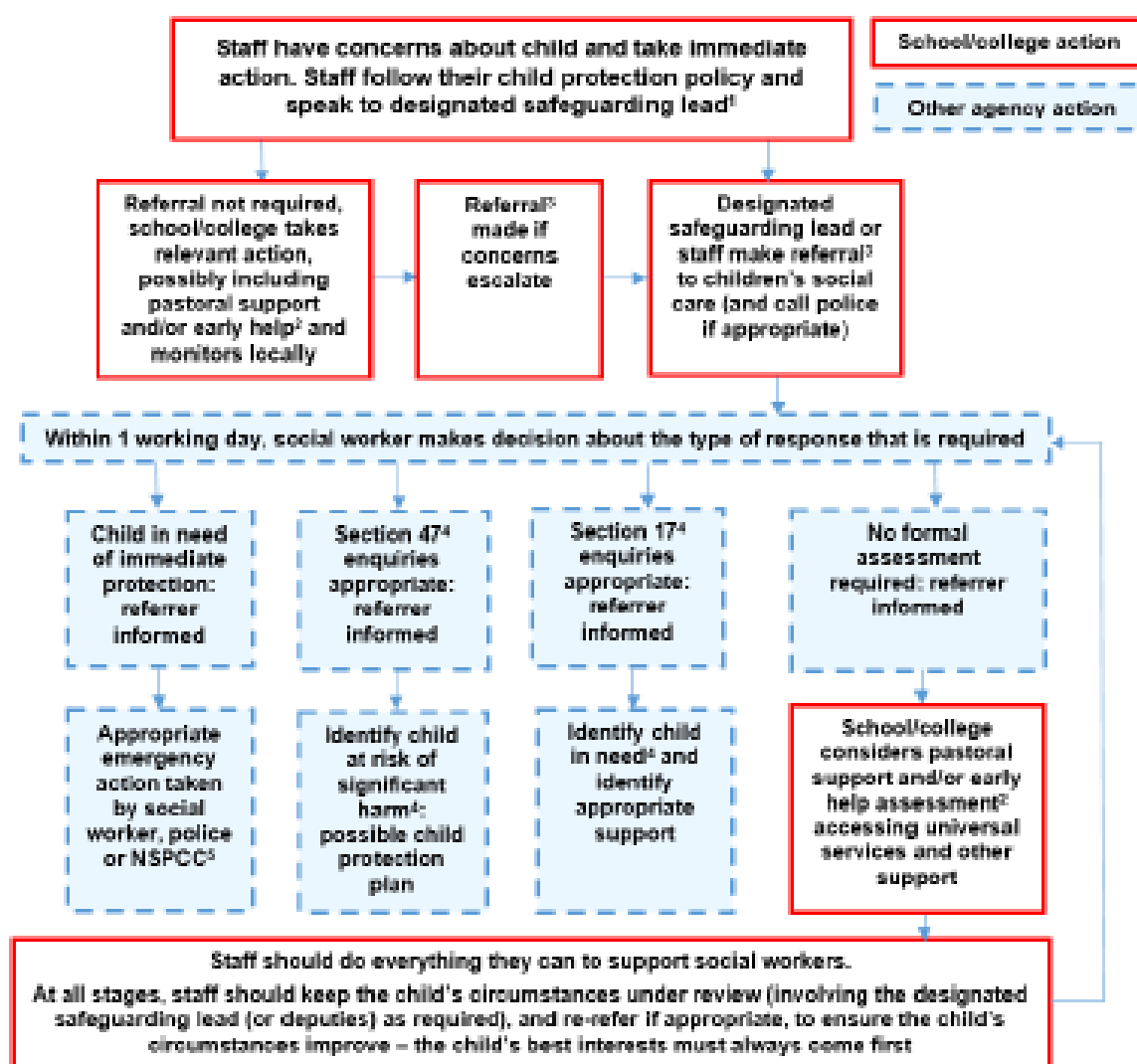
74. All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school's or college's safeguarding regime and know that such concerns will be taken seriously by the senior leadership team.

75. Appropriate whistleblowing procedures should be put in place for such concerns to be raised with the school's or college's senior leadership team.

76. Where a staff member feels unable to raise an issue with their employer, or feels that their genuine concerns are not being addressed, other whistleblowing channels are open to them:

- general guidance on whistleblowing can be found via: [Advice on Whistleblowing](#)
- the [NSPCC's what you can do to report abuse dedicated helpline](#) is available as an alternative route for staff who do not feel able to raise concerns regarding child protection failures internally, or have concerns about the way a concern is being

Actions where there are concerns about a child



¹ In cases which also involve a concern or an allegation of abuse against a staff member, see Part four of this guidance.

² Early help means providing support as soon as a problem emerges at any point in a child's life. Where a child would benefit from co-ordinated early help, an early help inter-agency assessment should be arranged. Chapter one of [Working Together to Safeguard Children](#) provides detailed guidance on the early help process.

³ Referrals should follow the process set out in the local threshold document and local protocol for assessment. Chapter one of [Working Together to Safeguard Children](#).

⁴ Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children Act 1989. Under section 47 of the Children Act 1989, where a local authority has reasonable cause to suspect that a child is suffering or likely to suffer significant harm, it has a duty to make enquiries to decide whether to take action to safeguard or promote the child's welfare. Full details are in Chapter one of [Working Together to Safeguard Children](#).

⁵ This could include applying for an Emergency Protection Order (EPO).