



Safeguarding and Child Protection Policy

Policy Prepared: January 2024
Review: January 2025

INTRODUCTION

TramShed believes every young person/vulnerable adult should have access to a safe, creative inclusive environment. Where members are young/vulnerable it is necessary to ensure that their welfare, care and protection are actively planned for.

The key to planning for the welfare, care and protection of young people/vulnerable adults is knowledge of the individual and his/her needs, experiences, hopes, fears and anxieties. This information will inform all aspects of their inclusive progress, welfare, care and protection.

TramShed will ensure that all young people/vulnerable adults are treated as individuals with their progress, welfare and needs monitored and planned for on an individual basis. This policy will outline the ways in which a young person/vulnerable adult's welfare and protection can be planned for through procedures that emanate from knowledge of the individual's needs and inclusive development. The policy and procedures reflect their right in TramShed to have their welfare and protection needs met in a genuinely inclusive way which supports their individual, creative progress and development.

The following policy is presented in two sections:

Section 1 addresses the procedures and practices that will actively and positively promote an individual young person/vulnerable adult's welfare and protection in the context of their progress and development.

Section 2 outlines procedures to be implemented where it becomes apparent that there are concerns about a young person/vulnerable adult's welfare and possible abuse either outside the theatre in their own social environment or within the activities of the theatre.

Section 1

GUIDELINES TO PROMOTE THE INCLUSIVE WELFARE AND PROTECTION OF YOUNG PEOPLE/VULNERABLE ADULTS WITHIN TRAMSHED

1. Staff – Young person and Volunteer – Young person Ratios: TramShed will ensure that there are very good Staff to Young Person/Vulnerable Adult and Volunteer to Young Person/Vulnerable Adult Ratios in workshops, rehearsals and performances involving young people of 17 years and under. Staff and Volunteers will offer a range of direct and indirect support experiences to

ensure young people/vulnerable adults are able to both progress steadily to managing their own inclusion with as much independence as possible – while at the same time being as “safe” as possible. These ratios will for example, in most cases, exceed the legal 1 adult to 10 young people/vulnerable adults ratio for comparable leisure activities.

2. During workshops and rehearsals young people will be supported by:-
 - a) Arts Practitioner Team
 - b) Youth and Adult Volunteer Team

Liaison with Parents and Carers – In all areas regarding the welfare, care and provision for their children, parents and carers will be encouraged to contribute information orally, in writing, via the company application form and subsequent opportunities to update information, in order to assist planning. Parents and carers will be made aware of the accessibility of relevant staff for consultation before and after sessions and at other times during the week.

Where there are specific issues related to a young person/vulnerable adult’s personal care and welfare (e.g. changing, toileting), TramShed staff will consult with parents to ensure a young person/vulnerable adult’s needs can be met in as inclusive and discreet manner as possible. Awareness of procedures and routines used at home will inform procedures and routines to be used at the theatre. Where variations to personal care and welfare need to be made (e.g. in long rehearsals, performances) parents and carers will be consulted.

TramShed staff and volunteers will work together when providing for the personal care needs of individual young people/vulnerable adults – sharing experience and responsibility and encouraging as much independence in the individual as possible.

Staff will take the lead in managing provision for young people/vulnerable adults’ individual welfare, care and progress.

3. Liaison with young people/vulnerable adults: they will always be consulted on the provision of their inclusive progress, welfare and care within TramShed– with their views informing all aspects of planning. TramShed staff and volunteers are very much aware of the need to use as many opportunities as possible to talk to young people/vulnerable adults about their progress, welfare and care.
4. Dissemination of Information –TramShed will ensure that information about the inclusive progress, welfare and care of individuals which can inform planning and provision is appropriately disseminated to staff and volunteers

who are helping manage the individual young person/vulnerable adults' progress. Meeting structures are put in place to ensure information from parents, carers, young people/vulnerable adults and staff is disseminated and acted upon while remaining confidential.

5. Young People Training in the Inclusive Support of Younger Children:

It is crucial that young people/vulnerable adults are encouraged to see the inclusion of their peers in activities as a natural, instinctive, positive process. To do this, they should not see inclusion as adult-led, rather they should see the process of including as young person/vulnerable adult-led and capable of being taken on by their own peer group. Children need to see older young people/vulnerable adults modeling inclusive support and helping them to manage the inclusive, creative support of their own peer group. In these situations, trained staff will clearly manage the process so that young people/vulnerable adults taking on these support roles are supervised and boundaries made clear.

Where young people/vulnerable adults are training in the inclusive support of younger children, TramShed staff and volunteers will provide ongoing training for them. Comprehensive monitoring of young people/vulnerable adults and younger children will ensure that the inclusive process is well supported.

In all such inclusive training situations involving young people/vulnerable adults and younger children, the TramShed directors, staff and volunteers will of course ultimately be, responsible for the inclusive progress, welfare and care of all those involved.

6. Registration Procedures –TramShed will ensure that in workshops, rehearsals and performances, young people/vulnerable adults are registered on entering a session with immediate information regarding any aspects of progress, welfare and care disseminated to relevant staff and volunteers.

Registration procedures will monitor absence and lateness. In some situations, extra registration procedures will be put in place i.e. a fire register prior to entering the space and a register taken within the young person/vulnerable adult's small group inside the session to ensure group leaders and volunteers can act immediately on any issues concerning the their progress and care.

7. Staff will be police checked to ensure the protection of young people/vulnerable adults. TramShed will constantly strive to keep abreast of changes in Police/Criminal Records Bureau procedures.

8. Students and prospective students and members of the Youth Theatre or Company members over the age of 16 years will also be police-checked, again to ensure the protection of young people/vulnerable adults.
9. Students and members of the Youth Theatre or Company involved in work or training supporting young people/vulnerable adults will be made aware of TramShed's young person/vulnerable adult protection policies and procedures and their own responsibilities within the framework.

In performances Front of House staff will also be available to assist with the welfare of young people/vulnerable adults where necessary – with Duty Managers assisting in making staff and volunteers aware of the Company's inclusive young person/vulnerable adult welfare and protection policies.

10. Where an individual member needs support to manage their behavior this will be done in an inclusive manner with staff and volunteers working together and liaising with parents/carers to encourage the young person/vulnerable adult to manage their behavior with as much independence as possible, ensuring their creative contributions can be acknowledged.
11. TramShed will liaise with the Area Young Person/Vulnerable adult Protection Team and the Local Authority on aspects of child welfare and protection – updating policy whenever necessary. Good practice wherever it occurs within the theatre or elsewhere will be disseminated as a matter of policy so that young people/vulnerable adults' progress can be supported in as consistent a manner as possible.
12. Young people/vulnerable adults have a right to expect a caring, safe, secure environment within the TramShed– free from abuse and discrimination of any sort. Staff who are found practicing such abuse or discrimination will be subject to the Company's disciplinary procedures.
13. Where a young person/vulnerable adult is acting aggressively towards or knowingly discriminating against another individual, he/she will be counseled with a view to discovering the causes of such behavior and ultimately changing the behavior. Where such behavior persists parents would be consulted and the young person/vulnerable adult's future in TramShed would be discussed. In such situations counseling and support for those on the receiving end of aggression or discrimination would be given the highest priority.

Section 2

1. INTRODUCTION

These procedures are to deal with child abuse, coordinated by the Area Child Protection Committee (Police, Social Services, Health and Education).

The definition of 'child' in the Children Act 1989 is 'a person under the age of 18' and this document uses the term 'young person' to refer to children and young people aged 0 – 21 years.

The procedures indicate the action to be taken if there is evidence or cause for concern that young people have suffered from or are at significant risk of:

- a) Any form of abuse, including physical injury, neglect, emotional abuse and sexual abuse.
- b) Any other significant harm.

Throughout the document, the term 'member of staff' includes all management, teaching and support staff in TramShed, both full-time and part-time.

2. DEFINITIONS AND INDICATORS OF ABUSE

The Definition of Significant Harm

The Children Act 1989 introduced the concept of Significant Harm as the threshold which justifies compulsory intervention in family life in the best interests of children.

Section 47 of the Act places a duty on local authorities to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm. A court may only make a Care Order or Supervision Order in respect of a child if it is satisfied that:

- The child is suffering, or is likely to suffer Significant Harm; and
- That the harm or likelihood of harm is attributable to a lack of adequate parental care or control (Section 31).

Under Section 31(9) of the Children Act 1989, as amended by the Adoption and Children Act 2002:

- 'Harm' means ill-treatment or the impairment of health or development, including for example impairment suffered from seeing or hearing the ill-treatment of another;
- 'Development' means physical, intellectual, emotional, social or behavioural development;
- 'Health' means physical or mental health; and
- 'Ill-treatment' includes sexual abuse and forms of ill-treatment that are not physical.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, the degree of threat, coercion, sadism, and bizarre or unusual elements in child sexual abuse. Each of these elements has been associated with more severe effects on the child and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.

Sometimes a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any ill treatment alongside the family's strengths and supports.

To understand and establish Significant Harm, it is necessary to consider:

- The family context, including protective factors;
- The child's development within the context of his or her family and wider social and cultural environment;
- Any special needs, such as a medical condition, communication difficulty or disability that may affect the child's development and care within the family;
- The nature of harm, in terms of ill-treatment or failure to provide adequate care;
- The impact on the child's health and development; and
- The adequacy of parental care.
- Sometimes 'significant harm' refers to harm caused by one child to another (which may be a single event or a range of ill treatment), which is generally referred to as 'peer on peer abuse.'

Categories of Abuse and Neglect

The abuse or neglect of a child can be caused by inflicting harm or by failing to act to prevent harm. Children may be abused in a family, in a community or institutional setting, by those known to them or, much more rarely, by a stranger.

The following definitions are taken from Chapter 1 of Working Together to Safeguard Children and Keeping Children Safe in Education.

They have been included to assist those providing services to children in assessing whether the child may be suffering actual or potential harm.

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. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children.

Physical Abuse

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

Emotional Abuse

Emotional abuse is a form of significant harm which involves the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

It may involve conveying to children that they are worthless 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 the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve

serious bullying (including cyber-bullying) causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

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

Sexual Abuse

Sexual abuse is a form of Significant Harm which involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including 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 (including via the Internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

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

Neglect may occur during pregnancy as a result of maternal substance misuse.

Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food and clothing, 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 caregivers);
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators of Abuse

The following should not be used as a comprehensive guide, nor does the presence of one or more factors prove that a child has been abused, but it may however indicate that further enquiries should be made.

The following factors should be taken into account when assessing risks to a child. This is not an exhaustive list:

- An unexplained delay in seeking treatment that is obviously needed;
- An unawareness or denial of any injury, pain or loss of function;
- Incompatible explanations offered or several different explanations given for a child's illness or injury;
- A child reacting in a way that is inappropriate to his/her age or development;
- Reluctance to give information or failure to mention previous known injuries;
- Frequent attendances at Accident and Emergency Departments or use of different doctors and Accident and Emergency Departments;
- Frequent presentation of minor injuries (which if ignored could lead to a more serious injury);
- Unrealistic expectations/constant complaints about the child;
- Alcohol misuse or other substance misuse;
- A parents request to remove a child from home or indication of difficulties in coping with the child;
- Domestic violence and abuse;
- Parental mental ill health;
- The age of the child and the pressures of caring for a number of children in one household

Recognising Physical Abuse

Whilst some injuries may appear insignificant in themselves, repeated minor injuries, especially in very young children, may be symptomatic of physical abuse.

It can sometimes be difficult to recognise whether an injury has been caused accidentally or non-accidentally, but it is vital that all concerned with children are alert to the possibility that an injury may not be accidental, and seek appropriate expert advice. Medical opinion will be required to determine whether an injury has been caused accidentally or not.

Situations of particular concern

Situations that should cause particular concern for professionals include:

- Delayed presentation / reporting of an injury;
- Admission of physical punishment from parents / carers, as no punishment is acceptable at this age;
- Inconsistent or absent explanation from parents / carers;
- Associated family factors such as substance misuse, mental health problems, and domestic violence and abuse;
- Other associated features of concern e.g. signs of neglect such as poor clothing, hygiene and / or nutrition;
- Observation of rough handling;
- Difficulty in feeding / excessive crying;
- Significant behaviour change;
- Child displaying wariness or watchfulness;
- Recurrent injuries;
- Multiple injuries at one time.

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay;
 - Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment;
 - Indiscriminate attachment or failure to attach;
 - Aggressive behaviour towards others;
 - A child scapegoated within the family;
 - Frozen watchfulness, particularly in pre-school children;
 - Low self-esteem and lack of confidence;
 - Withdrawn or seen as a 'loner' difficulty relating to others.
- Professionals should be aware of potentially harmful interactions of a parent / carer towards their child. At this age their ability to communicate their needs is limited. However, most children will respond to how adults are interacting with them, and this may have an impact on them and their development. Therefore professionals should have cause for concern if they feel parents / carers:
- Are negative or hostile towards the child;
 - Reject them or use them as a scapegoat;

- Have inappropriate interactions with them, including threats or attempt to discipline them;
- Use them to fulfil their own needs (for example, in marital disputes);
- Fail to promote their development, by not providing appropriate stimulation, or isolating them from other children / adults as applicable;
- Are emotionally unavailable to the child, by being withdrawn or unresponsive, for example (emotional neglect).

Recognising Sexual Abuse

Children of both genders and of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child / family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct;
- Sexual knowledge inappropriate for the child's age;
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age;
- Continual and inappropriate or excessive masturbation;
- Self-harm (including eating disorder), self-mutilation and suicide attempts;
- Running away from home;
- Poor concentration and learning problems;
- Loss of self-esteem;
- Involvement in prostitution or indiscriminate choice of sexual partners;
- An anxious unwillingness to remove clothes for - e.g. sports events (but this may be related to cultural norms or physical difficulties).

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area;
- Recurrent pain on passing urine or faeces;
- Blood on underclothes;
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father;
- Physical symptoms such as discharge, bleeding or other injuries.

Recognising Neglect

The growth and development of a child may suffer when the child received insufficient food, love, warmth, care and concern, praise, encouragement and stimulation.

Professionals need to be aware of the possibility of parents / carers neglecting to adequately care for their children. Factors of neglect may include:

- Parents / carers not giving their child prescribed treatment for a medical condition that has been diagnosed;
- Repeated failure by parents / carers to take their child to essential follow-up medical appointments;
- Persistent failure by parents / carers to engage with relevant child health promotion programmes such as immunisation, health and development reviews, and screening;
- Not seeking medical advice when necessary, jeopardising their health and wellbeing, particularly if they are in pain;
- Dental neglect – rotten or grossly discoloured teeth with noticeable odour; child unable to eat normally; covers mouth with hand; child in chronic pain;
- Being cared for by a person who is not providing adequate care, including hygiene, either through inability or negligence;
- Not feeding properly, or being fed an inadequate or inappropriate diet;
- Suffering severe and / or persistent infestations such as scabies or head lice;
- Being consistently dressed in inappropriate clothing for example, for the weather or their size;
- Red/mottled skin, particularly on the hands and feet, seen in the winter due to cold;
- Swollen limbs with sores that are slow to heal, usually associated with cold injury;
- Recurrent diarrhoea;
- Abnormal voracious appetite at school or nursery;
- Being persistently smelly and / or dirty;
- Being listless, apathetic and unresponsive with no apparent medical cause;
- Being excessively clingy, fearful, withdrawn or unusually quiet for his or her age;
- Being inadequately supervised;
- An incident that suggests a lack of supervision, such as sunburn or other burn, ingestion of a harmful substance(s) near-drowning, a road traffic accident or being bitten by an animal;
- Being indiscriminate in relationships with adults.

A clear distinction needs to be made between organic and non-organic failure to thrive. This will always require a medical diagnosis. Non-organic failure to thrive is the term used when a child does not put on weight and grow and there is no underlying medical cause for this

3. DESIGNATED STAFF - staff at senior management level are designated to act as the people responsible for ensuring that appropriate action is taken in case of abuse. The designated members of staff are responsible for coordinating policy and action on young person/vulnerable adult protection and for informing all appropriate agencies.

Designated Safeguarding Lead 1: Zac Hackett - Artistic Director
Designated Safeguarding Lead 2: Paul Parkes - Chair of the Board
Designated Safeguarding Lead 3: Tina Murray - Senior Arts Lead
Contact Telephone: 07852 498427
Contact Email: tramshedtheatre@hotmail.co.uk

4. CONFIDENTIALITY AND TRUST – Confidentiality and trust should be maintained as far as possible, but staff must act on the basis that the safety of the young person is overriding concern. Suspicion of abuse, or concern that a young person is at risk of abuse although not yet a victim, is sufficient cause to contact a designated member of staff, and the young person should be made aware of the need to do so at the earliest possible stage of disclosure. Young people may, however, wish to involve as few people as possible and every effort should be made to respect their wishes for confidentiality provided this does not prevent any action which is necessary for their protection.

An abused young person/vulnerable adult may be under severe emotional stress and may feel anxious about talking to a member of staff. Care and sensitivity are needed to ensure firstly that the young person feels as supported and reassured as possible, and secondly that s/he understands the need for action which will require the involvement of other staff/agencies.

5. ACTION TO BE TAKEN

5.1 Referral to designated staff

- a) Any member of staff who suspects or knows of abuse to any child or young person aged between 0 and 21 years of age will immediately inform one of the designated staff.

- b) Disclosures to staff may also be made by members themselves who are not necessarily subject to abuse themselves but are aware or suspicious that a young person/vulnerable adult is at risk in their household. In these cases too, members of staff should pass the information immediately to a designated person.
- c) Information about any case will be confined to the designated staff and executive unless it is in the interests of the young person/vulnerable adult that other members of staff involved in their welfare are informed. At all times confidentiality will be strictly respected.

5.2 Advice available to designated staff

- a) A designated member of staff may feel that there is cause for concern about a young person, but may wish to discuss the case before deciding whether or not it should be formally reported under Young Person/Vulnerable Adult Protection Procedures.

5.3 Referral to appropriate agencies

- a) Once the designated person is satisfied that there are clear grounds for suspicion or evidence that a young person/vulnerable adult has been abused, s/he will pass the information immediately by telephone to Education Welfare. Following the telephone referral, copies of the 'Child Protection Referral Form' or 'Child Protection Further Education Referral Form' will be sent to Education Welfare, the Child Protection Co-ordinator (Social Services, St. Andrew's House) and the Education Officer Continuing Education (the latter when concerning BTEC students).
- b) If the young person/vulnerable adult is resident in another borough, the designated person will refer the case by telephone to the appropriate home-based Social Services team. This will be followed by a 'Child Protection Form: Referral from LBE', copies to Child Protection Co-ordinator and Education Officer Continuing Education.
- c) Emergency Referral: In the unusual event of an urgent, possibly life-threatening situation in which staff are unable to contact the people specified in the referral procedures, emergency referral should be made to the Police Child Protection Unit.

- d) The Area Child Protection Team, Social Services and Education Welfare Office are always available for advice on young people/vulnerable adults' protection issues.

6. RECORDING INFORMATION

- 6.1 All records should be signed and dated and placed on a central file.
- 6.2 Designated staff will be responsible for recording information about each case and for collecting reports and notes as appropriate. The designated staff should not collect statements from the young person/vulnerable adult but should ask the member of staff who initially received the disclosure from the young person to record what s/he said.
- 6.3 The records will document every aspect of the case as it develops including grounds for initial concern, where appropriate descriptions of injuries to the young person or any worrying behavior, records or what the young person/vulnerable adult has said, notes of any decisions reached, details of telephone calls, copies of referral forms and any information of outcomes from case conferences or other enquiries conducted by Social Services.
- 6.4 Access to records will be confined to designated staff. All records will be kept in a safe and secure place.

7. REVIEW PROCEDURES

- 7.1 If cases have been dealt with under these procedures, designated staff will meet termly to review the effectiveness of the process. These questions will need to be addressed:
 - a) How well was the case managed by staff
 - b) Were the guidelines followed and were they appropriate?
 - c) Did TramShed collaborate with the agencies involved in the case and how effective and co-operative were the other agencies in working with TramShed?
 - d) Was the right balance maintained between confidentiality and 'need to know'?
 - e) How did TramShed manage the relationship with the young person/vulnerable adult and their family (if appropriate)?

f) Are changes needed in the procedures?

7.2 Any recommendations for change in the procedures will be put to the Area Child Protection Team.

8. ABUSE BY STAFF

8.1 It is essential in all cases of suspected abuse by a member of staff that action is taken quickly and professionally in the interest of the young person/vulnerable adult's welfare.

8.2 In the rare event that any member of staff suspects any other member of staff of abusing a member or student, it is their responsibility to discuss these concerns with the designated staff except where the suspect is one of these in which case the matter should be referred direct to the Executive.

8.3 The Executive will decide on the action to be taken in relation to the member of staff in accordance with TramShed's Disciplinary Policy and Procedures. In addition the normal procedures for Child Protection will be followed.

9. DISCLOSURE OF ABUSE AT AN EARLIER AGE

9.1 Members or students of any age may disclose to staff that they were abused as children. If the young person/vulnerable adult does not want further action to be taken, her/his wishes should be respected. However, where there is reasonable cause for concern that other children in the discloser's family may currently be at risk, Social Services in the relevant borough or county should be contacted. The young person/vulnerable adult should be made aware of this requirement at the earliest possible stage of any disclosure.

9.2 If the young person/vulnerable adult want to pursue the possibility of counseling, they should be referred whether to designated staff (who hold information about external counseling agencies) or to the borough Area Child Protection Committee, who will be able to provide an appropriate referral.

10. STAFF TRAINING AND SUPPORT

10.1 Training will be available:

a) to designated staff, to enable them to perform their duties

- b) to other staff, to raise awareness of the procedures and the issues involved
- c) to staff who need to develop skills in relating to young people/vulnerable adults and parents in this context.

10.2 Support will be required for staff who have received disclosures; in many cases, this can be a painful and disturbing experience for the recipient, who may in some cases require counseling support. In some situations, staff may feel competent to give the victim their continuing help as a listener until professional counseling is available; in these cases, staff must ensure that designated staff are aware of the situation, that they themselves have support of some sort of appropriate counseling and that they are not drawn into a pseudo-counseling relationship with the discloser.

11. RESPONSES BY STAFF TO MEMBERS/STUDENTS: some definitions

- a) **INFORMATION:** Usually of a general nature related to basic needs and covering many areas. Direction to further sources of information is usual.
- b) **ADVICE:** More specific at a personal level and usually related to family, school/social/economic/financial matters dependent on age. Referral to external agencies, where appropriate, can be made. Information should be related to parents/carers through the directors who have responsibility for the young person/vulnerable adult's progress.
- c) **FIRST AID COUNSELLING:** Also on a personal one-to-one level usually in a situation where confusion and distress can be apparent. The area of major concern is not always initially clear. During the course of investigation it could become evident that specialist professional counseling is essential.
- d) **PROFESSIONAL COUNSELLING:** Conducted by qualified counselors bound by a code of ethical practice especially related to confidentiality.

Responses to (a) and (b) can be made by all members of TramShed staff (not in training) to the extent of their capabilities and knowledge of the individual concerned. Information should be passed as soon as possible to the appropriate Director of either Education or Children's and Youth Theatre

who would be directly responsible for the young person in question and their progress and welfare. The strict bounds of confidentiality are not an integral part of these interactions, although mutual trust and respect are usually present.

Response to (c) should be through the Director who has responsibility for the young person/vulnerable adult's welfare and progress – except in exceptional circumstances where there is a need for quick action and appropriate staff are not available.

Response to (d) can be made by those with a current full qualification from the British Association of Counselors.

Reviewed - January 2023