MED Theatre Safeguarding and Child Protection Policy

Updated May 2025

This policy will be updated annually

Contents

www.medtheatre.co.uk
Registered Charity no 1119302

1.Introduction

Children may be vulnerable to neglect and abuse or exploitation from within their family and from individuals they come across in their day-to-day lives. These threats can take a variety of different forms, including: sexual, physical and emotional abuse; neglect; exploitation by criminal gangs and organised crime groups; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Whatever the form of abuse or neglect, practitioners should put the needs of children first when determining what action to take.

It is the responsibility of all staff members to protect children (people under eighteen years of age) and vulnerable adults from abuse. It is the purpose of this policy to give guidance in dealing with this sensitive issue. In this document, the term 'child' or 'children' will be taken to be synonymous with young people under the age of 18.

2.Policy Statement

MED Theatre is fully committed to ensuring that children and vulnerable adults attending our sessions are protected and kept safe from harm.

To this end MED Theatre will provide a clear, concise child protection and safeguarding policy and will distribute to all staff, project workers, and volunteers.

The person in the organisation nominated as responsible for Child Protection and Safeguarding is:
Abby Stobart, Co-Artistic Director: abbystobart@medtheatre.co.uk

3.Policy Aims and Objectives

Aims

- To provide a safe environment for children, keeping them from harm.
- To ensure staff, project workers and volunteers are kept informed, supported and protected.
- To ensure children are respected, taken seriously and listened to.
- To provide support and encouragement to parents/guardian/volunteers etc. to address the welfare of children.

Objectives

The specific objectives that MED Theatre will do to achieve its aims are:

- To screen all staff through DBS
- To screen any project workers, artists or volunteers working unsupervised with young people or vulnerable adults through DBS
- To raise the awareness of staff through training
- To implement effective procedures for recording and responding to incidents, complaints and alleged or suspected incidents of abuse.
- Apply the policy's aims and objectives to any project staff who might be employed in addition to the main staff and volunteers.

4. What is Abuse?

Somebody may abuse a child through neglect, 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 a stranger. Adults or other children can abuse children. There is growing evidence to suggest that peer abuse is an increasing concern for young people.

- **Neglect -** where adults fail 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. It may include failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger or the failure to ensure access to appropriate medical care or treatment. It may also include refusal to give children love, affection and attention.

- **Physical Abuse -** where someone physically hurts or injures children by hitting, shaking, throwing, poisoning, burning, biting, scalding, suffocating, drowning or otherwise causing physical harm to a child.

- **Sexual Abuse -** where children are used to meet a person's own sexual needs whether or not the young person is aware of what is happening. This could include full sexual intercourse and fondling. It may include non-contact activities such as involving children in looking at or in production of pornographic material or watching sexual activities or encouraging young people to behave in sexually inappropriate ways.

- **Emotional Abuse -** is the persistent emotional ill treatment of a child such as to cause a severe and persistent adverse effect on the child's emotional development. It may involve conveying to children that they are worthless,

unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children to feel frightened or in danger by being constantly shouted at, threatened or taunted which may make the child very nervous and withdrawn. Some level of emotional abuse is involved in all ill treatment of a child.

5. Indicators of Abuse - Recognising Abuse

The following list highlights some indicators for recognising that a child may be suffering abuse.

- Unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries.
- An injury for which the explanation seems inconsistent.
- The child describes what appears to be an abusive act involving him/her.
- Someone else (a child or adult) expresses concern about the welfare of another child.
- Unexplained changes in behaviour (e.g. becoming very quiet, withdrawn or displaying sudden outbursts of temper).
- Inappropriate sexual awareness.
- Engaging in sexually explicit behaviour.
- Distrust of adults, particularly those with whom a close relationship would normally be expected.
- Has difficulty in making friends.
- Is prevented from socialising with other children.
- Displays variations in eating patterns including overeating or loss of appetite.
- Becomes increasingly dirty or unkempt.

The list is not exhaustive, and one child may present more than one of the above. It is the responsibility of all staff members or contractors to ensure that if they believe abuse is occurring they take the necessary action.

6. Good Practice

6.1 Good Practice

Good practice creates a positive child protection climate and assists in protecting staff from false allegations of abuse. Good practice means:

- Always working in an open environment (e.g. avoiding private or unobserved situations) and encouraging an open environment (e.g. no secrets)
- Treating all people equally, with respect and dignity
- Always putting the welfare of each young person first
- Maintaining a safe and appropriate distance (e.g. it is not appropriate to have an intimate relationship with a child or to share a room/cubicles with them)
- Building a balanced relationship based on mutual trust which empowers children
- Ensuring that any form of manual assistance or physical support is provided openly.
- Involve parents, guardians and carers wherever possible (e.g. for the responsibility for children in the changing rooms). If groups have to be supervised do so in pairs.
- Being an excellent role model - this includes not smoking or drinking alcohol in the company of young people.
- Record any injuries sustained accurately according to the organisation's accident policy.

6.2 Poor Practice

Poor practice never to be sanctioned.

You should never:

- Engage in rough or sexually provocative games, including horseplay
- Share a room/cubicle with a child
- Allow or engage in any form of inappropriate touching
- Allow children to use inappropriate language unchallenged

- Make sexually suggestive comments to a child, even in jest
- Reduce a child to tears as a form of control
- Allow allegations made by a child to go unchallenged, unrecorded or not acted upon
- Do things of a personal nature for children that they can do by themselves

7. Responding to Disclosure, Suspicions and Allegations

False allegations of abuse do occur, but they are rare. Disclosures, suspicions and allegations should always be taken seriously and if the information gained causes concern action should be taken immediately.

7.1 Responding to Disclosure

The person receiving information concerning disclosure should:

- React calmly so as not to frighten the child
- Tell the child that they are not to blame and that they were right to tell
- Take what the child says seriously, recognising the difficulties inherent in interpreting what is said by a child who has a speech disability and/or differences in language
- Keep questions to a minimum but ensure a clear understanding of what has been said. Ensure any questions are open, and not leading.
- Reassure the child but **do not** make promises of confidentiality which might not be feasible in the light of subsequent developments
- Make a full record of what has been said, heard and/or seen as soon as possible, using the child's words as much as possible

The person receiving the disclosure should not:

- Panic
- Allow their shock or distaste to show
- Probe for more information than is offered
- Speculate or make assumptions
- Make negative comments about the alleged abuser

- Approach the alleged abuser
- Make promises or agree to keep secrets

7.2 Suspicion of abuse

It is not the responsibility of those implementing this policy to decide whether a child is being abused or not. However, as the welfare of children is of paramount importance, it is necessary to act to protect children whenever possible.

When a child protection referral is made, the Social Services have a legal responsibility to investigate.

It is important to work with parents, guardians, or carers where possible. Certain indicators, such as being withdrawn, could be caused by legitimate problems for example a close bereavement. By consulting parents, guardians, or carers this would become apparent.

However, there are times when consulting with parents, guardians, or carers is not advised for example if the consultation process places the child at even greater risk (e.g. if the parent, guardian, or carer is the abuser or is unlikely to react in the appropriate manner). In this case the person nominated as safeguarding officer in MED Theatre should be contacted and they will then seek further guidance from the duty social services team.

All details and actions should be recorded. When recording an incident it is necessary to include the following:

- Name of the child
- Parents/ guardians / carers details
- The child's address
- Relevant phone numbers
- The nature of the allegation – what is said to have happened or what was seen
- When and where it happened
- The child's account, if it can be given, of what has happened
- Who was there and any witnesses to incident
- Whether there is any actual evidence e.g. bruises, bleeding, changed behaviour
- A clear distinction between what is fact, opinion and hearsay
- Who has been told about it
- Whether the parents have been advised

APPENDIX

Dealing with children's issues in conjunction with parents or guardians

MED Theatre aims to be proactive in dealing with children's problems, if possible before they escalate. If MED Theatre has concerns about a particular child's behaviour the parent(s)/guardian(s) will be invited for a private conversation. We will not speak to the parent with the child present unless the parent(s)/guardian(s) have indicated they want this. Consultation with parents will not apply in cases of disclosure where involvement of the parent(s)/guardian(s) is deemed to be a risk to the child, as in 7.2.