



MIMBRE CHILD SAFEGUARDING POLICY

“

Policies, legislation, structures and procedures are, of course of immense importance but they serve only as the means of securing better life opportunities for each young person. It is the robust and consistent implementation of these procedures, which keeps children and young people safe.

”

Protection of Children in England: A progress Report
(2009) Lord Laming, Crown Copyright

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1. Child Safeguarding Policy

1.1. Purpose and aim of the Safeguarding Children Policy

Everyone who participates in Mimbre is entitled to do so in an enjoyable and safe environment. Mimbre have a moral and legal obligation, when given responsibility for young people, to ensure that teachers, staff, volunteers and chaperones provide them with the highest possible standard of care.

Mimbre is committed to devising and implementing policies that enable everyone to accept their responsibilities to safeguard children from harm and abuse. This means to follow procedures to protect children and report any concerns about their welfare to appropriate authorities.

The purpose of Mimbre's Safeguarding Children Policy is:

- To inform staff, freelancers, volunteers, chaperones, Trustees, parents and young people about Mimbre's responsibilities and measures for safeguarding children and young people (hereafter collectively referred to as 'young people').
- To enable everyone to have a clear understanding of how these responsibilities and measures should be carried out.

Safeguarding is defined in this document as the measure to protect young people from maltreatment, prevent impairment of health and/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.

According to the Children's Act 1989 anyone under 18 is considered a child.

1.2 Monitor and review the policy and procedures

The implementation of procedures should be regularly monitored and reviewed.

The **Education Manager** should regularly report progress, challenges, difficulties, achievements gaps and areas where changes are required to the Artistic Directors and Executive Director.

The policy should be reviewed every 3 years or whenever there is a major change in the organisation or in relevant legislation. The Education Manager is responsible for reviewing and updating the policy.

This policy was updated February 2017.

1.3 Policy framework

To provide children with the best possible experience and opportunities in acrobatics and street dance everyone must operate within an accepted ethical framework. This good practice guide has been written in accordance with current legislation and government policies.

The following guidance has been used for this policy:

- *Hackney Child Wellbeing Framework*– see Appendix 1 for extract
<http://www.chscb.org.uk/wp-content/uploads/2016/07/Hackney-Child-Wellbeing-Framework-2016.pdf>



- *Resource Guide for Professionals*, Hackney Children & Young People's Services
http://hackney.gov.uk/Assets/Documents/CYPS_resource_guide.pdf
- *London Child Protection Procedures*, 5th Edition, Updated on 30th September 2016 (next update on 31st March 2017)
<http://www.londoncp.co.uk>
- *Working Together* (DFE, March 2015) *Safe Recruitment* – Chscb Minimum Expectations,
<http://www.chscb.org.uk/wp-content/uploads/2015/09/CHSCB-safer-recruitment-minimum-standards.pdf>
- *Working together to safeguard Children*, HM Gov, March 2015
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf
- *Safeguarding disabled children* – The Children's Society (2009)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/190544/00374-2009DOM-EN.pdf

1.4 How the policy will be administered

1.4.1 Designated Safeguarding Officer and Deputy

All organisations need to identify one person to be responsible for dealing with allegations or suspicions of abuse. This **Safeguarding Officer** is the informed point of contact to manage and advise on child protection issues. **It is not the role of the Safeguarding Officer to decide whether a child has been abused or not.** This is the task of Children's Social Services, who have the legal responsibility.

Everyone in the organisation should know who the Safeguarding Officer is and how to contact them.

The designated Safeguarding Officer at Mimbre is:

Lina Johansson, Joint Artistic Director

Lina@mimbre.co.uk

020 7613 1068 (office)

07801 325 415 (mobile)

The designated Deputy Safeguarding Officer at Mimbre is:

Jana Jammal, Education officer

education@mimbre.co.uk

020 7613 1068 (office)

0780 9612110 (mobile)

The designated Safeguarding Trustee at Mimbre is:

Jo Carter, Chair of Mimbre

jo@immediate-theatre.com

020 7682 3031 (office)

In cases of emergency please call First Access Screening Team (FAST)

0208356 4844 or

the police

999 or



Children's Social Care, first response

0208 356 5500, out of hours 0208 356 2710, FAST@hackney.gov.uk,

Board 0208 356 4183

It is the role of the Safeguarding Officer at Mimbre to:

- Ensure that they receive refresher training at two yearly intervals to keep their knowledge and skills up to date.
- Ensure that appropriate training and support is provided to all staff.
- Ensure that newly appointed staff, freelancers, and volunteers receive a safeguarding induction.
- Ensure that temporary staff, volunteers and chaperones are made aware of Mimbre's child safeguarding policy.
- Ensure that Mimbre operates within the legislative framework and recommended guidance.
- Develop effective working relationships with other agencies and services.
- Decide whether to take further action about specific concerns (e.g. referrals to the Local Authority).
- Provide guidance to parents, young people and staff about obtaining suitable support.

1.4.2 The Board of Trustees

The Board of Trustees has overall responsibility for ensuring that there are sufficient measures in place to safeguard children whilst at Mimbre. The Trustees must ensure:

- The Safeguarding Trustee is responsible in the event of an allegation of abuse being made against the Designated Safeguarding Officer.
- The Trustees nominate a suitably trained and experienced Safeguarding Trustee, to be involved in investigating Safeguarding issues and Safeguarding policy reviews.

The Designated Safeguarding Officer is responsible for reporting to the Safeguarding Trustee to ensure:

- Reviews of any aspect of the company's Safeguarding Policy & Procedure are appropriate.
- Safe management of allegations.
- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay.

1.5 Safer recruitment

Anyone who has a previous conviction for offences related to abuse against children is automatically excluded from working with children.

1.5.1 Staff and freelance recruitment

Safeguarding the young people who Mimbre has contact with is considered at the recruitment stage. All job descriptions relating to a job involving contact or work with



children will include the following statement that outlines the organisational expectation of the post-holder:

All staff have a responsibility to safeguard and promote the welfare of children. The post holder will undertake the appropriate level of training and is responsible for ensuring that they understand and work within the safeguarding policies of the organisation.

All staff, and freelancers are required to:

- Provide a DBS check (see section 1.5.3).
- Attend an interview and provide references. Interviews will always be held face to face, with pre-planned questions. Any gaps in employment, frequent changes in employment, vague statements or unfamiliar qualifications will be examined thoroughly.
- Produce original copies of all qualifications regarding working with young people.
- Allow for their identity to be checked, via acceptable forms of photographic documentation (e.g. passport, photo driver's licence).
- Provide a minimum of 2 references, one of which must be from the most recent employer prior to the person starting work.

1.5.2 Volunteers, chaperones and Trustees recruitment

Chaperones must have a direct link to Mimbres youth programme by either being a carer/parent/guardian or none-youth related Mimbres staff (i.e. Executive Director).

All volunteers, working with children on regular basis (i.e. more than two sessions) are required to:

- Provide a DBS check (see section 1.5.3)
- Attend a meeting with an Artistic Director and Education Officer, and provide details of their experience along with 2 references.
- Produce original copies of all qualifications regarding working with young people if available.
- Allow for their identity to be checked, via acceptable forms of photographic documentation (e.g. passport, photo driver's licence).

Mimbres will always ensure that anyone working with young people has an enhanced DBS check, however on specific one-off occasions where volunteers, chaperones, and trustees are working with young people without a DBS, they will always be paired with a member of staff who has been fully checked and will not be left alone with the young people.

1.5.3 DBS checks

Every new member of staff who works directly with, or has regular contact with young people, will require a new DBS check at enhanced level.



Mimbre will conduct repeat checks every 3 years on every member of staff who works directly with, or has regular contact with young people – either by means of the DBS Update Service or otherwise.

For freelancers and volunteers who have a DBS Certificate number and are registered with the Government's DBS update service, we will verify their details online and accept this as equivalent to the company having carried out a DBS independently. This will be reviewed at the beginning of each new contract or every 3 years whichever is the shorter period.

We will accept recent DBS checks (within 3 years) obtained by other organisations for freelance staff working on projects independently when we have worked with them for over two years.

An acceptable DBS check will be obtained before the employee/volunteer/Trustee starts work with any young people

1.6 Induction

All staff, freelancers, and volunteers who will be working with young people will be given information on implementing Mimbre's Safeguarding Children Policy and procedures within two weeks of engagement. They will be asked to read and retain a copy of this document.

All staff, freelancers, volunteers and chaperones working with young people on one off basis, will be required to read and adhere to Mimbre's does and don'ts of good practice (appendix 2). Chaperones will be given a user-friendly guide to our policies, along with our code of behaviour (appendix 3.2). Our safeguarding policy will also be made available for further information.

All staff, freelancers and volunteers, are actively encouraged to discuss concerns with their line manager or an appropriate member of staff.

Young people and parents of registered participants will be made aware of our Safeguarding Children Policy through a letter that is provided with registration forms at the beginning of each term/project. This will include information about who is the Designated Safeguarding Officer and Deputy Safeguarding Officer at Mimbre and how to contact them.

All staff are required to re-read the Safeguarding Policy and Procedures, at the beginning of each year, and will be briefed by the Education Officer of any changes and/or new policies.

Mimbre safeguarding policy will be made available on their website after it has been approved by the Board.

1.8 Training

The safeguarding process includes training for staff and freelancers after recruitment on a regular basis to keep up to date with current thinking and practice.

Teacher practice is reviewed informally at the end of each session and formally in termly evaluation meetings.



1.9 Premises

Mimbre does not have its own venue and has to lease premises to run their youth programme. All group work is delivered off site at venues run by other organisations, e.g. schools, community or privately run centres.

It is important, in advance of the project start, that staff are clear about the exact safeguarding policy and procedures they are to follow. To do that:

- We will supply partners with a copy of our Safeguarding Children Policy.
- For work in hired venues, we will inform the venue that Mimbre has a Safeguarding Policy and that this is followed at all times. Any staff or volunteers associated with the host but linked to Mimbre delivery will be treated as staff.
- For work in schools and/or partner venues, Mimbre will submit its' own policy and will ask how to abide by the host's Safeguarding Policy, including dealing with disclosure.

1.10 Safer working practice

- Mimbre staff will not work alone with a group of young people, and will always ensure that at least one other worker is present. This may be a Mimbre staff, teacher, a volunteer, or a representative from another organisation.
- For the purposes of one to one interactions with young people (e.g. discussions about behaviour), the project leader must approve this course of action and be informed of where this is happening.
- When undertaking one to one work with young people, Mimbre staff will notify their Line Manager who they are meeting and where, and how they can be contacted. The meeting should happen in a public place. Staff should never meet young people at their homes.
- Mimbre's staff and freelancers will not establish or seek inappropriate written or electronic communication with young people. This includes personal mobile phone texts, chat-rooms, social networking sites (inc. Facebook, twitter, Instagram etc), email, photographs, etc. If staff are concerned that any such communications have safeguarding issues they must seek advice from the Safeguarding Officer or Safeguarding Deputy immediately.
- Members of Mimbre's staff should not arrange to meet a participant outside of the set project times, without the prior knowledge and agreement of a Senior Manager.
- Occasionally members of the community are asked to help during the programme or events. In these instances, they will never be left alone with the children.
- The strength of Mimbre's programme is being embedded in the community where our programme takes places. However, this means that some teachers and programme directors might encounter young people from the programme outside class times as their children might be friends with the young people, attend the same school, or live in the same neighbourhood. It is therefore important that Mimbre staff always make a clear distinction between occasions where they interact with the children as a teacher and a representative of Mimbre, and occasions where they interact with the children as a parent, a local community member, or a neighbour.
- On that note, staff, freelancers and volunteers should not allow their affinities/friendships with some community members to interfere with expressing concern if they recognise that something is wrong. Please consult section 3.7 for more info.
- Mimbre recommends that anyone working with young people regularly, saves the important numbers given in section 1.4.1 for immediate access in case of emergency.



- If a situation or conflict occurs in a workshop where a young person is in risk of hurting someone else or themselves with intent, then the workshop should be temporarily stopped and the situation defused. If the teacher's only option is to physically restrain a young person to stop them from hurting themselves or someone else, then the incident needs to be recorded with full details of what happened, the incident reported to parents and the Designated Safeguarding Officer and the teachers must check if the child in question has been hurt and need any further support.
- Acrobatics is a high-risk activity. Parents and participants are made aware of the risks prior to registration. Participants and parents are asked about previous injuries and/or disabilities to adjust the teaching appropriately. Measures are taken during workshops to teach young people about training and learning safely.

For more info on best practice please consult appendix 4, Risk Assessments in appendix 9, and Mimbre Health & Safety Policy in appendix 10.



2. Defining child abuse

2.1 Introduction

Child abuse is any form of physical, emotional, or sexual mistreatment or lack of care that leads to injury or harm, it commonly occurs within a relationship of trust or responsibility and is an abuse of power or a breach of trust. Abuse can happen to a young person regardless of their age, gender, race or ability. The effects can be so damaging that if not treated, it may follow the individual into adulthood.

There are four main types of abuse: **physical abuse, sexual abuse, emotional abuse, and neglect**. The abuser may be a family member, someone the young person encounters in residential care or in the community, including sports and leisure activities. Any individual may abuse or neglect a young person directly, or may be responsible for abuse because they fail to prevent another person harming the young person.

2.1.1 Young people with disabilities

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

The reasons why disabled children are more vulnerable to abuse are:

- Many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children
- Their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour
- They have an impaired capacity to resist or avoid abuse
- They may have speech, language and communication needs which may make it difficult to tell others what is happening
- They often do not have access to someone they can trust to disclose that they have been abused
- They are especially vulnerable to bullying and intimidation
- Looked after disabled children are not only vulnerable to the same factors that exist for all children living away from home, but are particularly susceptible to possible abuse because of their additional dependency on residential and hospital staff for day to day physical care needs.

Disabled children have the same human rights as non - disabled children to be protected from harm and abuse. Disabled children and young people should be seen as children first. Having a disability should not and must not mask or deter an appropriate enquiry where there are child protection concerns.

Safeguarding disabled children's welfare is everybody's responsibility, and given that we know that disabled children are more vulnerable to abuse than non-disabled children, awareness about safeguarding disabled children and what constitutes best practice, is essential.



We must be aware that the belief that disabled children are not abused or beliefs that minimise the impact of abuse on disabled children can lead to the denial of, or failure to report abuse or neglect.

Additional resources and time may need to be allocated, if an investigation of potential or alleged abuse is to be meaningful. This is a basic premise and should not be ignored at any stage of the safeguarding process

2.2 Types of abuse

Abuse and neglect are forms of maltreatment of a child or young person. 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 a stranger. They may be abused by an adult or adults, or another child or children.

All staff and volunteers should be aware that the main categories of abuse are:

- **Physical Abuse:** where adults physically hurt, or injure a young person e.g. hitting, shaking, throwing, poisoning, burning, biting, scalding, suffocating, drowning. Giving young people alcohol or inappropriate drugs would also constitute child abuse.

This category of abuse can also include when a parent/carer reports non-existent symptoms or illness deliberately causes ill health in a young person they are looking after. This is called Munchausen's syndrome by proxy.

In a sports situation, physical abuse may occur when the nature and intensity of training disregard the capacity of the child's immature and growing body

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

Ill treatment of children, whatever form it takes, will always feature a degree of emotional abuse.

Emotional abuse in sport may occur when the young person is constantly criticised, given negative feedback, expected to perform at levels that are above their capability. Other forms of emotional abuse could take the form of name calling and bullying.

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

Refusal to give love, affection and attention can also be a form of neglect.



Neglect in sport could occur when a coach does not keep the young person safe, or exposing them to undue cold/heat or unnecessary risk of injury.

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

2.3 Indicators of abuse

Even for those experienced in working with child abuse, it is not always easy to recognise a situation where abuse may occur or has already taken place. Most people are not experts in such recognition, but indications that a child is being abused may include one or more of the following:

- 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 an explanation seems inconsistent
- The young person describes what appears to be an abusive act involving them
- Another young person or adult expresses concern about the welfare of a young person
- Unexplained changes in a young person's behaviour e.g. becoming very upset, quiet, withdrawn or displaying sudden outbursts of temper
- Inappropriate sexual awareness
- Engaging in sexually explicit behaviour
- Distrust of adults, particularly those whom a close relationship would normally be expected
- Difficulty in making friends
- Being prevented from socialising with others
- Displaying variations in eating patterns including over eating or loss of appetite
- Losing weight for no apparent reason
- Becoming increasingly dirty or unkempt

Whilst at times, it is immediately apparent that a non-disabled child has suffered significant harm, it is not always so and lengthy enquiries are often necessary.

Where there are safeguarding concerns about a disabled child, there is a need for greater awareness of the possible indicators of abuse and/or neglect, as the situation is often more complex. However, it is crucial when considering whether a disabled child has been abused and/or neglected that the disability does not mask or deter an appropriate investigation of child protection concerns. Any such concerns for the safety and welfare of a disabled child should be acted upon in the same way as that for a non-disabled child, as set down in Working Together to Safeguard Children (2006).

When undertaking an assessment (and considering whether significant harm might be indicated) professionals should always take into account the nature of the child's disability.

The following are some indicators of possible abuse or neglect for disabled children:

- A bruise in a site that might not be of concern on an ambulant child, such as the shin, might be of concern on a non-mobile child
- Unwillingness to try to learn a child's means of communication



- Ill-fitting equipment e.g. calipers, sleep boards, inappropriate splinting; misappropriation of a child's finances
- Not getting enough help with feeding leading to malnourishment
- Poor toileting arrangements
- Lack of stimulation
- Unjustified and/or excessive use of restraint
- Rough handling, extreme behaviour modification e.g. deprivation of liquid, medication, food or clothing
- Invasive procedures which are unnecessary or are carried out against the child's will

It must be recognised that the above lists are not exhaustive, but also that the presence of one or more of the indications is not proof that abuse is taking place.



3. Responding to suspicions and allegations

3.1 Introduction

It is not the responsibility of anyone working in Mimbre to decide whether child abuse has taken place. However, there is a responsibility to act on any concerns through contact with the appropriate authorities so that they can then make inquiries and take necessary action to protect the young person. This applies BOTH to allegations/suspicions of abuse occurring within Mimbre and to allegations/suspicions that abuse is taking place elsewhere.

Any staff with safeguarding concerns should share these as soon as possible with the Designated Safeguarding Officer/Deputy/Trustee (when appropriate) **within 24 hours or sooner should the matter need urgent response**. Mimbre should follow the same protocol when concerns are about a disabled child.

3.2 Receiving evidence of possible abuse

We may become aware of possible abuse in various ways. We may see it happening, we may suspect it happening because of signs such as those listed in section 2.3 of this document, it may be reported to us by someone else or directly by the young person affected.

In the last of these cases, it is particularly important to respond appropriately. If a young person says or indicates that they are being abused, you should:

- **stay calm** so as not to frighten the young person
- **reassure** the child that they are not to blame and that it was right to tell
- **listen** to the child, showing that you are taking them seriously
- **keep questions to a minimum** so that there is a clear and accurate understanding of what has been said. The law is very strict and child abuse cases have been dismissed where it is felt that the child has been led or words and ideas have been suggested during questioning. Only ask questions to clarify.
- **inform** the child that you must inform other people about what they have told you. Tell the child this is to help stop the abuse.
- **safety of the child** is paramount. If the child needs urgent medical attention call an ambulance, inform the doctors of the concern and ensure they are made aware that this is a child protection issue
- **record** all information
- **report** the incident to the welfare officer

In all cases if you are not sure what to do you can call the NSPCC for support

NSPCC Childline 0800 1111

NSPCC 24-hour helpline Tel No: 0808005000

Any suspected immediate risk to any child or children should be responded to immediately and the case referred to the First Access Screening Team (FAST) on 0208356 4844 or call the police on 999.

You can also call Children's Social Care, first response on 0208 356 5500, out of hours 0208 356 2710, FAST@hackney.gov.uk, Board 0208 356 4183.



3.3 Recording information

All information about concerns regarding the welfare of a child needs to be kept confidential and should only be passed on to other staff members/volunteers if it is essential for them to know.

Good record keeping is important. Clear, accurate records ensure that there is documented account of an organisation's staff, volunteers and other children's involvement, if an allegation has been recorded precisely. Recording the information is the responsibility of the person that has been told.

Disclosure/ Child Incident forms will always be available in project folder so they can be completed on the spot. They are also available on Mimbre's shared office drive, and in an email sent at the beginning of the term to all lead personnel.

Records are a good source of evidence for enquiries and may be used in court proceedings. When a child has made a disclosure – or witnessed an incident - the member of staff, freelancer or volunteer should:

- Make brief notes **as soon as possible** (within 24 hours) after the conversation/incident
- Record statements and observations rather than interpretations or assumptions
- Use clear, straightforward language, be concise, be accurate not only in fact, but in differentiating between opinion and judgement
- Not destroy the original notes in case they are needed by a court
- Record the date, place, time of incident - with child's name and date of birth
- For incidents: record a factual account of what happened, what was seen and heard
- For disclosures: record any noticeable non-verbal behaviour and the words used by the child
- Record who else is present when the disclosure/incident occurs (e.g. witnesses)
- Show actions taken (by who, when and why) and any future plans e.g. monitor and review
- Indicate on a diagram the position of any bruising or other injury
- Findings must be in chronological order
- Sign and print your name, with job title, on the written record
- All records need to be given to the Safeguarding Officer or the Safeguarding Trustee if the disclosure involves the Safeguarding Officer, promptly. No copies should be retained by the member of staff or volunteer.

A Disclosure Form is available in appendix 5 and on Mimbre's shared file system.

3.4 Reporting the concern in case of staff misconduct

All suspicions and allegations **MUST** be reported appropriately. It is recognised that strong emotions can be aroused particularly in cases where sexual abuse is suspected or where there is misplaced loyalty to a colleague. It is important to understand these feelings but not allow them to interfere with your judgement about any action to take.

Where there is a complaint against an employee or volunteer, there may be three types of investigations.

- **Criminal** in which case the police are immediately involved
- **Child protection** in which case the social services (and possibly) the police will be involved
- **Disciplinary or misconduct** in which case Mimbre will be involved



As mentioned previously in this document, Mimbre are not child protection experts and it is not their responsibility to determine whether abuse has taken place. All suspicions and allegations must be shared with professional agencies that are responsible for child protection.

All allegations against staff members should be dealt with fairly, quickly and consistently, in a way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.

Whenever it is alleged that a member of staff, volunteer or freelancer has:

- Possibly committed a criminal offence against, or related to, a child
- Behaved towards a child or children in a way which indicates s/he is unsuitable to work with children
- Behaved in a way that has harmed, or may have harmed a child

Staff member/s receiving the allegation must take it seriously and immediately inform the Safeguarding Officer.

If the concerns are about the Safeguarding Officer, then the designated Safeguarding Trustee should be contacted, via the Chair of Trustees:

Chair of Trustee, Jo carter Tel: 020 7682 3031
Current Designated Safeguarding Trustee: Jo Carter

If the Safeguarding Officer or Safeguarding Trustee decides that the allegation warrants further action through Safeguarding Procedures s/he **must immediately make a referral to Local Authority Designated Officer (LADO)**, in accordance with London Child Protection Procedures.

LB Hackney's LADO
LADO@hackney.gov.uk
020 8356 4569

The LADO works within Safeguarding and Reviewing Service within Children's Social Care and is the person responsible for conducting investigations against staff and volunteers. The LADO can provide advice, guidance and determines if the allegation will be investigated. The LADO will coordinate information-sharing.

The CHSCB can be consulted for advice and information on safeguarding and child protection issues.

Allegations of abuse are occasionally made sometime after the event. Where such allegation is made, you should follow the same procedures and have the matter reported to social services. This is because other children in the Youth Group or outside it may be at risk from the alleged abuser.

Consult appendix 6 for a flow charts on how to report a disclosure

3.5 Internal inquiries and suspension

Mimbre's Safeguarding Officer/Safeguarding Trustee will make an immediate decision about whether any individual accused of abuse should be temporarily suspended pending further police and social services inquiries.



Irrespective of the findings of the social services or police inquiries, Mimbre's Safeguarding Officer/Trustee will assess all individual cases to decide whether a member of staff or volunteer can be reinstated and how this can be sensitively handled. This may be a difficult decision; especially where there is insufficient evidence to uphold any action by the police. In such cases the Safeguarding Officer/Trustee must reach a decision based upon the available information which could suggest that on the balance of probability, it is more likely than not that the allegation is true. The welfare of the child should remain of paramount importance throughout.

3.6 Reporting the concern in external cases (e.g. a parent or carer)

The person receiving the disclosure should follow steps outlined in sections 3.3 and 3.4, by writing down the disclosure and alerting the Safeguarding officer as soon as possible within 24 hours.

Any suspected immediate risk to any child or children should be responded to immediately and the case referred to the First Access Screening Team (FAST) on 0208356 4844 or call the police on 999.

You can also call Children's Social Care, first response on 0208 356 5500, out of hours 0208 356 2710, FAST@hackney.gov.uk, Board 0208 356 4183.

Social Services and the Safeguarding Officer will decide how to inform the parents/carers. Remember to maintain confidentiality on a need to know basis (see section 3.6). For more info please consult appendix 6 for a flow charts of how to report a disclosure

3.7 Record keeping & confidentiality

Record Keeping

- Safeguarding records are kept in a safe cabinet in Mimbre's locked and private office.
- Advice must be sought from the LADO before any reference to child protection issues is logged in Mimbre's electronic database (i.e. on a participant's record) and where email is used to convey safeguarding information about specified people.
- All documents with young people's information are password protected.

Keeping records of confidential information:

- Child Protection information is confidential and must be kept in a secured separate file, available to the Safeguarding Officer
- Files on children must be open to parents
- Third party information is not to be disclosed without the consent of the owner
- Parents and young people have the right to request access to safeguarding records. Parents have to make formal requests to see their child's Child Protection File.
- Working notes are not subject to disclosure, but must eventually be summarised on file and then destroyed

More information on keeping records of confidential information can be found in appendix 7.

**Remember:**

- Non-action is not an option in child protection. You must act immediately: DO NOT assume someone else will.
- Pass information to the Safeguarding Officer without delay
- Do not under any circumstances attempt to provide counselling support or arrange to meet the young person or outside of the youth programme. Explain that you are not an expert in the area of need and that they will need to be put in touch with someone who can support them.

Support for staff

Dealing with a disclosure from a child, and a Safeguarding case in general, is likely to be a stressful experience. The Safeguarding Officer will arrange a de-brief with staff member/s and arrange suitable further support/s.

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only. This includes the following people:

- The Safeguarding Officer
- The parents of the child
- The person making the allegation
- Social Services/police
- The alleged abuser (and parents if the alleged abuser is a child)

Seek social services advice on who should approach the alleged abuser.

All information should be stored in a secure place with limited access to designated people, in line with data protection laws.

3.7 Whistle Blowing

You may be the first to recognise that something is wrong but may not feel able to express your concerns out of a feeling that this would be disloyal to colleagues or you may fear harassment or victimisation; these feelings, however natural, must never result in a child or young person continuing to be unnecessarily at risk. Remember it is often the most vulnerable children or young person who are targeted. These children need someone like you to safeguard their welfare:

Don't think what if I'm wrong - think what if I'm right

Reasons for whistle blowing:

- Each individual has a responsibility for raising concerns about unacceptable practice or behaviour
- To prevent the problem worsening or widening
- To protect or reduce risks to others
- To prevent becoming implicated yourself

If any member of staff, freelancer or volunteer has reason to suspect that another member of staff, freelancer or volunteer may have abused a child in an Mimbres session, or elsewhere, they must immediately inform a Senior Officer and/or Artistic Director (see section 3.4 and 3.6). They should also make a written record of the allegation using the informant's words; including time,



date and place where the alleged incident took place, what was said and anyone else present. This record should be signed and dated and immediately passed on to the designated Senior Officer.

You may raise your concern by telephone, in person or in writing. The earlier you express your concern, the easier it is to take action. You will need to provide the following information:

- The nature of your concern and why you believe it to be true
- The background and history of the concern (giving relevant dates).

Although you are not expected to prove beyond doubt the truth of your suspicion, you will need to demonstrate to the person contacted that you are acting in good faith and there are reasonable grounds for your concern.

What happens next?

- You should be given information on the nature and progress of any enquiries
- Your line manager has a responsibility to protect you from harassment or victimisation
- No action will be taken against you if the concern proves to be unfounded and was raised in good faith
- Malicious allegations may be considered a disciplinary offence

Further advice and support

It is recognised that whistle blowing can be difficult and stressful. Advice and support is available from the Safeguarding Officer; you can also seek advice from the NSPCC.

NSPCC Whistleblowing advice line: 0208 028 0285

<https://www.nspcc.org.uk/fighting-for-childhood/news-opinion/new-whistleblowing-advice-line-professionals/>

Self-reporting

There may be occasions when Staff, freelancers and volunteers have a personal difficulty, maybe a physical or mental problem, which they know to be impinging on their professional competence.

Staff, freelancers and volunteers have a responsibility to discuss such a situation with their line manager so professional and personal support can be offered to the member of staff concerned.

Confidentiality cannot be guaranteed where personal difficulties realise concerns about the welfare or safety of children but will only be shared on a “need to know” basis.



4. Communications (phone, text, internet, social media)

Mimbre is currently writing a company Digital Policy, which will be included in this document as an appendix when it is finalised. The company's policy is being written in line with Hackney's internet and social media safety framework.

Staff, freelancers and volunteers should at all times maintain a professional relationship with young people in their charge and should not place themselves in a position where they are alone with a pupil or where their actions could be misinterpreted.

It is therefore strongly enforced that staff, freelancers, and volunteers **DO NOT** link with young people on social networking sites or text message using their personal mobile phones to conduct friendships. Communication should be kept to professional and relevant to the work we do with young people, e.g. late for classes, scheduling a rehearsal etc.

Mimbre does not use computers in its' programme with young people therefore we cannot actively monitor their internet safety. We however sometimes post/create content on social media/online with/for our youth programme e.g. videos of choreographies for young people to practice at home and/or inspiring videos. Parents are aware of the channels we use, and it is made clear that it is up to them to allow their children access to these channels, allowing for parental control over internet usage and safety.

5. Trips and outings

Mimbre provides trips and outings for young people as a part of their overall learning programme. It is vital that safeguarding measures are put in place well before the trip takes place:

- Mimbre will review its risk assessment policy prior to a trip, making sure that all potential risks to young people's safety have been dealt with.
- Parents will be informed with exact details of the trip, along with the contact details of the lead staff during the trip and other emergency numbers.
- Any last-minute changes in circumstances, the situation will be assessed and if it is not safe to go ahead, the trip will be cancelled.

Please consult Mimbre Risk assessment form appendix 9

6. Changing and Dressing Rooms

Mimbre's programmes often culminate in performances. Children required to change their clothing for rehearsals or performances will be provided with designated male/female spaces to get changed and we will ensure that a member of staff is nearby to respond to any issues that arise. If a child does not identify with a gender, s/he will be allowed to change in a different space with a member of staff nearby to respond to any issues that arise.

Where costume fittings are required with a member of staff, we will ensure that they are not left alone with a young person.



7. Photography and sharing images

The company uses filming and photography as part of the teaching and to celebrate the young people's achievement. However, this should only be conducted with the teacher's or staff's personal cameras or equipment if prior approval has been given by line-manager and no adequate company equipment is available. If images are taken with personal equipment they should be downloaded as soon as possible onto company systems and original files deleted from the personal device.

However, it's also important to be aware of safeguarding issues when people are taking photos or filming at events. The following guidance has been adapted from NSPCC guidelines and is designed to reduce the potential for misuse of images by making staff aware of the potential risks and dangers and putting appropriate measures in place.

Some of the potential risks of photography and filming at events include:

- children may be identifiable when a photograph is shared with personal information
- direct and indirect risks to children and young people when photographs are shared on websites and in publications with personal information
- inappropriate photographs or recorded images of children
- inappropriate use, adaptation or copying of images.

Company Policy:

- Use a parental permission form to obtain consent for a child (Under 16) to be photographed and videoed and provide information about our safeguarding policy. Distinguish the potential use of such images i.e. for company promotion: flyers, posters, website, social media; for accreditation purposes (not public); for funding reports (not public).
- Do not use children's names in photograph captions (other than for accreditation). If a child is named, avoid using their photograph.
- Only use images of children in suitable clothing to reduce the risk of inappropriate use. Be aware that performance photographs can present a much greater risk of potential misuse.
- Be aware of how images of children on our website can be misused. Images accompanied by personal information, such as the name of a child and the location where they work with us, could be used to learn more about a child prior to grooming them for abuse.
- Teacher's or staff's personal cameras or equipment can be used, if prior approval has been given by line-manager and no adequate company equipment is available. If images are taken with personal equipment they should be downloaded as soon as possible onto company systems and original files deleted from the personal device.
- Ensure that young people who have their own cameras (including mobile phones) in sessions understand the risk factors and company policy and clarify that they should not share photos of other children on social media.
- Provide written expectations for professional photographers and press who are invited to an event including the organisation's expectations of them in relation to child protection.
- Do not allow photographers unsupervised access to children.
- Do not approve photography sessions outside the event or at a child's home.



- When the group includes any children that have not consented to their images being shared publicly, we will ask parents, carers, family members and others at sharings and community sessions, to refrain from sharing images on social media.
- Images or video recordings of children must be kept securely. Hard copies of images should be kept in a locked drawer and electronic images should be in a protected folder with restricted access.
- The Designated Safeguarding Officer will together with the Education Manager agree on a selection of approved images for publicity and presentation about the company's work with young people. This folder will only include appropriate images where participants/parents have consented to public use of the image.

8. Supporting Young People

If a young person is not at risk of “significant harm or of harming themselves” but is in need of more support around issues such as body image issues, relationships, drug use, bullying etc. there are a number of organisations which can support them. Staff with concerns should ask Mimbre's Designated Safeguarding Officer/Deputy Designated Safeguarding Officer for advice on linking with appropriate agencies and information/referral options.

Staff should note that if a person is caring for a young person under 16 (or under 18 if disabled) for more than 28 days and they are not a near relative (father, mother, brother, sister, uncle, aunt, grandparent, step-parent) and do not have parental responsibility for the child, then they have to inform Social Services. It is up to Social Services to assess whether or not it is safe for the child to reside with the carer. If staff have any concerns about a young person who is residing with someone without official parental responsibility, they should contact the Safeguarding Officer.

If there are concerns that a young person is becoming radicalised or groomed into violent extremism, please contact one of the following:

Lisa Aldridge, Service Manager, Safeguarding and Reviewing Team:
Lisa.Aldridge@hackney.gov.uk or 020 8356 6164.

Brendan Finegan, Service Manager, Youth Justice:
Brendan.Finegan@hackney.gov.uk or 020 8356 1107.

Paul Kelly, Head of Wellbeing and Education Safeguarding:
Paul.Kelly@learningtrust.uk or 020 8820 7325.

Alternatively, please make a direct referral to Children's Social Care via the First Access & Screening Team. For consultations about referrals to the Channel process please contact Tracey Thomas, Prevent Coordinator: Tracey.Thomas@hackney.gov.uk or 020 8356 8104.

9. Bullying

Bullying is not be tolerated at Mimbre, and the organisation has a responsibility to do what is needed to make sure the company's anti-bullying and harassment policy is understood and followed by everyone involved with Mimbre.



Bullying is not always easy to see. (Please see advice below)

When bullying is suspected, it will be investigated immediately. All complaints and incidents of bullying will be recorded and monitored.

Bullying will be dealt with in a positive manner and in a way that is appropriate to each situation, recognising that there are a variety of reasons for bullying. It will never be dealt with by aggression, humiliation or revenge. In particular, staff should insist that individuals take responsibility for their own actions and should encourage parents to take responsibility for their own children.

Mimbre will continue to monitor the incidence of bullying via the incident report sheets.

Advice and guidance for staff working with participants

Evidence of Bullying can be:

- **Physical** involving pushing, punching, hitting and kicking
- **Verbal** involving name-calling, teasing, taunting, threatening, insulting families, telephoned abuse, silent calls and rubbishing other peoples' work. It may include comments on colour, ethnicity, culture, beliefs and national origin.
- **Silent** involving isolating the victim, following, menacing stares, excluding the victim from group activities and rude gestures.
- **Written** involving notes, letters, graffiti, e-mail and other computerised messages
- **Images** sometimes referred to as 'cyber-bullying'.
- **Stealing** the victim's property or taking property without permission - food, etc
- **Damaging** pens/pencils, phones or money for example. It may go as far as extortion
- **Manipulative** manipulates social networks with the intention of excluding, ostracising or marginalising individuals from their friends and normal relationships

Signs of bullying include:

- behavioural changes such as reduced concentration and/or becoming withdrawn, clingy, depressed, tearful, emotionally up and down, reluctance to go training or performances
- an unexplained drop off in performance
- physical signs such as stomach aches, headaches, difficulty in sleeping, bed wetting, scratching and bruising, damaged clothes, bingeing e.g. on food, alcohol or cigarettes
- a shortage of money or frequents loss of possessions

Strategies and advice for staff dealing with bullying:

- Provide a good role model. Pick up and deal with small incidents in workshops or rehearsals or workplace, eg "nicking" pens, refusing to work with people, name-calling, comments relating to appearance or beliefs.
- Assume that all bullying cases are different.
- Watch for early signs of distress, eg deteriorating work, spurious illness, isolation, clinging to adults, erratic attendance.
- All incidents and disclosures should be taken seriously and should be acted on.
- Listen carefully, record accurately and do not act as a judge.
- Seek assistance and discuss all stages of action. Do not rush into action, but do not leave the victim at risk or feeling that nothing has been done.



- Be careful that you do not encourage a participant or colleague to disclose a problem and then have no time to deal with it. Give time to a disclosure and seek support to do this. Do not look for reasons to blame the victim. The victim is not responsible for the bullying.
- Work at the victim's pace, be supportive and do not force the pace. Allow the victim to explore possible responses to incidents.
- Do not accept the bully's excuse, e.g. "I was only joking/playing". Point out that it was not funny/not a game for the victim.
- Make it clear that such behaviour is unacceptable and must not be repeated. Do not deal with bullying by bullying.
- Encourage all involved to accept responsibility for their own behaviour and the consequences of that behaviour. Consider the appropriateness of Restorative Justice.
- Encourage all witnesses to accept that they have the responsibility to act against bullying by reporting incidents, by making it clear they do not approve of bullying behaviour and by making sure no one is isolated.
- Get other students/adults/colleagues to provide support for the victim so they are not alone, and feel supported and safe.
- Always involve the parents of all students. Always give parents information and avoid looking to apportion blame. In the case of employees, involve the line manager or a nominated friend.
- If you come across a serious incident, ensure the victim is removed to a safe place as soon as possible.



APPENDIX 1 – Hackney Child Wellbeing Framework

Hackney Child Wellbeing Framework

The Hackney Child Wellbeing Framework focuses upon child and family needs, not thresholds for services. It does, however, attempt to give an indication of what might be an appropriate approach to responding to child and family needs by defining three levels:

- **Universal** – a response by universal services, often working individually
- **Universal Plus and Universal Partnership Plus** – a response by universal services working together in universal settings and sometimes bringing additional targeted resources into a multi-agency partnership plan to both assess and address concerns
- **Complex/high risk** – a response that requires high level specialist services, often governed by statutory frameworks, to take the lead role.

Universal services that meet universal needs include schools and childcare providers, children’s centres, health visiting, school nursing, GPs, play services, Young Hackney, police, housing and the voluntary and community sector.

Some of the targeted services that can support universal services include family support services, First Steps, Young Hackney, Special Educational Needs, behaviour and educational support, speech and language therapy, short breaks and support for transitions, and voluntary and community services.

When needs are numerous or sufficiently intense to require a Universal Plus or Universal Partnership Plus response, this will often require a written plan as part of the Common Support Framework, Key Worker Action Plan (step across) or a Child and Family Assessment (step down) so that the family and all workers involved are aware of what outcomes we hope to achieve, who is responsible for the actions to achieve them and how we will know when we are successful.

When children and families have complex needs or are high risk, specialist support will sometimes be provided by Children’s Social Care. This is indicated in the table by using **a bold typeface**. These are often situations where the child is at risk because of deficits in parenting or carer capacity. Other specialist services include Young Hackney, Child and Adolescent Mental Health Services and specialist disability services (social care and/or health).

The pathway and processes for responding to need are described in the Resource Guide.

It is important to remember that each child and family will have a unique set of needs and strengths. The Child Wellbeing Framework is a guide and is not intended to replace professional knowledge, experience and discretion.

Professionals should be alert to the likely cumulative effect on children and young people of multiple concerns and consider whether the presence of numerous indicators (about the parenting being provided) amounts to the child’s needs being neglected.



Universal <i>Any identified additional needs can be met by universal services.</i>	Universal Plus and Universal Partnership Plus <i>Child/young person's needs can be met by universal services working together or with the addition of some targeted services</i>	Complex/High Risk <i>Child/young person's needs require specialist services or a statutory response including Children's Social Care investigation and/or intervention</i>
Health		
<ul style="list-style-type: none"> • Has had all age-appropriate interventions in the Healthy Child Programme • Is healthy and well, development is age-appropriate and has had all appropriate immunisations • Has a healthy diet and appears well-nourished • Is registered with a GP and basic services such as dentist, optician • Can manage own treatment for any condition e.g. asthma, and take part in everyday life 	<ul style="list-style-type: none"> • Long term conditions or serious illness • Frequent illness/accidents • Mild level of disability requiring additional support to be maintained in a universal setting • Poor nutritional status • Developmental delay • Non-immunised • Significantly under/overweight • Significant faltering growth of known cause • Multiple attendances at A & E or acute healthcare settings • Language and communication difficulties • Missed appointments—routine and non-routine • Child has significantly dropped in their placement along the 'centile' range for height/weight without adequate explanation • Child has conditions which, because of parents/carers not adhering to treatment plan, cause unnecessary levels of suffering • Child is not appropriately supervised 	<ul style="list-style-type: none"> • Significant faltering growth of unknown cause • Significant developmental delays, disability or long term condition apparently caused or exacerbated by care given by parents • Injuries not consistent with explanation given • Disclosure of abuse from child/young person • Serious concern regarding fabricated/induced illness • Evidence of physical, emotional or sexual harm or neglect • Complex disability that cannot be maintained in a mainstream setting or without additional support • Child is born with indications of maternal substance misuse • Child in infancy has lost weight without adequate explanation • Child in hospital setting continuously for 3 months • Child is suffering as a result of inadequate access to primary/secondary healthcare • Child is consistently dirty/malodorous • Child has experienced or is at risk of experiencing Female Genital Mutilation • Young person has been victim of a knife or gun related injury



Emotional Health, Wellbeing and Behaviour

- | | | |
|--|---|---|
| <ul style="list-style-type: none">• Good mental health and psychological well being• Good quality attachments and relationships | <ul style="list-style-type: none">• Low self esteem, withdrawn, or shows signs of depression• Challenging behaviour that parents find difficult to manage• Bullying or being bullied• Non life-threatening self harm• Child has caring responsibilities that impact on behaviour/development• Anxiety, low level depression or other difficult feelings• Difficult behaviour including inappropriate risky behaviour• Parental or family separation, illness or health problems• Relationship difficulties with family, friends or teachers• Child is significantly delayed in speech/expressive communication• Young person is being pressured to become gang-involved | <ul style="list-style-type: none">• Child's behaviour/activities places self or others at imminent risk of serious harm• Child persistently runs away• Child appears to have been trafficked• Complex mental health and learning disability issues requiring long term or specialist interventions and treatment• Expression of suicidal thoughts• Severe or life-threatening mental health conditions (e.g. psychosis, risk of suicide or severe self harm, severe depressive episode, anorexia nervosa)• Severe impairment of functioning associated with mental health disorders (e.g. severe anxiety, severe OCD, phobic, panic disorders, ADHD, ASD, Tourette's syndrome, school refusal where mental health disorder plays a significant role.• Conduct difficulties and those which co-exist with other disorders where specific interventions may influence outcome, including children and young people who present a forensic risk• Moderate to severe depression• Severe and/or complex relationship difficulties leading to significant impairment of functioning and wellbeing |
|--|---|---|



Education		
<ul style="list-style-type: none"> • Achieving key stages • Good attendance at school/college/training • No barriers to learning • Planned progression beyond statutory school age 	<ul style="list-style-type: none"> • Poor concentration • Low motivation • Out of school/excluded • Regular truancy • Non-attendance which is not certified by health professionals • NEET or at risk of NEET • School Action Plus • Frequent moving of school without reasonable cause • Poor access to books, toys, educational materials and/or correct uniform • Educated at home with engagement from family but child is not developing appropriately • Child has poor pro-social relationships and is being bullied and showing signs of developmental delay • Child consistently falls asleep during lessons 	<ul style="list-style-type: none"> • Chronic non-attendance, truanting • Permanently excluded • Children missing from education • No parental support for education • Statement of Special Educational Needs/Education Health and Care Plan • Professional concerns about the safety or wellbeing of a child whose family has elected home education
Social and Neighbourhood		
<ul style="list-style-type: none"> • Development stimulated through play and/or appropriate peer group interaction • Knowledgeable about the effects of crime and anti-social behaviour • Age-appropriate knowledge about sex and relationships • Age-appropriate independent living skills 	<ul style="list-style-type: none"> • Illegal employment • Difficulties with peer relationships • Child/young person not exposed to new/stimulating experiences • Pro-offending behaviour and attitudes • Coming to the notice of police • Engaging in substance misuse • High levels of anti-social behaviour/criminality • Being a victim of crime 	<ul style="list-style-type: none"> • Under 13 engaged in sexual activity • Child is begging/scavenging for food or money • Teenage parent under 16 • Young person being harmed through their substance misuse • Young people who pose a risk of harm to others • Young people involved in the Criminal Justice System • Child in secure remand • Inappropriate or harmful sexual/sexualised behaviour*



Social and Neighbourhood (continued)		
	<ul style="list-style-type: none"> • Learning disability that places young person in vulnerable situations • Child is not appropriately supervised in the home or community • Young person is undertaking activities that evidence gang-involvement e.g. videos • Child/young person is displaying extremist views and behaviours 	<ul style="list-style-type: none"> • Child being sexually exploited • Child exploited for criminal purposes • Child/young person being groomed into violent extremism • Child in custody with no family support or involvement • Child in hospital setting continuously for 3 months
Parents/Parenting		
<ul style="list-style-type: none"> • Consistent parenting providing appropriate guidance and boundaries • Child's physical needs are adequately provided for • Parenting generally demonstrates praise, emotional warmth and encouragement • Positive family relationships, including between separated parents 	<ul style="list-style-type: none"> • Mental and/or physical health needs or learning difficulties that can affect care of the child • Postnatal depression • Excessive anxiety regarding child's health • Colludes with or condones failure to attend school • Inconsistent or harsh parenting • Lack of consistent boundaries, supervision and guidance • Relationship difficulties that impinge on child • Substance and or alcohol misuse affecting parenting • Criminal or anti-social behaviour • Learning difficulties that affect parenting/caring • Parent/carer has health needs or engages in behaviour that leads to child being a 'young carer' • Parent/carer is begging for food/money • Parent/carer avoiding or refusing to engage with professionals where a concern has been raised 	<ul style="list-style-type: none"> • Failure to access pre/postnatal care • Very young or vulnerable child left alone • Drug or alcohol abuse seriously affecting the ability to function • Child/young person rejected from home • Inability to judge dangerous situations • Inability to protect child from harm • Emotional neglect where earlier interventions have not been effective • Adult mental health significantly impacting on the care of the child or young person • Parent has serious mental health condition and child/young person is subject of parental delusion • Parent/carer with significant learning disability seriously affecting ability to parent • Any parent/carer who attempts suicide or self-harm • Parent causing significant harm to child



Parents/Parenting (continued)		
	<ul style="list-style-type: none"> • Parent/carer does not encourage development of child's independence • Parents/carers fail to understand the physical, social and spiritual needs of children at specific ages or stages • Parents/carers do not take responsibility for issues which are beyond a child's developmental maturity 	
Family and Environment		
<ul style="list-style-type: none"> • Good family relationships • Family feels accepted by the community • Family members are physically well and mentally stable • Family has positive relationships and appropriate support from others • Income is consistent and sufficient to meet basic family needs • Family have access to good, age-appropriate facilities 	<ul style="list-style-type: none"> • Inadequate/overcrowded housing • Family homeless or in temporary accommodation • Family routine not conducive to child's needs • Socially or physically isolated • Household members with disability or significant health problems • Family experiencing harassment, discrimination or are victims of crime • Children sometimes wear inappropriate clothing or appear unkempt • Scale 1 & 2 Domestic Violence as per Barnardo's Guidance • Home environment is not suitable for children/there are visible health and safety risks • The home is very cluttered 	<ul style="list-style-type: none"> • Children who are being looked after in private fostering arrangements • Adult who poses risk to children is in household or in contact with family • Drug taking, prostitution, and illegal activities that significantly impact on child • Children consistently appear dirty/clothing is inappropriate for climate • Imminent family breakdown • Homeless and destitute • Scale 3 & 4 Domestic Violence as per Barnardo's Guidance • Medicines or harmful products have been ingested by the child • There is insufficient/inadequate food for the child to eat



APPENDIX 2 – Do’s and don’ts of good practice

DO

- **Do** always treat all young people equally and with respect and dignity
- **Do** make the experience of acrobatics and street dance fun and enjoyable: promote fairness, confront and deal with bullying
- **Do** always put the welfare of the young person first
- **Do** be an excellent role model, this includes not smoking or drinking alcohol in the company of young people and dressing appropriately
- **Do** always work in an open environment (e.g. avoiding private or unobserved situations and encouraging open communication with no secrets)
- **Do** recognising the developmental needs and capacity of the young person and do not risk sacrificing welfare in a desire for achievements. This means avoiding excessive training or competition and not pushing them against their will
- **Do** maintain a safe and appropriate distance with participants (e.g. it is not appropriate for staff or volunteers to have an intimate relationship with a child or to share a room with them)
- **Do** avoid unnecessary physical contact with young people. Where any form of manual/physical support is required it should be provided openly and with the consent of the young person. Physical contact can be appropriate so long as it is neither intrusive nor disturbing and the young person’s consent has been given. Guidance on physical contact is detailed in **Appendix 4**
- **Do** always give enthusiastic and constructive feedback rather than negative criticism
- **Do** involve parents/carers wherever possible, e.g. where young people need to be supervised in changing rooms, encourage parents to take responsibility for their own child. If groups must be supervised in changing rooms always ensure parents, teachers etc work in pairs
- **Do** keep a written record of any injury that occurs, along with details of any treatment given
- **Do** remember than someone else might misinterpret your actions, no matter how well intentioned.
- **Do** recognise that caution is required, even in sensitive moments when you are counselling a young person or over issues such as bullying, bereavement or abuse.
- **Do** respect a young person’s right to personal privacy.
- **Do** provide opportunities for young people to talk about any concerns they may have with a range of adults.

DON’T

- **Don’t** unnecessarily spend amounts of time alone with young people away from others
- **Don’t** take young people alone in a car on journeys, however short
- **Don’t** take young people to your home where they will be alone with you
- **Don’t** share a room with a young person
- **Don’t** engage in rough, physical or sexually provocative games
- **Don’t** allow or engage in inappropriate touching of any form
- **Don’t** allow young people to use inappropriate language unchallenged
- **Don’t** make sexually suggestive comments to a young person, even in fun
- **Don’t** reduce a young person to tears as a form of control
- **Don’t** allow allegations made by a young person to go unchallenged, unrecorded or not acted upon
- **Don’t** do things of a personal nature that the young person can do for themselves



- **Don't** allow yourself to be drawn into responding at an emotional level to any inappropriate attention-seeking behaviour from young people, such as tantrums or crushes.
- **Don't** show favouritism to any individual.
- **Don't** put yourself in a position where your version of events cannot be independently corroborated.
- **Don't** make suggestive remarks or gestures, even in fun.
- **Don't** let any suspicion, disclosure or allegation of abuse go unrecorded or unreported.
- **Don't** rely on just your good name to protect you
- **Don't** believe 'it could never happen to me.'
- **Don't** jump to conclusions about others without checking facts; but remember not to 'investigate' an allegation of abuse about an adult, especially if the issue is alleged sexual abuse.



APPENDIX 3 – Codes of conduct

3.1 Codes of conduct for young people

Young people are expected to:

- Participate fully in Mimbres class activities
- Try their best – even in activities that they find more challenging.
- Be respectful to teachers and other staff members
- Respect the rehearsal space and the equipment that we use.
- Work as a team.
- If they observe any bullying (physical or psychological) it must be raised with a teacher.
- Listen when asked
- Talk to a teacher if they have any concerns or worries
- Turn mobile phones off during the session
- Ensure that they are dressed in suitable clothing – ready for the activity
- Only eat during the session breaks
- Do not leave the rehearsal site unless this had been approved by a member of staff
- Be an ambassador for Mimbres within their school and community
- Understand Mimbres's photography policy and never take a photo of a peer with their consent or post photos/videos on social media without the consent of those involved

Young people can expect to:

- Work in a safe and supporting environment
- Expect to have fun and make new friends
- Be respected by the teacher
- Be part of evaluation and project planning.
- Work towards taking on leadership roles with Mimbres Youth.

3.2 Codes of conduct for Chaperones

- **Do** always treat all young people equally and with respect and dignity
- **Do** always put the welfare of the young person first
- **Do** be an excellent role model, this includes not smoking or drinking alcohol in the company of young people and dressing appropriately
- **Do** avoid unnecessary physical contact with young people
- **Do** remember that someone else might misinterpret your actions, no matter how well intentioned
- **Do** respect a young person's right to personal privacy.
- **Don't** allow young people to use inappropriate language unchallenged
- **Don't** unnecessarily spend amounts of time alone with young people away from others
- **Don't** take young people alone in a car on journeys, however short
- **Don't** take young people to your home where they will be alone with you



APPENDIX 4 – Good practice guidance

4.1 Physical contact

The nature of Mimbre’s work brings teachers in to close physical contact with students as they are often required to support them physically in acrobatics, this is known as ‘spotting’. This policy does not deny or detract from this necessity: It offers good practice in managing this potentially difficult issue.

TEACHERS PLEASE NOTE: If you are accused of touching a young or vulnerable person inappropriately you can be held personally liable. Ensure that you follow procedures laid out below to protect yourself:

DO

- Ensure that physical support is only used when necessary and touching is avoided where possible
- Tell students where and why you are intending to make contact and get their verbal permission in advance.
- Be alert to the possibility of performance errors or anxiety, which many increase the risk of injury.
- Supporting techniques should not inhibit performance and any physical contact should not be invasive of private areas of the body.
- Infrequent non-intentional physical contact can arise out of error on the student or teacher’s part, for example if physical support is misjudged and a private area is touched accidentally. Such situations should not be ignored and should be acknowledged through apology to the student and reported to the Parent and Safeguarding Officer.
- If children become upset staff should not offer to cuddle a child. However, if a child seeks this kind of physical comfort, it should be kept to a minimum, take place in the presence of another adult and also reported to the Safeguarding Officer.

DON'T

- Engage in rough, physical or sexually provocative games
- Use any physical punishment
- Reduce a child to tears as a form of control
- Let yourself be in a room alone with a child - If this does happen due to circumstance beyond your control ensure that the door is open and other people can see you.

1.2 Anti-bullying Policy

The individual

- Respect every child’s need for, and rights to, a play environment where safety, security, praise, recognition and opportunity for taking responsibility are available.
- Respect every individual’s feelings and views.
- Recognise that everyone is important and that our differences make each of us special.
- Show appreciation of others by acknowledging individual qualities, contributions and progress.
- Ensure safety by having anti-bullying rules and practices, developed with the participation of children and young people, carefully explained and displayed for all to see.



Bullying

- Bullying will not be accepted or condoned. All forms of bullying will be addressed.
- Bullying can include:
- Physical: pushing, kicking, hitting, pinching etc.
- Name-calling, sarcasm, spreading rumours, persistent teasing and emotional torment through ridicule, humiliation and the continual ignoring of individuals, racial taunts, graffiti, gestures, sexual comments and/or suggestions and unwanted physical contact.
- Children from ethnic minorities, disabled children, young people who are gay or lesbian, or those with learning difficulties are more vulnerable to this form of abuse and may well be targeted.
- Where a child is found to be exhibiting sexually harmful behaviour to another child, it is important to involve the social work team responsible for child protection as soon as possible. Each establishment should have clear policies and procedures to ensure that staff and volunteers are aware of the differences between sexually harmful behaviour and bullying behaviour.
- Where a child's bullying behaviour is of a particularly violent or aggressive nature and the establishment is unable to address the behaviour through behaviour management strategies or disciplinary measures within reasonable time, it is worth considering instigating child protection procedures.

Anti-bullying policies

Everybody has the responsibility to work together to stop bullying – the child, the parent/carer, the club, the coach, the social worker and members of the local community.

- The Youth Group's anti-bullying policy should be developed with the full participation of children, young people and parents or carers.
- Children should be encouraged and supported to take a role in stopping bullying in their community.
- Policy and practice should be reviewed regularly in the light of changing needs and changes adopted by other agencies.

Support to the Child

- Children should know who will listen to and support them.
- Any advice and assistance should be given by an appropriately trained and experienced worker.
- Children should have access to Helpline numbers.
- Children should be told what is being recorded, in what context and why.
- Systems should be established to open the door to children wishing to talk about bullying or any other issue that affects them. Barriers to talking need to be broken down to enable children to approach adults.
- Anyone who reports an incident of bullying will be listened to carefully and be supported, whether the child being bullied or the child who is bullying.
- Any reported incident of bullying will be investigated objectively and will involve listening carefully to all those involved.
- Children being bullied will be supported and assistance given to uphold their right to play and



live in a safe environment which allows their healthy development.

- Those who bully will be supported and encouraged to stop bullying.
- Sanctions involving long periods of isolation, or which diminish and make individuals look or feel foolish in front of others, should be avoided.

Support to the parents/guardians

- Parents/guardians should be advised on policy and practice about bullying.
- Any incident of bullying will be discussed with the child's parent(s)/guardians.
- Information and advice on coping with bullying will be given.
- Support should be offered to the parents/guardians, including information on other agencies or support lines.

4.3 Whistle blowing policy

Guidance Note for Members of Staff

This guidance should be followed if you suspect any conduct or practice in any area of the school's activities which is potentially illegal, corrupt, improper, unsafe or unethical or which amounts to malpractice.

DO

- Make an immediate note of your concerns.
- Note all relevant details such as what was said in telephone or other conversations, the date, time and the names of any parties involved; or any action observed.
- Convey your suspicions to someone with the appropriate authority and experience e.g. the welfare officer
- Deal with the matter promptly.
- Keep a copy of all notes/details etc.

DON'T

- Do nothing.
- Be afraid of raising your concerns. You must not suffer any recrimination as a result of voicing a reasonably held suspicion.
- Approach or accuse any individuals directly.
- Try to investigate the matter yourself. There are rules surrounding the gathering of evidence for use in criminal cases and in relation to child protection cases. Any attempt to gather evidence by people who are unfamiliar with these rules may destroy the case.
- Convey your suspicions to anyone other than those with the proper authority.
- If you wish to remain anonymous, do not include your name / position or any other information which could lead to your identity being disclosed.

Remember the Public Interest Disclosure Act 1998 protects you from victimisation by dismissal, redundancy or any other detrimental action provided you:

- Have disclosed the information in good faith.
- Believe it to be substantially true.
- Have not acted maliciously or made a false allegation.
- Are not seeking any personal gain.
- It was reasonable for the disclosure to have been made



APPENDIX 5 – Disclosure/Child incident form

Date of Incident		
Time of Incident		
Location Incident		
People Involved / Witnesses		
Name	Contact Details	Involved / Witness
Description of Incident: [This is an OBJECTIVE document so please refrain from using opinions and record what happened only]		
Follow Up actions:		
Referred To		
Contact Name		
Contact Number		



Lead worker involved in follow up work

Other workers involved

Signed

.....

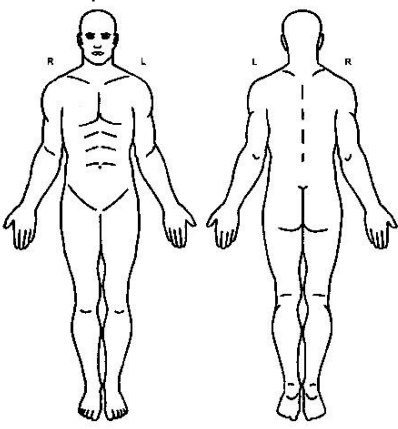
Print Name

.....

Date

.....

Appendix:

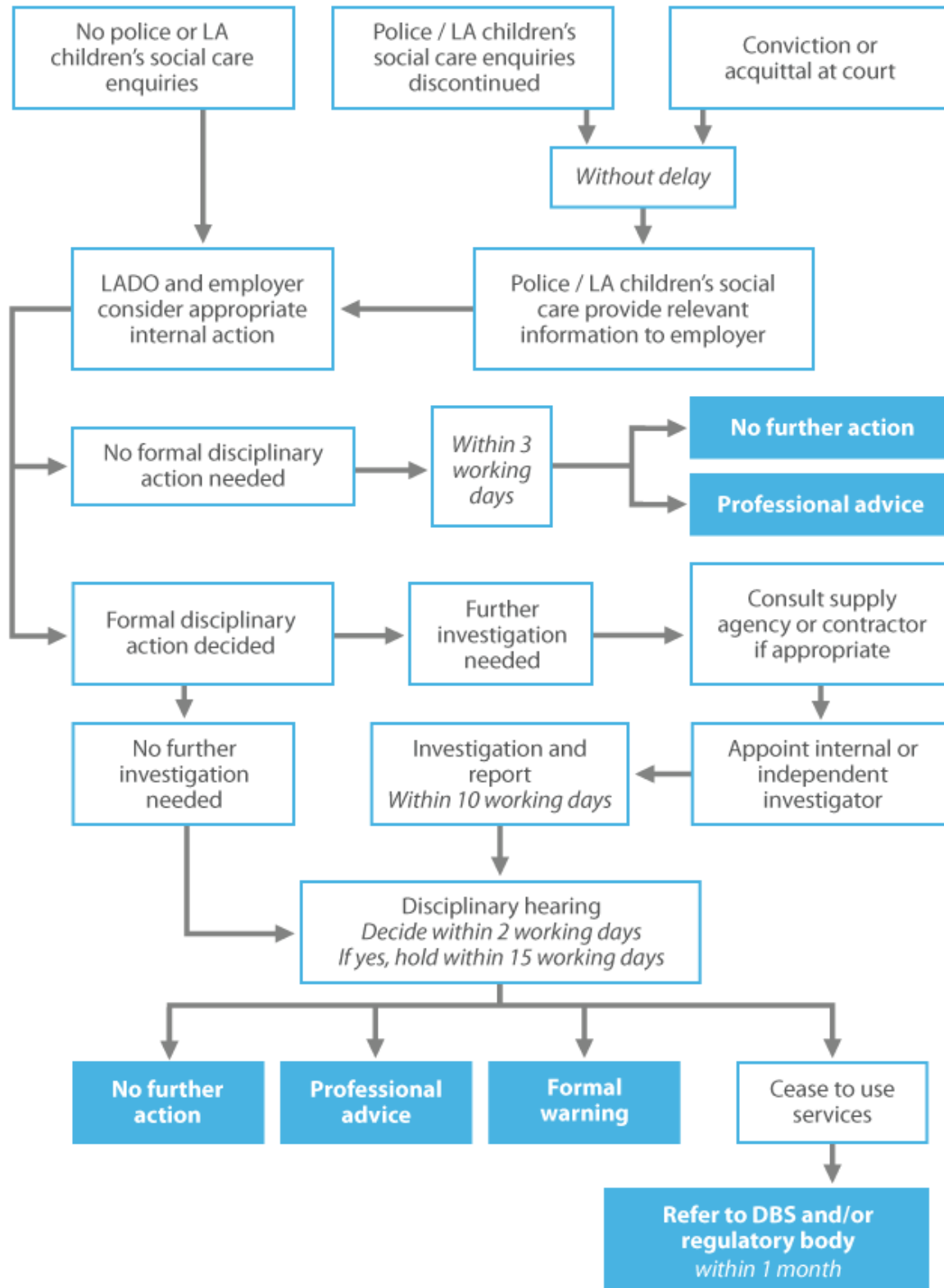
Participants Record Number (<i>if applicable</i>)	Record Number:
<p>Please mark any injuries or marks you have seen/shown and describe symptoms. Subject does NOT require to undress and no assumptions should be made about injuries all VISIBLE injuries should be recorded.</p> <p>MALE / FEMALE</p> <p>AGE:</p> <div style="text-align: center; margin: 10px 0;">  </div>	
SIGNATURE OF PERSON WHO SUSTAINED INJURIES.....	

This document is highly confidential and should be stored in a locked cabinet



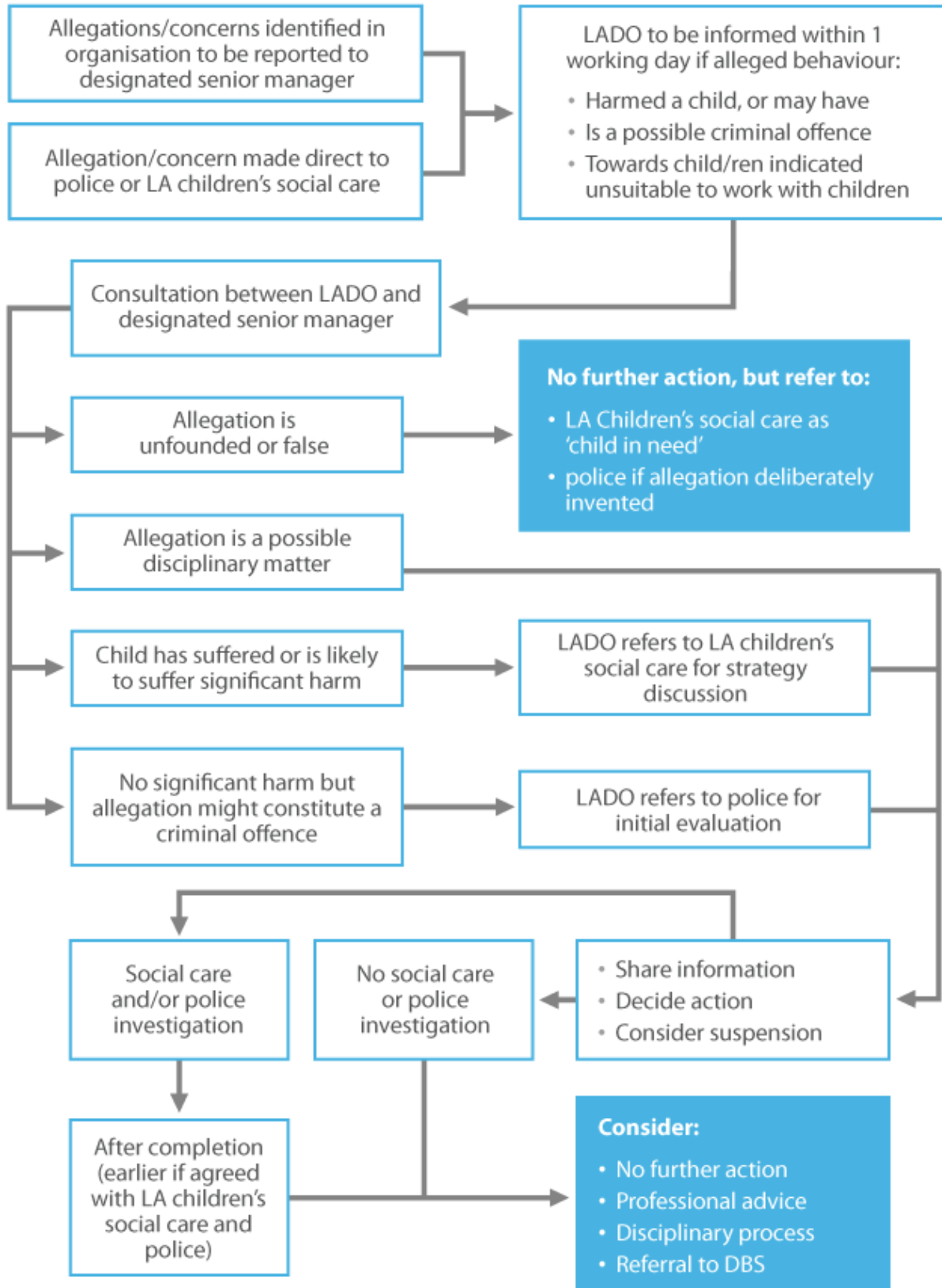
APPENDIX 6 – Allegation flow charts

Allegations / Concerns Against Staff Disciplinary / Suitability Process





Allegations / Concerns Against Staff Child Protection Process





APPENDIX 7 – HM advice on record keeping

The HM Government has produced non-statutory advice on Information Sharing designed for all frontline practitioners and senior managers working with children, young people, parents and carers who have to make decisions about sharing personal information on a case by case basis.

This includes:

1. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not.

If you decide to share, then record what you have shared, with whom and for what purpose.



APPENDIX 8 – Important contacts

Designated Safeguarding Officer:

Lina Johansson, Joint Artistic Director

Lina@mimbre.co.uk

020 7613 1068 (office)

07801 325 415 (mobile)

Deputy Safeguarding Officer:

Jana Jammal, Education officer

education@mimbre.co.uk

020 7613 1068 (office)

0780 9612110 (mobile)

Safeguarding Trustee:

Jo Carter, Chair of Mimbre

jo@immediate-theatre.com

020 7682 3031 (office)

NSPCC Childline

0800 1111

NSPCC 24-hour helpline

0808005000

First Access Screening Team (FAST)

0208356 4844

Police

999

Children's Social Care

0208 356 5500

0208 356 2710

FAST@hackney.gov.uk

0208 356 4183

LB Hackney's LADO

LADO@hackney.gov.uk

020 8356 4569

NSPCC Whistleblowing advice line

0208 028 0285

City and Hackney Safeguarding Children Board

The CHSCB can be consulted for advice and information on safeguarding and child protection issues

0208 356 5500

The Learning Trust

Safeguarding in Education Team: 0208820 7551



Independent Safeguarding Authority (ISA)

www.isa.homeoffice.gov.uk

Public Concern at Work (whistle blowing charity)

www.pcaw.org.uk

Child Abuse Investigation Team (CAIT) at Police

Tel: 020 8217 6552

City of London Children's Services team

Tel: 020 7332 1224

Email: social.services@cityoflondon.gov.uk

For out of hours (5pm-9am) service, please contact the **Emergency Duty Team on 020 8356 2346**.

Local Authority Services

Children's Social Care Services Tel: 0208 356 5500

Police Child Abuse Investigation Team/Unit Tel: 020 217 6552

British Gymnastics

0845 129 7 129 ethics@british-gymnastics.org

Child protection in Sport Unit (CPSU): 0116 234 7278, cpsu@nspcc.org.uk

Kidscape : 020 7730 3300

Sports Coach UK: 0113-274 4802

If you have concerns that a child/young person you are working with is becoming radicalised or groomed into violent extremism, please contact one of the following:

Lisa Aldridge, Service Manager, Safeguarding and Reviewing Team:

Lisa.Aldridge@hackney.gov.uk or 020 8356 6164.

Brendan Finegan, Service Manager, Youth Justice:

Brendan.Finegan@hackney.gov.uk or 020 8356 1107.

Paul Kelly, Head of Wellbeing and Education Safeguarding:

Paul.Kelly@learningtrust.uk or 020 8820 7325.

Alternatively, please make a direct referral to Children's Social Care via the First Access & Screening Team.

For consultations about referrals to the Channel process please contact Tracey Thomas, Prevent Coordinator: Tracey.Thomas@hackney.gov.uk or 020 8356 8104.

Hackney Ark Children and Young People's Centre For Development and Disability

Downs Park Road London, E8 2FP

Tel: 020 7014 7000:

<http://www.homerton.nhs.uk/our-services/services-a-z/c/childrenservices-in-the-community/hackney-ark/>



Children's Social Care Hackney Service Centre

1 Hillman Street, E8 1DY

FAST@hackney.gov.uk

020 8356 5500/4844

020 8356 5516

Out of hours (weekends, bank holidays, after 17.00): 020 8356 2710



APPENDIX 9 – Risk assessments

RISK ASSESSMENT (RA) TITLE:		
Activity: Risk Assessment for (workshop), young people aged years old.	Site:	
People at Risk: Young People and Staff	Additional Information:	
Contact Person:	Job Title:	Date:

Hazard	Risk	Initial Rating (L, M, H,)	Existing Control Measures	Final Rating (L, M, H,)	Additional Action Required (action by whom and completion date)
Floor Area	Injuries caused by slipping, falling, bumping into furniture, cuts.	L/M	The venue is very suitable for active activities. Education Officer or a member of the Mimbre staff will inform teachers and participants of the hazards in the spaces and the action to take to lower them. Children will not be allowed to wear socks when doing acrobatics.	L	At the beginning of each term or event outline the hazards to those involved.
Learning acrobatics	Injuries	H	All teachers leading the workshops are professional dance and acrobatics teachers. A limit of 8 young people per professional teacher and an extra 4 young people when an Education Officer is present to make sure there is appropriate supervision for each task Each new technique will be taught with thorough methodology – developed through Mimbre’s 10 years of experience in leading acrobatics workshops. The Education Officer will give additional support to the young people while learning new skills. The young people will be taught how to support each other, how to train safely and will not be allowed to try tricks on their own until group teacher have told them. First aid kit and first-aid trained member of team available at all venues.	M	The Educating Officer is to ensure that someone in the workshop has had first Aid training.



Hazard	Risk	Initial Rating (L, M, H,)	Existing Control Measures	Final Rating (L, M, H,)	Additional Action Required (action by whom and completion date)
Young children being inappropriately supervised	Children getting lost or assaulted	L	All staff working as part of the project are DBS checked. When possible chaperoning will be provided for parents who cannot accompany children to or from space Parents will fill in forms to confirm who will pick up the child at the end of class and children will not be allowed to leave the class on their own unless agreed by the parents or carers.	L	Forms to be filled in by parents or carers when registering the young people, confirming the pickup arrangements. DBS check to be updated on a 3 years basis and any new staff vetted and CRB checked before employed.
Behavioural Problems within the group	Fighting, young people leaving the group, lack of cooperation.	L/M	A clear behaviour management strategy agreed with all teachers at beginning of project and shared with the participants There is appropriate adult supervision to manage behaviour Parental/guardian details will be accessible to be contacted and asked to pick up their child if needed Group to be briefed on expected conduct	L	Behaviour management strategy updated informally on a regular basis between the teachers and formally evaluated and updated at the end of each term



RISK ASSESSMENT (RA) TITLE:	
Activity: Risk Assessment for (trip), young people aged years old.	Site:
People at Risk: Young People and Staff	Additional Information:
Contact Person:	Job Title: Date:

Hazard	Risk	Initial Rating (L, M, H,)	Existing Control Measures	Final Rating (L, M, H,)	Additional Action Required (action by whom and completion date)
Young people travel to the event with their group leader	This may encourage a close relationship between students and group leaders. It could create a situation where a teacher is alone with a young person	L/M	Mimbre must confirm that 2 group leaders will attend the event with their group. Mimbre can also seek further support by asking parents to chaperone	L	.
Movement between venues	Children getting lost or assaulted	H	Group leaders should always accompany their group on any activities or travel between different locations Group leader should be vigilant and know where participants are at any one time Group leaders should distribute emergency contact numbers to members of their group, and where relevant, agree on a meeting time and place	L	



Hazard	Risk	Initial Rating (L, M, H,)	Existing Control Measures	Final Rating (L, M, H,)	Additional Action Required (action by whom and completion date)
Young Participants who are being dropped off and collected	Risk of the young participant being left in a vulnerable position where they are alone. Risk of not knowing where all the group participants are at any one time (not knowing if they have been collected or not)	M	<ul style="list-style-type: none"> The Group Leader will clearly communicate to parents/guardians the drop off and collection times and communicates the importance of punctuality. They will also provide parents/guardians with a contact number to alert them if there's any problems or delays The Group leader will remain with young people until collected by parents, and see/confirm that they do in fact leave with their parents	L	
Behavioural Problems within the group	Fighting, young people leaving the group, lack of cooperation.	L/M	A clear behaviour management strategy agreed with all teachers and shared with the participants There is appropriate adult supervision to manage behaviour Parental/guardian details will be accessible to be contacted and asked to pick up their child if needed Group to be briefed on expected conduct	L	

Please return this receipt with the declaration signed below, and ensure you keep a copy of this risk assessment

DECLARATION

- I have read the above risk assessment, and I understand and accept the control measures that I as group leader will need to follow
- I have identified any additional risks specific to our group and assessed these risks in the space provided in the table.
- I understand that failure to adhere to the above may lead to dismissal and subsequent refusal of the youth circus attending the venue in the future

Name:

Signature:

Date:

APPENDIX 10 – Mimbre Health and Safety Policy

Mimbre Health & Safety Policy

This is the statement of general policy and arrangements for:

Overall and final responsibility for health and safety is that of:

Day-to-day responsibility for ensuring this policy is put into practice is delegated to:

Mimbre (Name of organisation)
Lissy Lovett (Name of employer)
Silvia Fratelli



Statement of general policy	Responsibility of	Actions
To prevent accidents and cases of work-related ill health and provide adequate control of health and safety risks arising from work activities	Lissy Lovett, Executive Director	To regularly review general working practices in light of health and safety guidelines to minimise risk
To provide adequate training to ensure employees are competent to do their work	Lissy Lovett, Executive Director	Ensure all staff members, including freelance staff, have sufficient training, skills and/or experience to fulfil their role safely. New staff to be assessed at the start of their contract and reviewed regularly
To engage and consult with employees on day-to-day health and safety conditions and provide advice and supervision on occupational health	Lissy Lovett, Executive Director	Assessing the daily changing working environment and ensuring everyone is safe and aware of any risks
To implement emergency procedures – evacuation in case of fire or other significant incident	Lissy Lovett, Executive Director	Liaising with the building manager to ensure escape route are signposted, clear and safe and that staff are aware of procedures
To maintain safe and healthy working conditions	Lissy Lovett, Executive Director	Regularly check the safety of the office and other working environments and where necessary intervene to ensure the safety of staff and those we work with

Health and safety law poster is displayed			
First-aid box and accident book are located: Accidents and ill health at work reported under RIDDOR: (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) (see note 2 below)	Unit 1, Energy Centre, Bowling Green Walk, N1 6AL		
Signed:		Date: 20/02/2017	
Subject to review, monitoring and revision by:	Lissy Lovett	Every:	12 months or sooner if work activity changes