

STEPHEN JOSEPH THEATRE

SAFEGUARDING POLICY:

CHILDREN & ADULTS AT RISK

In our work we meet many children and adults at risk who are potentially at risk for a variety of reasons. We aim to create a safe environment in which no child or adult at risk will experience harm or exploitation during their contact with us.

The Stephen Joseph Theatre is committed to:

- Complying with relevant UK laws and standards and ensuring local legal compliance
- Valuing, respecting, and listening to children and adults at risks
- Minimising and managing situations where abuse could occur, through maintaining strong protection systems and procedures including planning, risk assessment and safeguarding systems
- Sharing safeguarding best practice and information regarding safeguarding concerns with relevant parties, maintaining confidentiality so far as possible and involving children and adults where appropriate
- Taking action and investigating suspected abuse proportionately and appropriately.

We require all staff to ensure their behaviour is consistent with this policy statement. We also require that clients, customers, partners, and suppliers are made aware of this policy statement and operate within it.

We will provide adequate and appropriate resources to implement this policy statement and will ensure it is communicated and understood.

The Stephen Joseph Theatre will review this policy statement annually to reflect new legal and regulatory developments and ensure good practice.

This policy is presented in the following three sections:

PART 1 SAFEGUARDING POLICY

All SJT Staff and Freelance Artists/Practitioners must read and accept the policy and guidance set out in Part. 1 of this document.

PART 2 FURTHER GUIDANCE

Key Staff and Freelance Artists/Practitioners must also read and refer to the guidance set out in Part. 2 of this document.

PART 3 APPENDIX

Supplementary policies and addendums to Part. 1 and Part. 2 are set out in Part. 3 of this document for the purposes of compliance and best practice.

THIS POLICY DOCUMENT WAS LAST UPDATED BY ROB SALMON AS OF THE 29 May 2024 AND APPROVED BY THE BOARD ON 14 JUNE 2024

ANY SIGNIFICANT UPDATES TO THIS POLICY WILL BE SHARED WITH RELEVANT MANAGEMENT AND STAFF AND COMMUNICATED TO A REPRESENTATIVE FROM THE BOARD OF DIRECTORS.

PART 1: ALL STAFF

SAFEGUARDING POLICY:

CHILDREN & ADULTS AT RISK

The Stephen Joseph Theatre (SJT) recognises its legal and moral obligation to safeguard from harm all children and adults at risk involved in activities that we run or promote.

To ensure the safety and protection of all children & adults at risk involved in any SJT activity all staff, artists, and volunteers must understand and adhere to the Safeguarding guidelines set out in this policy, which aims to create safe working practices and a stimulating creative environment for everyone.

The SJT Safeguarding policy will be regularly reviewed and issued to all new personnel whether they are full time, part time, freelance or volunteers. The procedures and best practice guidelines contained within this policy are framed by the legal requirements of the Safeguarding Vulnerable Groups Act 2006 and the subsequent revisions in the Protection of Freedoms Act 2012.

1. WHAT WE MEAN BY ‘SAFEGUARDING’

Safeguarding sometimes referred to as ‘Child Protection’, means recognising, understanding, and carrying out our responsibility to protect the children and adults at risk with whom we come into contact from physical, sexual, and emotional abuse, and from accidents, by ensuring that:

- The welfare of the child or adult at risk is paramount.
- All children and adults at risk, whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/or sexual identity are protected from abuse and exploitation.
- All suspicions and allegations of abuse and exploitation are taken seriously and responded to swiftly and appropriately.
- All SJT staff, volunteers and artists working with us, or on our behalf, understand their responsibilities and act accordingly.

In addition, the SJT has a duty of care to all its staff, volunteers, and artists to minimise the situations in which it might be possible for an accusation of abuse to be made against them.

2. WHAT WE MEAN BY ‘CHILDREN AND ADULTS AT RISK’

The Children Act, 1989, defines a child as a person under the age of 18. Extensions can exist for children who are disabled and for those in local authority care settings. Children who marry before 18 are classed as adults (only applies to 16/17-year-olds married before 27.02.2023). ‘Young Person’ has no legal status, it is used to acknowledge that some people aged 16 or 17 may not think of themselves as ‘children’.

For the purpose of this policy, people aged under 18 are referred to as ‘children’.

There is no legal definition of ‘adult at risk’. Arts Council England recommends, and the SJT accepts, the following definition:

“Adults at risk are people who are or who may be in need of community care services because of a cognitive disability or other disability, age or illness, and who are, or who may be, unable to take care of themselves or unable to protect themselves against significant harm or exploitation.”

For the purpose of this policy ‘participant’ refers to any child or adult at risk who is taking part in an SJT activity.

3. WHAT WE MEAN BY 'ABUSE'

Abuse is a situation in which a person has either suffered, or is believed to be at risk of, sexual abuse, sexual exploitation, emotional abuse (including bullying), neglect, or physical injury. The perpetrator may be an adult or a child, and the abuse may have occurred either as the result of direct action by an abuser, or through the failure of organisations or individuals responsible for that person's safety and well-being.

4. WHAT WE MEAN BY 'SEXUAL ABUSE'

Sexual abuse is the involvement of individuals in sexual activities to which they did not give or are unable to give informed or legal consent.

It is illegal for anyone to engage in sexual activity with a person under the age of 16.

However, Home Office guidance is clear that there is no intention to prosecute teenagers under the age of 16 where both mutually agree to a sexual relationship, and where they are of a similar age.

It is illegal for a person aged 18 or over to engage in any sexual activity with a person under the age of 18 if the older person holds a position of trust in regard to that younger person (for example, their teacher or workshop leader).

The Sexual Offences Act 2003 states that a child aged 12 or under cannot legally give their consent to any form of sexual activity.

5. WHAT WE MEAN BY 'SEXUAL EXPLOITATION'

Sexual exploitation of children and adults at risk involves exploitative situations and relationships where a person receives or is promised 'something' (e.g., food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) in return for engaging in inappropriate or illegal sexual activity.

Sexual exploitation can occur through the use of technology (e.g., being persuaded to post sexual images on the Internet) or through activities that prepare the person to engage in inappropriate or illegal sexual activity (e.g. 'grooming'). Violence, coercion, and intimidation are common within exploitative relationships, which are often characterised by the child or adult at risk's limited ability to make appropriate choices because of their social, economic and/or emotional circumstances.

6. WHAT WE MEAN BY 'EMOTIONAL ABUSE'

The persistent emotional ill treatment of a child or adult at risk that results in severe, adverse effects on the emotional or physical wellbeing of that person. Emotional abuse in recreational or social activities might also include situations where parents, staff, artists, or volunteers subject those in their care to constant criticism, bullying or unrealistic pressure to perform to their high expectations.

Issues around mental health can affect anyone at any time and are not necessarily caused by, or an indication of, abuse; although incidents of poor mental health may make someone more vulnerable than they might otherwise be. If you have any concerns around a participant's mental health, please speak to a Safeguarding Lead.

7. WHAT WE MEAN BY 'NEGLECT'

The failure to protect a child or adult at risk from exposure to any kind of undue risk or danger, or a persistent failure to carry out important aspects of their care.

8. WHAT WE MEAN BY 'PHYSICAL ABUSE'

The deliberate physical injury of a child or adult at risk, or the wilful failure to prevent physical injury or suffering to a child or adult at risk.

GOOD PRACTICE - WORKING WITH CHILDREN & ADULTS AT RISK

Good practice means:

- Treating all children and adults at risk equally, and with respect and dignity.
- Putting the welfare of each participant before the setting and achieving of goals.
- Building reciprocal relationships based on mutual trust and, where appropriate, empowering children and adults at risk to share in the decision-making process.
- Giving enthusiastic and constructive feedback rather than negative criticism.
- Making the arts safe and enjoyable.
- Being an excellent role model.
- Recognising that children or adults with disabilities may be more vulnerable than other people.
- Only touching participants during activities when necessary and seeking the consent of participants prior to any physical contact.
- Always trying to work in an open environment (e.g. if you are alone in an office with a participant make sure that the door is open).
- Always trying to avoid being alone with participants for a substantial amount of time.
- Otherwise maintaining an appropriate working relationship with participants.

INAPPROPRIATE BEHAVIOUR INCLUDES:

- Engaging in unnecessarily rough, physical, or provocative games or behaviour.
- Allowing or engaging in any form of inappropriate touching.
- Allowing a participant to use inappropriate language unchallenged.
- Using inappropriate language when speaking to or communicating with a participant.
- Reducing a participant to tears as a form of control.
- Ignoring or disregarding an allegation made by a participant.
- Doing things of a personal nature for a participant that they can do for themselves.
- Inviting or allowing a participant to stay with you or visit you at your home unsupervised.
- The giving of arbitrary gifts or services.

Questions around what constitutes 'appropriate language and/or behaviour' are often dependant on the nature of the activity being undertaken and the age range/experience of the participants: you would obviously not treat an early year's group in the same way as you would a group of young adult actors working on a piece of new writing. The SJT believes that theatre practices can create a safe space for artists and participants to discuss difficult and/or controversial issues and recognises that what is 'appropriate' is often a matter of context.

The SJT recognises that some activities, such as giving a participant a lift in your car unsupervised, while potentially inappropriate, are sometimes unavoidable. For example: if a participant is stranded after an SJT activity and has no other way to get home. In this instance, every effort should be made to make

alternative arrangements, but if this is not possible then you should inform your Line Manager or Safeguarding Lead, as soon as is reasonably possible.

If you are unclear of what constitutes Safeguarding best practice in any given situation or feel that you are being asked to do something by the SJT that places you or a participant at risk, it is your responsibility to seek advice from your Line Manager or one of the SJT's Safeguarding Leads.

SJT SAFEGUARDING LEADS

A Safeguarding Lead (sometimes known as a 'Child Protection Officer' or 'Designated Person') is responsible for ensuring that all SJT activities adhere to the theatre's Safeguarding Policy and is the person to whom any suspicions or allegations of abuse should be reported.

The SJT's Executive Director and Joint CEO Caroline Routh, is responsible for all matters of Safeguarding Policy and has nominated the following staff to be the SJT Safeguarding Leads:

<u>Name</u>	<u>Role</u>	<u>Email Address</u>
<i>Rob Salmon</i>	<i>Head of Creative Engagement</i>	<u>rob.salmon@sjt.uk.com</u>
<i>Lynn Cloete</i>	<i>Creative Engagement Programme Manager</i>	<u>lynn.cloete@sjt.uk.com</u>
<i>Alice Kynman</i>	<i>Young Talent Director</i>	<u>alice.kynman@sjt.uk.com</u>

SAFEGUARDING GUIDE

IF YOU SUSPECT OR ARE TOLD ABOUT AN INCIDENT OF ABUSE?

A disclosure (when a participant tells someone that they are being abused) or a suspicion that a participant is being abused, can arouse strong emotions in all of us. It is important to acknowledge these feelings whilst at the same time not allowing them to interfere with our judgement about the appropriate action to take. **Most of us are not trained to deal with situations of abuse or to determine in most circumstances whether abuse has occurred.** It is the responsibility of staff, volunteers, and artists to report any concerns to their Line Manager or a Safeguarding Lead. **It is not the responsibility of staff, volunteers, and artists to deal with suspected abuse.**

POSSIBLE SIGNS OF ABUSE

These are signs which could alert SJT staff, volunteers, or artists to the possibility that abuse may be happening:

- Unexplained bruising or injuries.
- Sexually explicit language and actions.
- Sudden changes in behaviour.
- Something a participant has said.
- A participant suddenly having access to large amounts of money or expensive personal items (e.g. certain types of trainers or a new mobile phone) that they cannot reasonably explain.
- Change observed over time e.g. weight loss or becoming dirty/unkept.

None of the above are proof of abuse but they may give rise to concern.

RESPONDING TO AN ALLEGATION OF ABUSE (DISCLOSURE)

- **Stay calm** and listen carefully to what is being said.
- **Accept** what you are being told.
- **Explain** that the information will need to be shared with others — do not promise to keep secrets.
- **Allow** the participant to continue at their own pace.
- **Ask questions** for clarification only and to ensure a participant's immediate safety. NEVER ask leading questions that suggest an answer — formal interviews should be carried out by a qualified professional, as they may constitute evidence in a subsequent legal action.
- **Reassure** the participant that they have done the right thing in telling someone.
- **Tell them** what you will do next and with whom the information will be shared.
- **Immediately report** what has happened to the relevant Safeguarding Lead.
- **Record in writing** what was said using the participants own words — note the date, time, any names mentioned, to whom the information was given and ensure that you sign and date your record of the conversation. This document should then be given to the relevant Safeguarding Lead as soon as possible.

Within one working day of a disclosure or of a report of suspected abuse being made to a Safeguarding Lead they must contact one of the **Local Authority Designated Officers** for advice and consultation.

If there is a concern that the participant is in immediate danger, they should go to <https://www.safeguardingchildren.co.uk/> for advice or, in an emergency, the **Police** on: **999**.

RIGHTS AND CONFIDENTIALITY

If a complaint or allegation is made against a member of staff, volunteer or artist and a decision is made that it should be taken forward, the individual concerned will be made aware of their rights under both employment law and the SJT's internal disciplinary procedures.

An alleged abuser and a person thought to have been abused both have the right to confidentiality under the Data Protection Act 1998.

Any possible criminal investigation could be compromised if information is inappropriately shared, and it could also have a potentially devastating effect on the lives of all those concerned.

INCIDENTS THAT MUST BE REPORTED AND RECORDED

If any of the following incidents occur, staff, volunteers and artists must report them immediately to their Line Manager or the relevant SJT Safeguarding Lead. A written record of the incident should be made as soon as possible if:

- A participant is hurt during an activity.
- A participant seems distressed in any way.
- A participant appears to be sexually aroused by the actions of a member of staff, volunteer, or artist.
- A participant misunderstands or misinterprets something a member of staff, volunteer or artist has done or said that may be construed within the context of abuse, exploitation, or inappropriate behaviour.

- A participant makes an accusation of inappropriate behaviour against a member of staff, a volunteer, or an artist.
- A participant makes a disclosure.
- A participant tells you that inappropriate contact has been made through digital, mobile and/or social media that potentially indicates attempts by an adult to groom and/or exploit them.
- A member of staff, volunteer or artist has made accidental physical contact with a participant in a way that could be open to misinterpretation.
- A member of staff, volunteer or artist has entered a participants changing-room, dressing-room, or toilet by mistake, even if there was no reaction at the time from the participant.
- Something has occurred which a member of staff, volunteer or artist feels concerned about or is uncomfortable with.

RECRUITMENT PROCEDURES

The Disclosure and Barring Service (DBS) was established in 2013 to enable employers, contractors, and community groups to make thorough recruitment checks, particularly for positions that involve working with children and adults at risk. The SJT reserves the right to carry out DBS checks, when necessary, with the co-operation of the individual concerned. The SJT's recruitment procedures for both staff and volunteers include the following policies and procedures to deter those who are unsuitable to work with children & adults at risk:

- Identifying posts that need DBS checks when creating Job Descriptions.
- Seeking a full employment history for prospective staff members, identifying any gaps or inconsistencies, and seeking an explanation.
- Confirming identity through official documents.
- Carrying out appropriate DBS checks.
- Asking for professional references, where appropriate.
- Making all appointments (including internal transfers) subject to a probationary period.

Under the Protection of Children Act 1999 and the Criminal Justice and Court Services Act 2000, it is an offence for any organisation to offer employment that involves regular contact with children or adults at risk, to anyone who has been convicted of certain specified offences or included on either of the two DBS Barred Lists. It is also an offence for people convicted of such offences to apply for work with children and/or adults at risk.

DISCLOSURE CHECKS

A Disclosure Check is an application for information held on an individual by the Police and various Government Departments (e.g. a history of any criminal convictions). It is obtained from the DBS and helps organisations make safer recruitment decisions. Disclosure checks at the SJT are managed by the Lynn Cloete - Creative Engagement Programme Manager

Staff/volunteer recruitment procedures will include an Enhanced or Standard Disclosure check when appropriate. Any employment offer to such staff/volunteers will always be made conditional to the successful passing of a Disclosure check.

Original Certificates of Disclosure belong to the individual staff member/volunteer, but details will be recorded (subject to the employee's permission) and stored on the SJT safeguarding database. The results of Disclosure checks are confidential.

Disclosure checks that contain minor offences do not necessarily affect an individual's suitability to work with participants (e.g. a charge of petty theft). Individuals with minor offences can still work with participants' subject to final approval from a Safeguarding Lead.

DBS UPDATE SERVICE

This service lets applicants keep their DBS certificates up to date online and allows employers to check a certificate electronically. Applicants can register online with a newly issued DBS certificate. When you join, you will get an online account that lets you:

- Take your certificate from one job to the next (if the jobs have similar duties/responsibilities).
- Give employers permission to check your certificate online.
- Add or remove a certificate.

The SJT currently covers the cost of new DBS Certificates (DBS checks) for relevant staff, volunteers, and artists, and encourages them to sign up to the update service.

BARRED LISTS

The two DBS Barred Lists hold the names of individuals who are unsuitable to work with children or adults at risk. It's against the law for employers to employ someone or allow them to volunteer for this kind of work, if they know they are on one of the Barred Lists. The SJT must refer someone to the DBS if they are:

- Dismissed because they harmed a child or adult.
- Dismissed or removed from work because the SJT had a reasonable suspicion that they might harm a child or adult.
- About to be dismissed for either of these reasons but resign first.

If you have any questions regarding Disclosure Checks, please contact [Lynn Cloete - Creative Engagement Programme Manager](#)

USE OF E-MAIL, INTERNET, SOCIAL MEDIA, MOBILE PHONE TECHNOLOGY

For many, internet, e-mail, mobile phone, and social networking are the preferred means of communication. In order to protect both participants and members of staff communicating in this way it is recommended that:

E-MAIL

- Email communication with a participant should only be sent and received from a registered SJT account.
- Email communication with participants should ideally be in a group context or with a cc.
- Language should always be clear and unambiguous.

SOCIAL MEDIA

It is not appropriate to use a personal social media account to communicate with participants on behalf of the SJT. The sharing of information through social media should be done through official SJT platforms in the public domain.

Permission should be obtained for any images or videos posted on social media sites. Only images and videos relevant to SJT projects should be used.

SJT staff, volunteers and artists should not connect with any participants on their personal social media platforms unless the participant is 18 or older.

If an SJT social media group is created for an activity, it should be closed and not open to the general public without the permission of all group members. A designated staff member should retain administrative rights and moderate the group, only sharing those rights with other members of staff. Where appropriate, any induction process or information pack for participants should introduce the notion that it is inappropriate to invite members of SJT staff to follow them on social media sites. Furthermore, it should be clear that staff are not permitted to accept such invitations from under 18's.

Any communication or content that raises concern during any digital interaction with a participant should be saved or printed and discussed with your Line Manager.

USE OF THE INTERNET

When participants are asked to use the Internet on behalf of the SJT (e.g. during Work Experience placements) its use should be appropriate and relevant to the task they are being asked to perform and should be intermittently monitored.

MOBILE PHONES

Staff should not ordinarily give out their personal mobile phone number and should not make one-to-one calls to a participant except in exceptional situations. If this occurs, details should be logged with your Line Manager.

PROJECTS, ACTIVITIES AND PRODUCTIONS

Children and young adults at risk can be involved with the SJT in a number of ways:

- As actors and/or participants in SJT productions across all settings.
- As audience members.
- Visiting the SJT Website.
- Attendees at SJT events.
- Attending a Work Experience placement.
- Corresponding with SJT by letter, email, or phone.
- Being involved in a SJT Creative Engagement activity.

DEFINING THE NATURE OF RELATIONSHIP BETWEEN STAFF/PARTICIPANTS

It is anticipated that in all, but the most exceptional circumstances SJT staff, volunteers and artists will be in the presence of those responsible for the welfare and supervision of participants, e.g. Youth Theatre Staff, Chaperones, Teachers, Parents/Guardians, or staff members nominated by their Line Manager.

If you feel that the SJT is asking you to undertake duties, in relation to children or adults at risk, which are inappropriate or for which you do not have adequate experience or training, you should speak to your Line Manager or a Safeguarding Lead.

PROJECTS AND ACTIVITIES

Project managers should carry out risk assessments as part of all planning processes and continue to monitor the risks throughout the life of the project/activity. As part of the risk-assessment it might be appropriate to establish:

- What staffing levels and resources do we need to safely deliver the project/activity?
- Who will lead or be involved in the activity, and therefore have contact with participants?
- Must that person(s) have a valid DBS Certificate?
- Does that person(s) fully understand the SJT's Safeguarding policy?
- Do we have all the relevant participant information, permissions, and emergency contact details?
- Have we given all the participants the information that they need to engage with the activity safely and successfully?
- Where is the activity to take place?
- What is the procedure for signing participants in and out of the space?
- Does the working environment present any risks, either to the health and safety of the group, or specific Safeguarding risks?
- Does the activity present any risks, either to the health and safety of the group, or specific Safeguarding risks?
- Who oversees the building where the activity is to take place, and how do we contact them in an emergency?
- What are the evacuation procedures and who is responsible for evacuating participants?
- Who is the 'appointed person' for the activity (the person deemed to be in charge)?
- What happens if we are asked to work with a larger group of participants than we think is safe for the activity?
- How many participants, and of what age-range, are involved?
- What happens if one of more participants are incapable of engaging with the activity?
- What happens if a participant behaves inappropriately during the session?
- What happens if a participant leaves or tries to leave the session or activity?
- What happens if there is an accident or injury during the session?
- If a participant had to be taken to hospital, whom should we inform? Who should accompany them?
- What happens if a participant makes a disclosure during the activity?
- Are there any other factors that we need to address to ensure that the project/activity is safe, creative, and inclusive?

Once these questions have been answered and risks identified, procedures, plans, actions, and resources should be put in place to militate against them.

TIME SPENT WITH PARTICIPANTS

The type of contact SJT Staff are likely to have with participants falls broadly into three categories:

Substantial Time

Regular Time

Occasional Time

SUBSTANTIAL TIME

Being in regular contact with and/or being responsible for participants, sometimes in situations where there is no other adult present.

All staff spending **Substantial Time** with participants must have a valid Enhanced Disclosure.

Staff who spend Substantial time with participants include:

- Youth Theatre Leader/Practitioner/Assistants.
- Freelance/casual staff and artists employed or contracted by the SJT to work in the Creative Engagement Department.
- Chaperones supervising children during rehearsals and performances of professional work.
- Heads of Department responsible for supervising long term Work Placements.
- Any appropriate member of staff or freelancer nominated by a Line Manager/Safeguarding Lead.

REGULAR TIME

Being in regular contact with children, but not being ultimately responsible for them. All staff spending **Regular Time** with children must have a Standard Disclosure. Staff in this category could include:

- Duty Managers.
- Staff in Departments hosting Work Placements of more than a week.

OCCASIONAL TIME

Intermittent contact, but never being responsible or normally alone with a young person. Staff in this category are required to be familiar with the contents of this policy (e.g. Ushers).

It is the explicit policy of the SJT that all staff, volunteers, and artists who spend Substantial or Regular time with participants should have the appropriate, valid DBS Certificate. However, in exceptional circumstances, artists, practitioners, and freelancers may work with participants without a Certificate if they are supervised at all times by a teacher or a youth worker, or by a member of SJT staff who holds a current DBS Certificate.

Under these circumstances the DBS holder must be made aware that this person must not be left unsupervised with participants.

Project managers, when providing workshops or arranging events in schools, must make it clear to bookers whether or not the artists delivering the work have a valid DBS Certificate.

When a single member of staff or artist is delivering activities in other settings, or for partner organisations, the SJT would expect that setting's/organisation's staff to be present throughout the activity. If this is not possible then the SJT must confirm that the setting/organisation is happy with this arrangement, and it must be included in the contract.

If groups of participants are taken away from home on trips, they must always be accompanied by a male and female member of staff, and adults must not enter participant's rooms or invite participants into their rooms.

Where staff, volunteers or artists are expected to act in the absence of the person(s) with parental responsibility, written consent should be sort in advance of administering emergency first aid to the participant.

When Youth Theatre groups are being supervised in dressing-rooms staff, artists or volunteers should ideally work in pairs.

PRODUCTIONS

Safeguarding issues linked to professional performances will be identified through **Production Risk Assessments** and updated regularly in Production Meetings. Members of acting companies that include children or adults at risk will be given specific briefings on the commencement of rehearsals and chaperones used when necessary.

All necessary **Licensing and Chaperoning** arrangements are organised and managed by the **producing team**.

During the run of a show featuring participants the SJT will:

- Ensure gender appropriate Chaperones accompany children working on professional productions at all times.
- Ensure that adults change only in dressing-rooms or other facilities not used by participants, and only use the appropriate toilets.
- Where possible provide dedicated toilets for participants.

VISITING PRODUCTIONS/HIRES

It is the expectation of the SJT that all visiting companies and the hirers of any spaces and/or services provided by the theatre are responsible for ensuring that all necessary Safeguarding measures are in place for their activity.

DIGITAL PERFORMANCES AND ACTIVITIES

Digital performances and any activities that are delivered in a virtual space should be subject to the same Safeguarding protocols as any other performance or activity.

SCHOOLS ACTIVITY (VISITS/TOURING)

For SJT productions touring to schools, the school will be made aware that the SJT has a Safeguarding Policy and that:

- SJT staff who attend will conduct themselves in accordance with the SJT's Safeguarding policy.
- SJT staff must not be placed in a caring or supervisory position without the agreement of all parties, to be made in advance of the visit.

WORK EXPERIENCE

The SJT offers a wide range of work placements in various areas of the organisation's work.

Children and young people on placement receive an induction which includes: an Information Pack, a tour of the building, relevant health and safety information, an introduction to the theatre's working practices.

Work experience placements are likely to include unsupervised contact due to the design of the building and the low staffing ratios in most departments.

Only staff, volunteers and artists who have a valid, Enhanced DBS Certificate can work on a one-to-one basis in an enclosed environment.

PARENTAL RESPONSIBILITY

All forms and policy documents should carry the wording 'person with parental responsibility', rather than 'parent' or 'guardian'.

If the parents of a child are married to each other or if they have jointly adopted a child, then they both have parental responsibility. This is not automatically the case for unmarried parents.

According to current, English law, a birth mother always has parental responsibility for her child. A father, however, has this responsibility only if he is married to the mother at the time of birth or has acquired legal responsibility for his child through one of these three routes:

- By jointly registering the birth of the child with the mother (after 1st December 2003).
- By a parental responsibility agreement with the mother.
- By a parental responsibility order, made by a court.

Living with the mother does not give a father parental responsibility and if the parents are not married, parental responsibility does not always pass to the natural father if the mother dies.

Same-sex partners both have parental responsibility if they were civil partners at the time of their treatment, e.g. donor insemination or fertility treatment. For same-sex partners who aren't civil partners, the 2nd parent can obtain parental responsibility by either:

- Applying for parental responsibility, if a parental agreement was made.
- Becoming a civil partner of the other parent and making a parental responsibility agreement or jointly registering the birth.

If the wording on all SJT documents is 'person with parental responsibility', responsibility is then placed onto the parents/carers/guardians to ensure the appropriate adult interacts with the SJT.

PARTICIPANT AND PARENTAL AWARENESS

Participants and those with parental responsibility should be aware of who the Safeguarding Leads are and how to contact them if they have any worries or concerns.

These details should be included in Youth Theatre and Work Experience packs and rehearsal schedules for children in professional performances.

PHOTOGRAPHS, VIDEOS AND DATA

Those with parental responsibility for children and adults at risk involved in SJT activities must be contacted in advance of any photographs or videos being taken, and explicitly asked whether their children can be included, and whether such photographs or videos can be displayed (programmes/brochures/press/website etc.).

Direct consent may be asked of a school or partner organisation if they already hold permission from those with parental responsibility.

The SJT should never publish information that could identify a child. Under normal circumstances it is acceptable to print a child's first name and the name of the large town or area they come from but not a small village (unless specific consent is given by those with parental responsibility).

All records, data, consent forms and any other information that the SJT requests from, or holds on, participants must be collected, used, stored, and destroyed in line with GDPR regulations.

IN SUMMARY

This policy is not a definitive guide to Safeguarding and situations may arise that it does not explicitly cover.

If you are ever in any doubt about any issues relating to Safeguarding children and/or adults at risk or of your personal responsibilities towards the participants that engage with the Stephen Joseph Theatre, please speak to your Line Manager or the relevant Safeguarding Lead.

PART 2: FOR PEOPLE WITH SUBSTANTIAL CONTACT TIME

SAFEGUARDING POLICY:

FURTHER GUIDANCE

Further guidance is for any person with substantial time with children and adults at risk.

SUBSTANTIAL TIME

Being in regular contact with and/or being responsible for participants, sometimes in situations where there is no other adult present. All staff spending **Substantial Time** with participants must have a valid Enhanced Disclosure.

Staff who spend Substantial time with participants include:

- Youth Theatre Leader/Practitioner.
- Youth Theatre Assistants/Future Arts Leaders.
- Freelance/casual staff and artists employed or contracted by the SJT to work in Creative Learning Department.
- Chaperones supervising children during rehearsals and performances of professional productions.
- Heads of Department responsible for supervising long term Work Placements.
- Any appropriate member of staff or freelancer nominated by a Line Manager or Safeguarding Lead.

If this applies to you, please ensure that you are familiar with the further guidance.

WHAT WE MEAN BY 'SIGNS OF ABUSE'

There are many ways that young people and adults at risk can be put in danger.

- Radicalisation
- County Lines
- Peer Abuse
- Mental Health
- Honour Based Abuse
- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect
- Bullying

REPORTING AND MAKING A REFERRAL

MAKING A REFERRAL TO SOCIAL SERVICES

If a decision is made to raise a concern with Social Services, it will be the responsibility of the Designated Safeguarding Officer to formally report this concern. If, for any reason, the Designated Safeguarding

Officer is unable to lead on this process then the Designated Safeguarding Assistant will make the referral. Referrals should be made to:

NSPCC Helpline 0800 800 5000

ALLEGATIONS OF MISCONDUCT OR ABUSE BY STAFF

In the event of allegations being made against an employee (staff or voluntary), SJT has a dual responsibility in respect of both the child/young person/adult at risk and employee. The same person must not have responsibility for dealing with the welfare issues about children and young people and the staff employment issues.

Two separate procedures must be followed:

1. In respect of the child/young person/adult at risk Designated Safeguarding Assistant will lead the process related to the child/young person/adult at risk.
2. In respect of the staff member against whom the allegation is made Designated Safeguarding Officer will lead the process related to the staff member.

With regards to the child/young person/adult at risk, the aforementioned process will be followed.

With regards to the staff member against whom the allegation is made, the below process will be followed:

1. SJT will make formal contact with the NSPCC who is responsible for providing instruction in the event of an allegation of abuse or suspicious behaviour made against a staff member.
2. SJT is legally required to alert the LADO (local authority designated officer) to all cases in which it is alleged that a person who works with children /young people/adult at risk has:
 - a.) Behaved in a way that has harmed, or may have harmed, a child and/or adult at risk,
 - b.) Possibly committed a criminal offence against a child and/or adult at risk,
 - c.) Behaved towards a child in a way that indicates s/he is unsuitable for such work.
3. The LADO will instruct SJT on procedure and what information may be shared with the person who is the subject of an allegation. SJT and LADO will decide, in consultation with the Police and/or any other relevant agencies, what may be shared in situations that may possibly lead to a criminal investigation.
4. Subject to advice from the LADO, and to any consequent restrictions on the information that can be shared, SJT will, as soon as possible, inform the accused person about the nature of the allegation, how enquiries will be conducted and the possible outcome.

In all instances SJT will seek to ensure that any staff member is treated fairly and honestly and that they are supported to understand the concerns expressed and processes involved. They will be kept informed of the progress and outcome of any investigation and the implications for any disciplinary or related process.

SJT will make all referrals within 24 hours of a serious concern or disclosure coming to light. When a referral is made, SJT will record the name and role of the children and young people's services member of staff or police officer to whom the concerns were passed, together with the time and date of the call/referral. If a concern is allayed and a decision is made not to make a referral, then SJT will still be required to record details of the concern and details as to why a referral was not made. This information may become relevant later if further concerns emerge.

1. RADICALISATION

SJT recognises the positive contribution it can make towards protecting children, young people and adults at risk from radicalisation to violent extremism. SJT will continue to empower children and young people to create communities that are resilient to extremism and support the wellbeing of particular

children and young people who may be vulnerable to being drawn into violent extremism or crime. It will also continue to promote the development of spaces for free debate where shared values can be reinforced.

Radicalisation is the process by which individuals come to support terrorism or violent extremism. There is no typical profile for a person likely to become involved in extremism, or for a person who moves to adopt violence in support of their particular ideology. Although a number of possible behavioural indicators are listed below, staff should use their professional judgement and discuss with other colleagues if they have any concerns:

- Use of inappropriate language,
- Possession of violent extremist literature including electronic material accessed via the internet and communication such as e-mail and text messages,
- Behavioural changes,
- The expression of extremist views,
- Advocating violent actions and means,
- Association with known extremists,
- Seeking to recruit others to an extremist ideology.

If staff have any significant concerns about a child/young person beginning to support terrorism and/or violent extremism, they should discuss this with the Designated Safeguarding Officer or the Designated Safeguarding Assistant immediately.

2. COUNTY LINES

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

3. PEER ABUSE

All staff working with young people that safeguarding issues can manifest themselves via peer-on-peer abuse. This is most likely to include, but may not be limited to:

- Bullying (including cyberbullying),
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm,
- Sexual violence and sexual harassment,
- Sexting (also known as youth produced sexual imagery),
- Initiation/hazing type violence and rituals,
- Up-skirting, which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm – this is now a criminal offence.

4. MENTAL HEALTH

We are not qualified to diagnose medical issues. Common mental health problems in children, include:

- Depression – affects more children and young people today than in the last few decades, but it is still common in adults. Teenagers are more likely to experience depression than young children.
- Self-Harm – is a very common problem among young people. Some people find it helps them manage intense emotional pain if they harm themselves, through cutting or burning, for example. They may not wish to take their own life.
- Generalised anxiety disorder (GAD) can cause young people to become extremely worried. Very young children or children starting or moving school may have separation anxiety.
- Post-traumatic stress disorder (PTSD) can follow physical or sexual abuse, witnessing something extremely frightening or traumatising, being the victim of violence or severe bullying or surviving a disaster.
- Children who are consistency *overactive* (hyperactive), behave impulsively and have difficulty paying attention may have attention deficit hyperactivity disorder (ADHD). Many more boys than girls are affected, but the cause of ADHD aren't fully understood.
- Eating disorders usually start in the teenage years and are more common in girls than boys. The number of young people who develop an eating disorder is small but eating disorders such as anorexia nervosa and bulimia nervosa can have serious consequences for their physical health and development.

5. HONOUR BASED ABUSE

HBA is a broad umbrella term used to describe a combination of practices used principally to control and punish the behaviour of a member of a family or social group, in order to protect perceived cultural and religious beliefs in the name of 'honour'. Although predominantly associated with women and girls, male members of a family can also be victims. Violence and abuse may occur when it is felt that an individual's behaviour has broken the 'honour code', bringing disgrace to their family or social group. Perpetrators will feel that they need to restore their loss of face and standing within their community. There is often an element of approval and social acceptance from other family members and the community.

HBA Crime types can include:

- Murder,
- Rape and sexual assault,
- Disfigurement (Acid attacks/burning),
- Physical assaults,
- Neglect/Cruelty,
- Enslavement (Modern Slavery),
- Kidnap and False imprisonment,
- Destruction/damage of property,
- Harassment and stalking,
- Sending malicious communications,
- Threats and abuse.

There are strong links between HBA, Forced Marriage (FM) and Female Genital Mutilation (FGM).

The indicators:

Potential HBA trigger events/behaviours include.

- Rejecting a forced marriage,
- Interfaith and inter-race relationship,
- Elopement,
- Renouncing a faith,
- Loss of virginity,
- Sex or pregnancy outside of marriage,
- Coming out as being lesbian, gay, bisexual or transgender (LGBT),
- Expressions of autonomy,
- The existence of a boyfriend/girlfriend,
- Adultery,
- Leaving a spouse or seeking a divorce
- A refusal to divorce when ordered to do so by family members,
- Being too 'westernised' – Inappropriate make-up or dress, kissing or being intimate in a public place,
- Reporting rape (being raped may be deemed a bring disgrace to the family),
- Reporting domestic abuse,
- Rejecting the practice of FGM,
- Running away.

Signs to look for include.

- The victim or her family come from a community where the idea of 'Honour' is culturally embedded,
- There may feel like an element of 'surveillance' and control by the family or community members. In the case of adults this might present where the victim is routinely accompanied to and from a place of work. In children or young people, they may be driven to and from school, not able to walk or travel on public transport with friends,
- They might field a high number of phone calls from family members or their spouse. They may look uncomfortable taking the calls, quiet and withdrawn afterwards,
- A victim may be accompanied to the doctors by a family member or spouse,
- There may be noticeable levels of absenteeism, lateness – school, college or employment,
- Significant personality changes may become evident. He/she may appear and behave depressed, withdrawn, anxious or suicidal,
- There may be noticeable deterioration in the victim's appearance, a lack of grooming,
- Physical injuries apparent, often frequent injuries, with the victim explaining them away as 'accidental',
- They may dress unusually to disguise bruises or injuries i.e. neck scarf.

6. PHYSICAL ABUSE

Physical abuse is any form of non-accidental injury or injury which results from wilful or neglectful failure to protect a child/young person/adult at risk.

An important indicator of physical abuse is where bruises or injuries are unexplained, or the explanation does not fit the injury. A delay in seeking medical treatment for a child/young person/adult at risk when it is obviously necessary is also a cause for concern. Bruising may be more or less noticeable on children and young people with different skin tones or from different racial groups and specialist advice may need to be taken. Patterns of bruising that are suggestive of physical child abuse include:

- Bruises that are seen away from bony prominences,
- Bruises to the face, back, stomach, arms, buttocks, ears and hands,
- Multiple bruises in clusters or a uniform shape,
- Bruises that carry the imprint of an implement,
- Cigarette burns,
- Adult bite marks,
- Scalds.

Although bruising is the commonest injury in physical abuse, fatal non-accidental head injury and non-accidental fractures can occur without bruising. Any child/adult at risk who has unexplained signs of pain or illness should be seen promptly by a doctor.

Behaviour changes can also indicate physical abuse:

- Fear of parents being approached for an explanation,
- Aggressive behaviour or severe temper outbursts,
- Flinching when approached or touched,
- Reluctance to get changed, for example wearing long sleeves in hot weather,
- Depression; or withdrawn behaviour,
- Running away from home.

7. EMOTIONAL ABUSE

Emotional abuse happens where there is a relationship between a carer and a child/young person/adult at risk and can manifest in the child/young person/adult at risk's behaviour or physical functioning.

Emotional abuse can be difficult to measure, and often children, young people and adults at risk who appear well-cared for may be emotionally abused by being taunted, put down or belittled. Emotional abuse can also take the form of children and young people not being allowed to mix/play with other children and young people.

The physical signs of emotional abuse may include:

- Failure to thrive or grow,
- Sudden speech disorders,
- Developmental delay, either in terms of physical or emotional progress.

Changes in behaviour which can also indicate emotional abuse include:

- Neurotic behaviour, e.g., sulking, hair twisting, rocking,

- Being unable to play; or fear of making mistakes,
- Fear of parent being approached regarding their behaviour,
- Self-harm.

8. SEXUAL ABUSE

Sexual abuse involves the use of a child/young person/adult at risk for gratification or sexual arousal by a person for themselves or others.

Adults who use children, young people and/or adults at risk to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers. Usually, in cases of sexual abuse it is the behaviour of children/young people/adults at risk which may cause you to become concerned, although physical signs can also be present. In all cases children/young people/adults at risk who talk about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

The physical signs of sexual abuse include:

- Pain or itching in the genital/anal areas,
- Bruising or bleeding near genital/anal areas,
- Sexually transmitted disease; vaginal discharge or infection,
- Stomach pains,
- Discomfort when walking or sitting down.

The following changes in behaviour may also indicate sexual abuse:

- Sudden or unexplained changes in behaviour (e.g. becoming aggressive or withdrawn),
- Fear of being left with a specific person or group of people,
- Sexual knowledge, which is beyond their age or developmental level,
- Self-harm or mutilation, sometimes leading to suicide attempts,
- Suddenly having unexplained sources of money,
- Acting in a sexually explicit way towards adults,
- Sexual drawings or language.

9. NEGLECT

Neglect results in a child/young person/adult at risk suffering significant harm or impairment of development as a result of being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, or medical care.

Neglect can be a difficult form of abuse to recognise. The physical signs of neglect may include:

- Hunger, sometimes stealing food from others,
- Constantly dirty or smelly,
- Loss of weight, or being constantly underweight,
- Inappropriate dress for the conditions.

10. BULLYING

Bullying is behaviour that hurts someone else – such as name calling, hitting, pushing, spreading rumours, threatening, or undermining someone. It's usually repeated over a long period of time and can hurt a child/ young person both physically and emotionally. Bullying that happens online, using social networks, games, and mobile phones, is often called cyberbullying.

You can't always see the signs of bullying. And no one sign indicates for certain that a child's being bullied. But you should look out for:

- Belongings getting "lost" or damaged,
- Physical injuries such as unexplained bruises,
- Being afraid to go to school, being mysteriously 'ill' each morning, or skipping school,
- Not doing as well at school,
- Asking for, or stealing, money (to give to a bully),
- Being nervous, losing confidence, or becoming distressed and withdrawn,
- Problems with eating or sleeping,
- Bullying others.

PART 3:
APPENDIX:
ADDITIONAL POLICIES/REFERENCE

The purpose of this policy is to set out the reasonable steps the premises will undertake to prevent unnecessary avoidable disturbance to residents, services and other businesses operating in the vicinity of the premises.

It is the stated intention of the premises to operate in a manner which causes the minimum impact from noise nuisance and anti-social behaviour from our customers/participants to neighbours and other members of the public. To this end all relevant staff will be trained in this policy and other appropriate skills to achieve an orderly and safe dispersal from the premises.

All staff are compelled by their contract of employment to comply with and actively implement this dispersal policy, where their job role includes these responsibilities.

It is the responsibility of the Designated Premises Supervisor to ensure that this policy is enforced at the premises and to regularly update the policy to meet the requirements of the business. In reference to Children and Young People this applies to the responsibility of the Youth Theatre Assistants, Visiting Practitioners, and Duty Managers.

SAFE DISPERSAL POLICY STATEMENT

At the end of all workshops, events, and/or performances with groups of children and young people responsible staff will remain visible to any participant or audience member requiring assistance.

The location of these staff members and the assistance that we can provide (use of Front of House phone to organise transportation) will be made clear to participants, and information will be presented Front of House displaying the same information.

Children and young people will be encouraged to leave responsibly with due regard to the residential properties close to the venue.

Any participants members who are waiting to be collected will be encouraged to do so inside the venue and the venue will remain open until the last participant has been collected.

If a participant is left uncollected and is unable to make contact with family or friends, responsible staff will first use the emergency contact information held in regard to the participant, and in the exceptionally unlikely event no contact is made they will then contact the police and request assistance.

Note: This policy is in regard to groups exiting en masse, the rules for individuals departing should be laid out in Drama Club/Youth Theatre rules and regulations.

BEHAVIOUR MANAGEMENT

Practitioners will manage group conduct and individual behaviour according to their own practice, however the following sets out the guiding principles that frame our behaviour management expectations.

- The welfare of the child is paramount (Children Act 1989)
- It is the responsibility of all adults to safeguard and promote the welfare of children and young people. This responsibility extends to a duty of care for those adults employed, commissioned, or contracted to work with CYP.

- Adults who work with children are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions
- Adults, should work and be seen to work, in an open and transparent way
- The same professional standards should always be applied and should be sensitive to differences expressed through culture, disability, gender, language, racial origin, religious belief and/or sexual identity.
- Adults should continually monitor and review their practice and ensure they follow the guidance contained in this document, with specific reference to the Safeguarding Policy.

All children and young people have a right to be treated with respect and dignity even in those circumstances where they display difficult or challenging behaviour. Adults should not use any form of degrading treatment to punish a child. The use of sarcasm, demeaning or insensitive comments towards children and young people is not acceptable in any situation. Any sanctions or rewards used should be part of a behaviour management policy which is widely publicised and regularly reviewed.

The use of corporal punishment is not acceptable and whilst there may be a legal defence for parents who physically chastise their children, this does not extend, in any circumstances, to those adults who work with or on behalf of children and young people.

Where children display difficult or challenging behaviour, adults must follow the behaviour policy outlined by their place of work and use strategies appropriate to the circumstance and situation. The use of physical intervention can only be justified in exceptional circumstances and must be used as a last resort when other behaviour management strategies have failed. Where a child has specific needs in respect of particularly challenging behaviour, a positive handling plan may be drawn up and agreed by all parties. Only in these circumstances should an adult deviate from the behaviour management policy of the organisation.

This means that adults should:

- Not use force as a form of punishment,
- Try to defuse situations before they escalate,
- Inform parents of any behaviour management techniques used,
- Adhere to the organisation's behaviour management policy,
- Be mindful of factors which may impact upon a participant's behaviour e.g., bullying, abuse and where necessary take appropriate action,
- Where appropriate, develop positive handling plans in respect of an individual child or young person.

TRAUMA INFORMED PRACTICE

Trauma-informed approaches have become increasingly cited in policy and adopted in practice as a means for reducing the negative impact of trauma experiences and supporting mental and physical health outcomes. They build on evidence developed over several decades. However, there has been a lack of consensus within the health and social care sector on how trauma-informed practice is defined, what its key principles are and how it can be built into services and systems.

This document seeks to address this gap by providing a working definition of trauma-informed practice for practitioners working in the health and care sector. The working definition presented in this document reflects the original internationally recognised [definition developed by the United States Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#). The evidence base exploring

the use of trauma-informed practice in different settings and sectors is still being developed. This working definition will be kept under review and updated where appropriate to reflect new evidence.

TRAUMA

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional, or spiritual well-being.

WORKING DEFINITION OF TRAUMA INFORMED PRACTICE

Realise that trauma can affect individuals, groups and communities

Trauma-informed practice is an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development.

Recognise the signs, symptoms and widespread impact of trauma

Trauma-informed practice aims to increase practitioners' awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with health and care services and their staff.

It aims to improve the accessibility and quality of services by creating culturally sensitive, safe services that people trust and want to use. It seeks to prepare practitioners to work in collaboration and partnership with people and empower them to make choices about their health and wellbeing.

Trauma-informed practice acknowledges the need to see beyond an individual's presenting behaviours and to ask, 'What does this person need?' rather than 'What is wrong with this person?'

Prevent re-traumatisation

It seeks to avoid re-traumatisation which is the re-experiencing of thoughts, feelings or sensations experienced at the time of a traumatic event or circumstance in a person's past. Re-traumatisation is generally triggered by reminders of previous trauma which may or may not be potentially traumatic in themselves.

The purpose of trauma-informed practice is not to treat trauma-related difficulties, which is the role of trauma-specialist services and practitioners. Instead, it seeks to address the barriers that people affected by trauma can experience when accessing health and care services.

KEY PRINCIPLES

There are 6 principles of trauma-informed practice: safety, trust, choice, collaboration, empowerment and cultural consideration.

Safety

The physical, psychological and emotional safety of service users and staff is prioritised, by:

- people knowing they are safe or asking what they need to feel safe
- there being reasonable freedom from threat or harm
- attempting to prevent re-traumatisation
- putting policies, practices and safeguarding arrangements in place

Trustworthiness

Transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, service users and the wider community, by:

- the organisation and staff explaining what they are doing and why
- the organisation and staff doing what they say they will do
- expectations being made clear and the organisation and staff not overpromising

Choice

Service users are supported in shared decision-making, choice and goal setting to determine the plan of action they need to heal and move forward, by:

- ensuring service users and staff have a voice in the decision-making process of the organisation and its services
- listening to the needs and wishes of service users and staff
- explaining choices clearly and transparently
- acknowledging that people who have experienced or are experiencing trauma may feel a lack of safety or control over the course of their life which can cause difficulties in developing trusting relationships

Collaboration

The value of staff and service user experience is recognised in overcoming challenges and improving the system as a whole, by:

- using formal and informal peer support and mutual self-help
- the organisation asking service users and staff what they need and collaboratively considering how these needs can be met
- focussing on working alongside and actively involving service users in the delivery of services

Empowerment

Efforts are made to share power and give service users and staff a strong voice in decision-making, at both individual and organisational level, by:

- validating feelings and concerns of staff and service users
- listening to what a person wants and needs
- supporting people to make decisions and take action
- acknowledging that people who have experienced or are experiencing trauma may feel powerless to control what happens to them, isolated by their experiences and have feelings of low self-worth

Cultural consideration

Move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity by:

- offering access to gender responsive services
- leveraging the healing value of traditional cultural connections
- incorporating policies, protocols and processes that are responsive to the needs of individuals served

Other professional resources and tools

See:

- Office of Health Improvement and Disparities' [Vulnerabilities: applying All Our Health](#)
- e-learning for healthcare: [All Our Health: Vulnerabilities and trauma-informed practice](#)
- [Trauma-informed practice toolkit: Scottish Government](#)
- [Trauma-Informed Wales](#)