

# Camden People's Theatre



## Safeguarding Policy - Children, Young People and Vulnerable Adults.

Date updated	February 2026
Date approved	February 2026
Date for renewal	February 2027
Who this policy applies to	Staff, freelancers, volunteers, trustees
Designated Safeguarding Officer	Executive director
Designated Trustee for Safeguarding	Tim Crocker-Buque

Camden People's Theatre (CPT) has a zero tolerance approach to any type of abuse and is committed to providing a safe environment for artists, audiences, visitors and staff. CPT will fully cooperate with statutory safeguarding agencies, including Children's Social Care, Adult Social Care, the Police and the Local Authority Designated Officer (LADO), and will share relevant information promptly where required to protect children, young people and adults at risk

Whilst there is some overlap between the two, CPT recognises that there may be specific and different vulnerabilities within each group, requiring specific policy. This policy has been designed with children and young people (those under 19) and vulnerable adults (those 18 or over who are unable to care independently for themselves, or unable to protect themselves against harm or exploitation) in mind.<sup>1</sup>

### CPT is committed to safeguarding the welfare of:

- Children and young people (ages 13–19) participating in CPT programmes.

---

<sup>1</sup> These definitions are issued by the Office for Health Improvement and Disparities here: <https://www.gov.uk/government/publications/vulnerabilities-applying-all-our-health/vulnerabilities-applying-all-our-health>

- All children and young people attending the theatre as audience members with their families or guardians.
- Vulnerable adults and adults at risk who engage in our services or attend our venue.
- All adult artists or freelancers engaged with us, particularly those who may be marginalised or vulnerable.

**This policy ensures that everyone involved with CPT understands**

- Their responsibilities for safeguarding and protecting children, young people, and vulnerable adults.
- How to respond to concerns about abuse, exploitation, or harassment.
- The procedures for reporting and escalation.

**CPT's safeguarding principles**

- The welfare and safety of children, young people, and vulnerable individuals is paramount.
- Everyone has the right to protection from abuse, exploitation, and harassment regardless of age, gender, disability, ethnicity, sexual orientation, religion, or beliefs.
- All staff, freelancers, volunteers, and trustees must follow this policy and report any concerns promptly.

**Legal Framework**

CPT complies with the following UK legislation and guidance:

- **Children Act 1989 & 2004**
- Children and Social Work Act 2017
- **Working Together to Safeguard Children 2023**
- **Keeping Children Safe in Education 2023**
- **Care Act 2014** (adults at risk)
- Sexual Offences Act 2003 (position of trust)
- **Safeguarding Vulnerable Groups Act 2006**
- **Data Protection Act 2018 & GDPR**

**Definitions**

Term	Definition
Child / Young Person	Anyone under 19 years old. Youth theatre participants are 13–19 years old.
Adult at Risk	Anyone over 18 who is or may be in need of care or support and is at risk of abuse or neglect. As defined by Care Act 2014 (section 42 threshold)
Adult Artist / Freelancer	Adults over 18 who may be at risk due to marginalisation, power imbalances, or

	exploitation.
Abuse	Physical, emotional, sexual, or neglectful treatment that harms or may harm someone. See Appendix 1 for full types.

### Staff roles and responsibilities

The Designated Safeguarding Officer (DSO) leads on policy development and implementation, including:

- Updating and implementing the safeguarding policy
- Contacting the Local Authority or Police in the event that a child or adult at risk is in danger
- Acting as the 'front line' point of contact for anyone who has concerns about the welfare of a child or vulnerable adult
- Managing any complaints or allegations which are made against staff
- Ensuring safe recruitment procedure and up to date training
- Maintaining accurate records and reporting to the trustees where necessary

The Designated Trustee for Safeguarding leads on policy oversight, including:

- Ensuring policy and procedures are implemented by staff
- Being kept informed about any safeguarding issues and/or risks, and feeding this information to the rest of the Trustees, where necessary
- Discussing any safeguarding concerns, including where no harm was reported, at quarterly board meetings

All staff, freelancers and volunteers have a responsibility to safeguard children from harm, including:

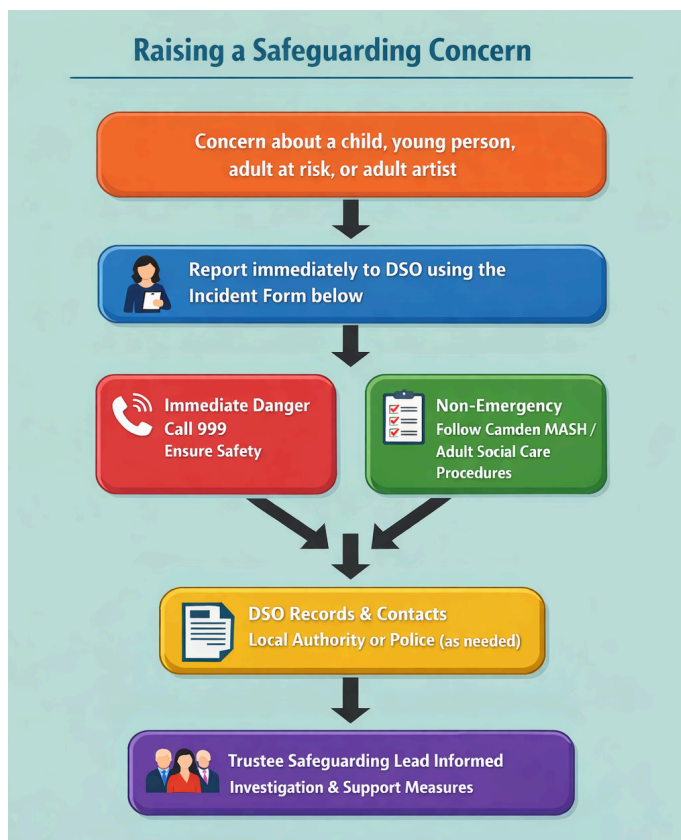
- Being vigilant for signs of abuse or exploitation
- Reporting any concerns to the DSO promptly
- Follow the code of conduct for safeguarding procedures

### Raising a Concern

It is the responsibility of all staff, freelancers and volunteers to report a safeguarding concern, but it is not your responsibility to investigate it further. This is because asking questions may compromise future investigations by the police or local authority.

#### Key principles:

- Report, don't investigate
- Record facts clearly and promptly
- Maintain confidentiality
- Contact emergency services if immediate danger exists (999)



If a member of CPT's staff or a volunteer is thought to have carried out the abuse, this procedure must be followed and the CEO and/or Designated Safeguarding Trustee must be informed. Staff may also use the CPT Whistleblowing Policy.

**If a child or adult at risk tells you they are being abused:**

1. Stay calm, listen, allow them to speak without interruption and accept what they say
2. Be understanding and reassuring but do not give your opinion or be judgemental
3. Tell them that you will try to offer support but that you must pass the information on. Never promise that you can keep secrets or be confidential. Write succinct notes of what was said, noting actual words used wherever possible
4. Inform the Designated Safeguarding Officer immediately, and no later than the end of the working day, using the Incident Form below
5. The DSO will advise of further action that you need to take
6. Look after yourself: supporting people at risk can be emotionally demanding and at times can leave people experiencing emotions such as shock, anger, guilt and disgust. It is important to reflect and access support to discuss any issues which may arise from the work. Your manager, or the Designated Safeguarding Officer will also be able to support you in this.
7. If a child or young adult at risk is in danger, first ensure that they are safe. If immediate help is needed, call the emergency services on 999.

**Concerns about staff, freelancers or volunteers as perpetrators of abuse:**

Where a member of staff or a volunteer has concerns about another staff member, freelancer, artist or volunteer, these should be raised immediately with the Designated Safeguarding Officer or in their absence with Tim Crocker-Buque, Board of Trustees Designated Safeguarding Lead,

immediately – *see Appendix 2 for contact details*. Allegations made of abuse against a member of staff or volunteer will be fully recorded by the Designated Safeguarding Officer or Board of Trustees Designated Safeguarding Lead, and will then be reported and investigated in line with CPT's policies and procedures, and legal responsibilities.

In the event of immediate danger the DSO or Trustee DSL will contact the emergency services. If allegations are made against CPT staff or volunteers, a LADO referral will be made within 1 day. If a child is identified as at risk, but not in immediate danger, a referral to the Multi-Agency Safeguarding Team (MASH) will be made within 72 hours. If an adult at risk is identified, a referral will be made to Adult Social Care within 72 hours.

CPT acknowledges that it can be very difficult to report safeguarding concerns but all staff, freelancers and volunteers have a duty to do this. Any concerns for the welfare of the child or adult at risk arising from suspected abuse or harassment by a member of staff or volunteer should be reported immediately.

CPT will endeavour to support any staff or volunteers, who in good faith report their concerns that a colleague is or may be abusing a child or young adult or putting their welfare at risk. Furthermore CPT may address this as a whistleblowing situation making the staff or volunteer who reports their concerns a witness, not a complainant. Please refer to our Whistleblowing Policy.

CPT will try to ensure that every effort will be made to maintain appropriate confidentiality for all concerned, and consideration will be given to what support may be appropriate to children, adults at risk, parents, members of staff and volunteers.

If the allegation of abuse comes from a third party, the same procedures must be followed by the person reporting the disclosure. The person making the report should be clear with the Designated Safeguarding Officer where the allegation has come from.

Where appropriate, CPT's Designated Safeguarding Officer needs to consider contacting the police, in addition to the relevant statutory authority.

### **Procedures for new staff, freelancers, volunteers and Trustees**

All staff, freelancers, volunteers and Trustees who will have direct or indirect (e.g. email) contact with children will be vetted as part of CPT's safeguarding responsibilities. Please refer to CPT's Policy on recruiting Ex-Offenders for details on our recruitment processes.

Vetting to include:

- Enhanced Disclosure Barring Service (DBS) checks will be undertaken
- An interview, including questions with specific reference to child safeguarding, to ensure appropriate levels of understanding and best practice
- Two references obtained, including questions with specific reference to child safeguarding
- Probationary period

All staff, volunteers and Trustees who have direct, unsupervised contact with children will also be required to complete induction and training.

Induction and training to include:

- Mandatory child and adult at risk safeguarding training
- Familiarisation with CPT's policies: Safeguarding, Health & Safety, Equal Opportunities, Code of Conduct
- Ongoing refresher training every 2-3 years

DBS checks will be repeated for all eligible staff and volunteers every 3 years.

### **Imagery, the internet, email and mobile phones.**

**Imagery:** Parental/guardian/carer consent for photography or video recording of any child, young person or vulnerable adult, will be obtained through consent forms. It is understood that photographs will only be taken once this consent has been granted and will maintain the dignity of the person/ people in them. CPT will be clear about how any photographs or video footage will be used to both the parents/guardians and children/young people.

If using images or videos in publicity (offline or online) then we will be careful to not reveal the identity of the child or young person. A participant's name will not be used in relation to any images or footage where possible. In situations where it is necessary to name the young person, then only the first name shall be used alongside the image or footage. We will ensure that consent forms and images are stored safely and securely and under the obligations of the Data Protection Act.

Using a personal device to take photos of young people should be avoided at all times where possible. CPT will ensure that any professional photographers or video-makers contracted by CPT to make photos/videos of children or young people are accompanied by a member of the CPT team who has an Enhanced Disclosure and Barring Service (DBS) check which is dated within the last 3 years. CPT or the presenting venue will inform the audience at all performances that "Video and photography is not permitted during the performance" unless otherwise agreed.

**Email Communication:** If CPT staff are required to email children, young people or vulnerable adults they should always use their professional CPT email address. Staff should use formal language to avoid any misunderstanding on the part of the recipient. If freelancers working with CPT are required to email children, young people or vulnerable adults they should contact the DSO who will issue them with a CPT email address. Staff members who have concerns regarding the content of an email that they send or receive from a child or young person should consult the DSO for guidance. Where a young person is under 19, parents/guardians should be cc'd into the email wherever possible.

**Phone Communication:** CPT staff and freelancers should not make or receive calls or texts to or from children, young people or vulnerable adults using their personal mobile phones. Staff or team members will be supplied with company phones for project use. Staff members who use the organisation phone should, where possible, take the call in an open environment where the conversation can be witnessed.

CPT guidance for phone communication - this has been outlined to ensure no misinterpretation or misuse of information or content occurs::

- Use appropriate language; try not to include any words or phrases that could be misinterpreted.
- Avoid using a kiss at the end of a text or within a signature.
- Be conscious of the time when sending messages or making calls. Avoid late at night and the early hours of the morning.
- Where possible only text young people through the group WhatsApp and avoid texting them individually. If needing to communicate with an individual participant try to call first and use text messaging as an alternative.
- Only contact young people by phone in relation to the project. Do NOT contact them on a personal nature.
- You do not share any of the participant's numbers with anyone outside the CPT or CYT project team

### **Cyber Bullying and Harassment**

CPT operates a no tolerance policy to harassment and bullying.

Cyberbullying is the use of digital technologies to deliberately and repeatedly harass, threaten, embarrass, exploit, or target another person.

Online harassment may include:

- Abusive or threatening messages
- Sharing private information or images without consent
- Sexual harassment or unwanted sexual messages
- Racist, sexist, homophobic, transphobic, ableist, or discriminatory content
- Exclusion from online groups
- Grooming or exploitation
- Impersonation or fake accounts

If cyberbullying or online harassment is reported:

1. The concern must be reported to the DSO using the Incident Form.
2. Screenshots or digital evidence should be preserved where possible.
3. The DSO will assess whether the matter:
  - Can be managed internally
  - Requires parental involvement (for under 18s)
  - Requires referral to Camden MASH, Adult Social Care, or the Police

If the behaviour is considered to constitute a criminal offence (e.g. threats, sexual exploitation, image-based abuse), the police will be contacted.

## **Code of conduct**

The following guidelines are intended as a general code of conduct for any work carried out with children, young people, and adults at risk. Please also see CPT's Code of Conduct Policy that outlines expectations for CPT staff, freelancers, artists and volunteers.

There should always be at least one vetted, DBS-checked staff member responsible for children when they are on site; more than one is preferable.

### **A. General**

- Set a professional example
- Respect privacy and dignity
- Report any concerns immediately
- Avoid inappropriate behaviour, contact, or abuse of trust
- Ensure any physical contact in workshops is necessary, explained, and consensual
- Not meet children or young people outside projects without parental permission
- Make everyone aware of our safeguarding arrangements
- If a child or young person is injured whilst involved in a CPT project, CPT will make a record of the injury in the accident book which will be countersigned by the parent or carer.

Any staff, freelancer or volunteer whose actions fall outside of these guidelines will incur disciplinary procedures (see Appendix 3)

### **Activity Specific Procedures:**

#### **Community Days and Children's performances:**

- Supervision ratios apply for family days / community events (minimum 1 DBS-checked adult per group)
- Lost child procedure in place
- Parental consent sought for under-16 audience members
- Ensure children are always accompanied by responsible adults

#### **Camden Youth Theatre:**

- All CYT staff vetted and trained as per the guidelines above
- Parental consent and emergency contacts gathered for all CYT participants
- CYT members under 16 should be collected from the theatre by a parent or guardian unless a written request is made

#### **Adult Artists and Marginalised Groups**

- CPT staff, freelancers and volunteers acknowledge power imbalances in mentoring, workshops, and productions
- CPT provides safe reporting channels for harassment, exploitation, or discrimination
- Staff must respect boundaries and ensure professional conduct

## Record Keeping and Data Protection

- All safeguarding records kept securely and separate from staff HR files, with restricted access to nominated individuals
- Retention: Safeguarding records relating to children will be retained until the child reaches 25 years of age. For adults at risk –records will be retained 10 years, in line with statutory guidance
- Follow GDPR principles for consent and sharing information

## MANAGING CHALLENGING BEHAVIOUR

When working with children and vulnerable adults you may, on occasions, be required to deal with challenging behaviour, such as:

- Bullying
- Violence towards others
- Bad language
- Discrimination and racism
- Venturing outside boundaries on purpose
- Abuse of facilities or equipment
- Disobeying staff / volunteers
- Deliberately making a situation unsafe.

In responding to challenging behaviour your reaction should always be consistent, proportionate to the actions, be imposed as soon as is practical and be fully explained to the person and their teachers/parents/carers.

If you are faced with participants who display negative or challenging behaviours you should follow these guidelines:

- Immediately state that this behaviour cannot be tolerated.
- If behaviour persists, request that the participant takes a Time Out (leaves the room, supervised by a member of staff).
- Talk to the participant about their actions, asking what happened and explaining why this behaviour is unacceptable.

The lead practitioner will decide whether further action is necessary. This could include:

- Reparation - the act or process of making amends (i.e. apologising for actions).
- Restitution - the act of giving something back (i.e. returning stolen property).
- Sanctions or consequences, e.g. missing out on a trip.
- Use of individual 'contracts' or agreements for their future or continued participation.
- Increased supervision by staff / volunteers.
- Seeking additional/specialist support through working in partnership with other agencies to ensure a child's needs are met appropriately e.g. referral for support to Children's Social Care, discussion with the child's key worker if they have one, speaking to the child's school about management strategies (all require parental consent unless the child is felt to be 'at risk' or 'in need of protection').
- Temporary or permanent exclusion.

## PHYSICAL INTERVENTION

If delivering CPT activities at a partner organisation the overall responsibility for behavioural management lies with the partner.

However, for activity delivered at CPT, the company has responsibility for the safety of people in its care at that time. In this instance physical intervention should be avoided unless it is absolutely necessary to prevent a person from injuring themselves or others or causing serious damage to property (such as arson). All forms of physical intervention should form part of a broader approach to the management of challenging behaviour.

Physical contact to prevent something happening should always be the result of conscious decision-making and not a reaction. Before physically intervening, the member of staff or volunteer should ask themselves, 'Is this the only option in order to manage the situation and ensure safety?' It is good practice to ensure that if you have to physically intervene in a situation it is in the least restrictive way necessary to prevent everyone from getting hurt and is used only after all other strategies have been exhausted. Studies have shown that, where this is the case, people understand and accept the reasons for the intervention.

Where people have been identified as having additional needs or behaviours that are likely to require physical intervention the DSO will discuss this with parents / carers in advance and where necessary seek advice from NSPCC to ensure that a child can be supported to participate safely. This may include employing a suitably trained support worker or accessing training in physical intervention.

The following must always be considered:

- Physical intervention is a last resort and should be only be used if absolutely necessary to prevent a person from harm.
- Physical intervention should never involve inflicting pain on a person, but rather be to restrain and protect them.
- All forms of physical intervention should employ only a reasonable amount of force, i.e. the minimum force needed to avert injury to a person or serious damage to property - applied for the shortest possible period of time.
- Staff /volunteers should consider the circumstances, and the risks associated with employing physical intervention compared with the risks of not employing physical intervention.
- Staff/volunteers should never employ physical interventions which are deemed to present an unreasonable risk to participants or staff/volunteers.
- Staff/volunteers shall never use physical intervention as a form of punishment.
- Any physical contact must respect personal dignity and avoid intimate areas wherever possible.

Any physical intervention used should be recorded as soon as possible after the incident by the staff/volunteers involved using the Incident Report Form and passed to the DSO immediately. A timely debrief for staff / volunteers, the person involved and parent / carer where necessary should always take place following an incident where physical intervention has been used. This

should include ensuring that the physical and emotional well-being of those involved has been addressed and ongoing support offered where necessary. All involved should be given an opportunity to talk about what happened in a calm and safe environment. There should also be a discussion with the person and parents about their needs and continued safe participation in the group or activity.

## Appendix

### Appendix 1

#### What is abuse?

##### **A. *What is physical abuse?***

Physical abuse includes hitting, shaking, throwing, poisoning or misuse of medications, rough, inappropriate or careless handling, burning or scalding, drowning, suffocating or otherwise causing physical pain or harm. Physical harm may also be caused when a parent or carer feigns the symptoms of or deliberately causes ill health to a child whom they are looking after. For vulnerable adults this can also include medical mistreatment such as the misuse of medication, fabricating symptoms, withholding or inappropriately altering medication or treatment regimes or actions that may deliberately induce symptoms in the young adult. Physical abuse may also present as the misuse of restraint.

##### **B. *What is emotional abuse?***

Emotional abuse is the persistent emotional ill-treatment of a person such as to cause adverse effects on that person's emotional state or development. It may involve making the individual feel or believe that they are worthless, unloved, unsafe or inadequate. It may also involve causing the person to feel frightened or in danger without material cause. It may involve exploitation or corruption and could include; verbal abuse, threats, bullying, racial abuse, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, isolation or withdrawal from services or supportive networks.

##### **C. *What is sexual abuse?***

Sexual abuse of a child or young person involves forcing or enticing them to take part in sexual activities, whether or not the child or young person is aware of, or consents to, what is happening. The activities may involve physical contact, including penetrative acts or non-penetrative acts. Sexual abuse also includes non-contact activities, such as involving children or young people in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging them to behave in sexually inappropriate ways.

Sexual abuse of adults can be rape, sexual assault or sexual acts to which the person does not consent, cannot consent or is pressured into consenting. This may include indecent exposure, sexual teasing or innuendo, unwanted touching, sexual photography, subjection to pornography or witnessing sexual acts. Acts of a sexual nature where one of the participants is in a position of trust, power or authority may also be deemed sexual abuse, where a person's ability to give free informed consent is impeded. Young adults in exploitative situations and relationships may receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them. Young adults may be tricked into believing they're in a loving, consensual

relationship. They might be invited to parties and given drugs and alcohol. They may also be [groomed](#) and exploited [online](#).

Sexual abuse can happen across all genders, may be by other children, young people or adults. People from all walks of life may be sexual abusers.

**D. What is neglect?**

Neglect is the persistent failure to meet a child's, young person's or vulnerable adult's basic physical and/or psychological needs, likely to result in the severe impairment of the person's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failure to protect a child, young person or vulnerable adult from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment.

It may also include neglect of a child's, young person's or vulnerable adult's basic emotional needs.

**Vulnerable adults**

**Other forms of abuse can include:**

**A. Financial or Material Abuse**

Financial abuse may include improper use of, or withholding, a person's money or property; theft, fraud, exploitation or pressure in connection with wills, property or inheritance.

**B. Discriminatory Abuse**

Discriminatory abuse may include racist or sexist remarks, or comments based upon a person's impairment, age, gender, sexual orientation, relationship status, race, religion or belief, colour, nationality, ethnic or national origin, disability or union membership, and other forms of harassment, slurs or similar treatment.

**C. Institutional Abuse**

Institutional abuse includes the collective failure of an organisation to provide an appropriate and professional service to vulnerable people. It can be seen or detected in processes, attitudes and behaviours that amount to discrimination through prejudice, ignorance, thoughtlessness, stereotyping, or, malicious intent. It includes failure to ensure necessary safeguards in place to protect adults at risk, and maintain good standards of care in accordance with individual needs, including training of staff, supervision and management, record keeping, and liaising with other care providers.

**D. Abduction**

Abduction is a crime and the police should be informed. Victims of abduction may be forced to work in the sex industry or marry against their will.

**E. Modern Slavery**

Modern slavery includes human trafficking, slavery, servitude and forced and compulsory labour. Exploitation takes a number of forms, including sexual exploitation, forced manual labour and domestic servitude, and victims come from all walks of life.

**F. Self Harm and Suicidal Behaviours**

The definition of self harm is the “deliberate injury to oneself, typically as a manifestation of a psychological or psychiatric disorder”. Suicidal behavior is any action that could cause a person to die, such as taking a drug overdose or crashing a car on purpose.

In their own right, self-harming and/or suicidal behaviours do not necessarily fall under safeguarding procedures. However, it is important to consider if self harm and suicidal behaviours are underlying symptoms of a mental health need. Self-harm may trigger safeguarding procedures where there is risk of significant harm or underlying abuse.

## Appendix 2

### Key Contacts

**In an emergency, contact the police - call 999**

<p><b>Kaya Stanley-Money (Designated Safeguarding Officer)</b>          Email: <a href="mailto:kaya@cptheatre.co.uk">kaya@cptheatre.co.uk</a>          Phone: 07743072199</p>
<p><b>Tim Crocker-Buque - Designated Safeguarding Trustee</b>          Email: <a href="mailto:drtimcb@fastmail.com">drtimcb@fastmail.com</a></p>
<p><b>LADO (Local Authority Designated Individuals)</b>          All LADO referrals must be made directly to the Multi-Agency Safeguarding Hub team (MASH)          Tel: 020 7974 3317          Email: <a href="mailto:LBCMASHadmin@camden.gov.uk">LBCMASHadmin@camden.gov.uk</a>          or Secure email: <a href="mailto:LBCMASHadmin@camden.gov.uk.cjsm.net">LBCMASHadmin@camden.gov.uk.cjsm.net</a></p>
<p><b>Camden safeguarding adults &amp; children contact details.</b>  <a href="mailto:adultsocialcare@camden.gov.uk">adultsocialcare@camden.gov.uk</a>  <a href="https://www.camden.gov.uk/safeguarding-adults-and-children">https://www.camden.gov.uk/safeguarding-adults-and-children</a></p>
<p><b>Police</b>          Non-emergency - 101. If you have a hearing or speech impairment, use the textphone service on 18001101</p>
<p><b>Disclosure and Barring Service</b>          Website: <a href="https://www.gov.uk/government/organisations/disclosure-and-barring-service">https://www.gov.uk/government/organisations/disclosure-and-barring-service</a>          DBS helpline: 03000 200 190          Email: <a href="mailto:customerservices@dbb.gsi.gov.uk">customerservices@dbb.gsi.gov.uk</a></p>
<p><b>NSPCC Help line</b>          Tel: 0800 800 500 – 24 hours, Freephone or email <a href="mailto:help@NSPCC.org.uk">help@NSPCC.org.uk</a>          If you are Deaf or hard of hearing and if you have a webcam, you can contact us via <a href="#">SignVideo</a>.</p>

<p><b>Fearless</b> Service for young people to report a crime 100% anonymously. 0800 555 111 <a href="#">Fearless: Anonymous Reporting for a Safer Community   Crimestoppers</a></p>
<p><b>Voice UK</b> Voice UK is a national charity supporting people with learning disabilities and other vulnerable people who have experienced crime or abuse. They also support families, carers and professional workers. Voice Helpline: 0808 802 8686 Tel: 01332 291042  Email: <a href="mailto:voice@voiceuk.org.uk">voice@voiceuk.org.uk</a></p>
<p><b>Care Quality Commission</b> The Care Quality Commission's job is to check whether hospitals, residential care homes and care services are meeting government standards. Tel: 03000 616161 Email: <a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></p>

### Appendix 3

#### **Disciplinary procedure**

Please see CPT's Disciplinary Policy for more detail. In brief:

**Verbal Warning:** If conduct or performance of duties is unsatisfactory the employee will be given a Verbal Warning which will be recorded in writing and kept on record for one month after which it will be removed and disregarded.

**Written Warning:** In the event of a more serious problem being identified, or a recurrence of an offence following a verbal warning, a formal written warning will be issued to the employee. This will set out in writing the employee's alleged conduct or characteristics, or other circumstances, which lead to consideration of the disciplining or dismissal of the employee by the Line Managers. The employee will be invited to attend a meeting to discuss the matter.

**Meeting:** The employee will be informed of the date of such a meeting and will be given reasonable time to consider the basis for such a meeting as outlined in the Written Warning above. The employee must take all reasonable steps to attend the meeting. After the meeting, the Line Managers will inform the employee of CPT's decision and will notify them of the right to appeal against the decision if it is unsatisfactory.

**Dismissal:** If there is no improvement or if further serious misconduct occurs the employee may

be dismissed. Any requested appeal meeting does not have to happen before the dismissal or disciplinary action comes into effect.

The Line Managers have the right to enter the disciplinary procedure at any of the stages listed above depending upon the severity of the incident/conduct being considered.

#### Appendix 4

##### Incident report form

Name of child/vulnerable adult:	Date of birth/approximate age:
Name of individual raising a concern::	Date and time of incident:
Risk Level: Low/Medium/High	Date DSO informed:
Child/young adult address:	Emergency contact address:
Young adult phone number:	Emergency contact phone number:
Location of incident:	Who else was involved:
Date and time of completion:	Staff, Freelancer or Volunteer Completing the form:
Parents/carers informed: yes/no	Or has the young adult given consent to share information?: Yes/no
Was a referral made to the Local Authority: yes/no	Were the police informed: yes/no
Brief description of incident, including date and time of occurrences ( <i>bullet point if several incidents</i> )	
Observations, what the Child or Young Adult said and what you said– record actual details ( <i>continue on separate sheet if necessary</i> )	

**Action Taken so far, include discussion with designated safeguarding lead:**

**Follow up required:** if yes - add date for follow up to take place

**Outcome (*please tick*):**

- Concern only, no further action
- Progressed to external safeguarding or other professional services

**Signature of staff member reporting incident**

\_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Designated Safeguarding Officer**

\_\_\_\_\_ **Date** \_\_\_\_\_