



Charity No. 1141886

Co No. 07480160

1 Voice Safeguarding

Safeguarding Policies and Procedures

The Trustees of 1 Voice – Communicating Together

We are committed to reviewing our safeguarding policies and procedures annually.

These policies and procedures were last reviewed on: (date)

Signed

Nicola McIndoe

(Safeguarding Lead – Board of Trustees)

Jo Cope

(Company Secretary and DSO)

Our safeguarding policies and procedures

These policies and procedures should be read alongside our safeguarding policy

These policies and procedures apply to all staff, including the board of trustees, paid staff, volunteers, agency staff, students or anyone working on behalf of 1 Voice – Communicating Together.

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Recruitment and training

Recruitment

1 Voice specific DBS checks are required for trustees, paid staff, branch co-ordinators and volunteers.

These should be updated every 2 years.

Branch volunteers should register with the central administrator by completing a volunteer application form (see Appendix 1). Volunteers at the National Residential Weekend will register using the online application form.

Training

Trustees, paid staff and branch co-ordinators are required to complete child and adult safeguarding training. The training is provided online by SafeCIC.

Child Safeguarding Course (valid for 2 years):

<http://www.safecic.co.uk/component/content/article/41-online-training/safeguarding-courses/94-scp>

Adult Safeguarding Course (valid for 2 years):

<http://www.safecic.co.uk/component/content/article/41-online-training/safeguarding-courses/96-sas>

The DSO and Safeguarding Lead on the Board of Trustees are required to complete additional courses on leading on safeguarding.

Leading on child safeguarding course (valid for 2 years):

<http://www.safecic.co.uk/component/content/article/41-online-training/safeguarding-courses/97-lcp>

Leading on adult safeguarding course (valid for 2 years):

<http://www.safecic.co.uk/component/content/article/41-online-training/safeguarding-courses/98-las>

Role of the designated safeguarding officer for children and young people

Purpose of role

To take the lead role in ensuring that appropriate arrangements are in place at 1Voice – Communicating Together for keeping children and young people safe.

To promote the safety and welfare of children and young people attending 1Voice events.

Duties and responsibilities

1. Make sure that all issues concerning the safety and welfare of children and young people who attend 1Voice events are properly dealt with through policies, procedures and administrative systems.
2. Make sure that volunteers at 1Voice events, children/young people, parents/carers and the trustees are made aware of the procedures and what they should do if they have concerns about a child or children.
3. Receive and record information from anyone who has concerns about a child who attends a 1Voice event.
4. With support from the board of trustees and the senior lead for safeguarding, take the lead on dealing with information that may constitute a child protection concern. This includes assessing and clarifying the information, and taking decision where necessary in consultation with colleagues, the chair of the board of trustees and statutory child protection agencies.
5. Consult with, pass on information to and receive information from statutory child protection agencies, such as the local authority children's social care department and the police. This includes making formal referrals to these agencies when necessary.
6. Consult with the NSPCC Helpline when such support is needed.
7. Meet regularly with the senior lead for safeguarding and report regularly to the board of trustees.
8. Be familiar with issues relating to child protection and abuse, and keep up-to-date with new developments in this area.
9. Attend training on issues relevant to safeguarding as required and share knowledge from that training with trustees, staff and volunteers.

Dealing with disclosures and concerns about a child, young person or adult at risk

We aim to ensure that children, young people and adults at risk who attend 1Voice, and any other children who may come to the attention of 1Voice, receive the protection and support they need if they are at risk of abuse.

This procedure provides clear direction to staff, volunteers and trustees at 1Voice if they have concerns that a child is in need of protection.

Different Types of Abuse

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

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of

another. It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of Emotional Abuse is involved in all types of ill treatment of a child though it may occur alone.

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment); failure to protect a child from physical and emotional harm or danger; failure to ensure adequate supervision (including the use of inadequate care-givers); failure to ensure access to appropriate medical care or treatment; it may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators of abuse in children and young people

The NSPCC website provide useful information about the signs and symptoms of abuse, see link below:

<https://www.nspcc.org.uk/preventing-abuse/signs-symptoms-effects/>

The information makes it clear that abuse is not always obvious, and that there are many reasons why children may not tell anyone that they are being abused. They might not even realise that what is happening to them is abusive.

Many of the signs of that suggest abuse may also be caused by other issues, and often it is a case of investigating agencies needing to build up a picture of a child's life by piecing together information held by different individuals and organisations.

Sometimes there are physical signs, other times a child's behaviour can also help to indicate that they are being abused.

What to do if Children Talk to you About Abuse or Neglect

It is recognised that a child may seek you out to share information about abuse or neglect or talk spontaneously individually or in groups when you are present. In these situations, YOU MUST:

- Listen carefully to the child. DO NOT investigate or quiz the child, but make sure that you are clear as to what he/she is saying.
- Give the child time and attention
- Allow the child to give a spontaneous account; do not stop a child who is freely recalling significant events.
- Reassure the child that telling someone about it was the right thing to do.
- DO NOT ask the child to repeat his or her account of events to anyone.
- Tell him/her that you now have to do what you can to keep him/her (or the child who is the subject of the allegation) safe.

- Let the child know what you are going to do next and who else needs to know about it.
- Ask the child what he/she would like to happen as a result of what he/she has said, but don't make or infer promises you can't keep. Do not offer false confidentiality.
- Make an accurate record of the information you have been given taking care to record the timing, setting and people present, the child's presentation as well as what was said. Do not throw this away as it may later be needed as evidence.
- Use the child's own words where possible.
- If the child is in immediate danger or is in need of emergency medical attention, see the relevant section below.
- Otherwise follow the steps in the flowchart 'Reporting your concerns' (page 8)

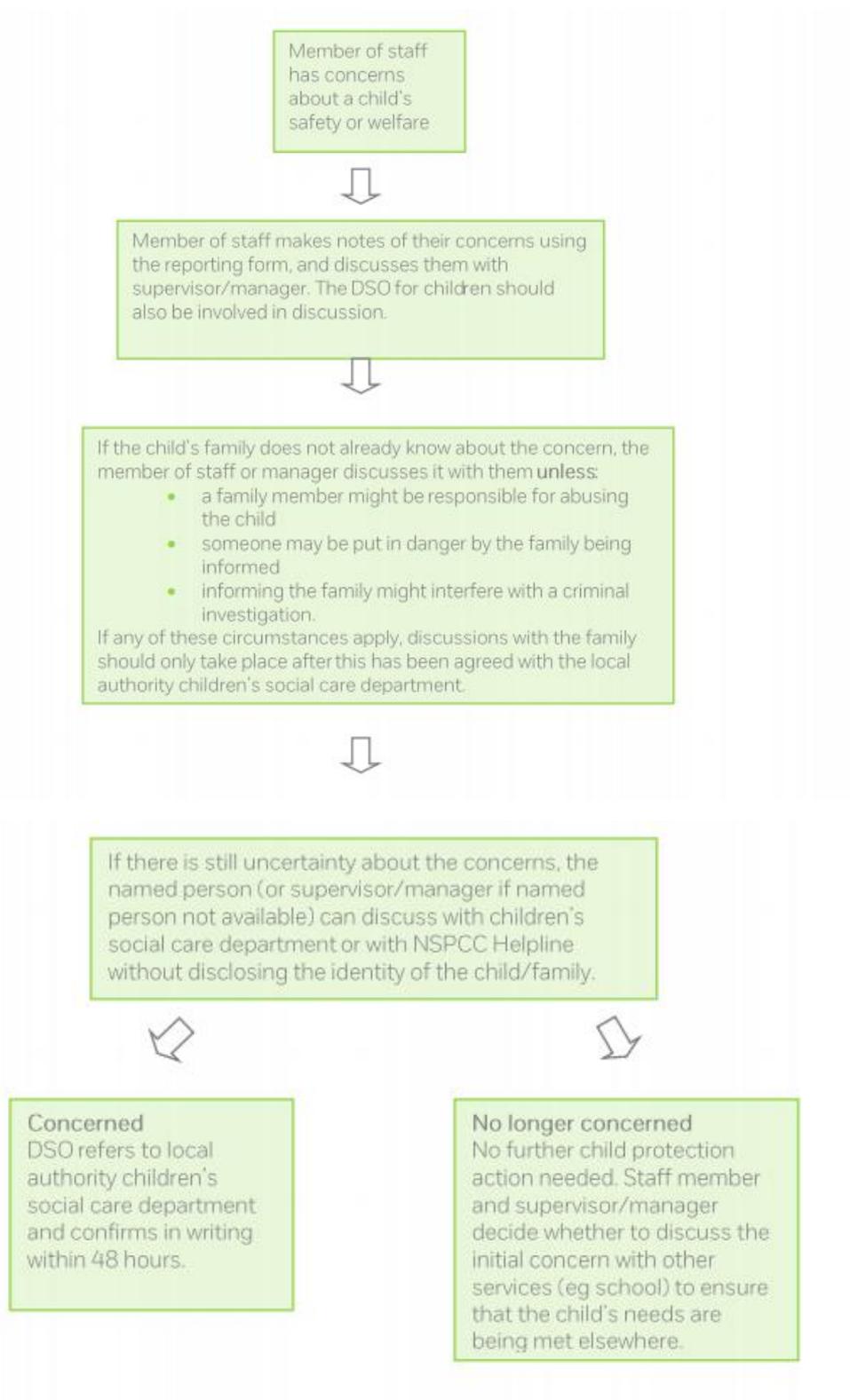
If you have concerns about a child who has not spoken to you

- Your observations of, or information received, may cause you to become concerned about a child who has not spoken to you.
- It is good practice to ask a child why they are upset or how a cut or bruise was caused, or respond to a child wanting to talk to you. This practice can help clarify vague concerns and result in appropriate action.
- If you are concerned about a child you must share your concerns.
- If the child is in immediate danger or is in need of emergency medical attention, see the relevant section below.
- Otherwise follow the steps in the flowchart 'Reporting your concerns' (page 8)

Helping a child in immediate danger or in need of medical attention

- Contact your volunteer co-ordinator or DSO to let them know what is happening, and for their support in decision making.
- If the child is in immediate danger and is with you, remain with him/her and call the police.
- If the child is elsewhere, contact the police and explain the situation to them.
- If he/she needs emergency medical attention, call an ambulance and if while you are waiting for it to arrive get help from your first aider.
- A decision will need to be made about who should inform the child's family and the local authority children's social care department, and when they should be informed. If you have involved the police or health services they should be part of this decision. **Consider the welfare of the child in your decision making as the highest priority.**
- Issues that will need to be taken into account are:
 - The child's wishes and feelings
 - The parents right to know (unless this would place the child or someone else in danger or would interfere with a criminal investigation)
 - The impact of telling or not telling the parent
 - The current assessment of the risk to the child and the source of that risk
- Once any immediate danger or medical need has been dealt with, follow the steps in the flowchart 'Reporting your concerns' (page 8)

Reporting your concerns



Managing allegations against trustees, staff and volunteers

This procedure outlines what you should do if a child protection allegation is made against an adult involved in 1Voice.

If the allegation is made by a child to a volunteer, member of staff or trustee, or if the volunteer, member of staff or trustee observes concerning behaviour by a colleague at first hand, this should be reported immediately to the volunteer co-ordinator and the designated safeguarding officer (DSO).

Issues that will need to be taken into account are:

- The child's wishes and feelings
- The parent's right to know (unless this would place someone else in danger or would interfere with a criminal investigation)
- The impact of telling or not telling that parent
- The current assessment of risk to the child and the source of that risk

Once any immediate danger or emergency medical need has been dealt with, follow the steps below.

Referring to/ consulting with the local authority designated officer or team (LADO)

The DSO will report the allegation to the lead for safeguarding on the board of trustees and to the local authority designated officer or team* (formerly known as the LADO) within 24 hours if the alleged behaviour suggests that the person in question:

- may have behaved in a way that has harmed or may have harmed a child
- possibly committed a criminal offence against, or related to, a child
- behaved towards a child in a way that suggests s/he is unsuitable to work with children

This should also happen if the individual has volunteered the information him/herself.

* By local authority designated officer/team we mean the local authority of the child in question.

If there is any reason to suspect that a child has suffered, or be likely to suffer, significant harm and there are no obvious indications that the allegation is false, the local authority designated officer will initiate a strategy discussion within the local authority children's social care department. The DSO and any other representative from 1Voice is expected to cooperate fully with this and any subsequent discussion with the children's social care department.

It should be asked from the outset that the children's social care department shares any information obtained during the course of their enquires with 1Voice if it has any relevance to the person's ongoing involvement with the organisation,

The local authority designated officer will:

- contact the police if there is reason to suspect that a criminal offence has been committed
- advise how and by whom the parents should be informed, if they do not already know about the allegation
- advise on when and by whom the person at the centre of the allegation should be informed, and how much information can be disclosed

If the allegation is substantiated the DSO should consult with the local authority designated officer about referral of the incident to the Disclosure and Barring Service (DBS). This should take place within a month.

Recording and information sharing

1. Trustees, staff or volunteers may find themselves wishing to, or being asked to, share information of a confidential nature about children and families or adults at risk attending 1Voice events. This may be because:
 - a. The trustee, staff member or volunteer is of the view that someone in the family may benefit from additional support
 - b. Someone from another agency has been in touch and wishes to know something about the family's involvement with 1Voice
 - c. The trustee, staff member or volunteer is concerned that a child or adult at risk may be at risk of significant harm
2. Before sharing the information, the staff member/volunteer should record what it is that they wish to share, who they wish to share it with, and the purpose of doing so. If the reason involves risk of harm to a child, young person or adult then child protection procedures or adult safeguarding procedures should be referred to immediately. In any other situation, these guidelines should continue to be followed.
3. The staff member/volunteer should then consider the issue of consent to the information being shared. If the information relates to an adult who is capable of giving consent, and such consent has not already been obtained, then the staff member/volunteer should seek the consent of the person concerned, unless doing so would place someone at risk of harm or would impede the prevention or investigation of a serious crime. If the information relates to a child or young person, then the matter should be discussed with the child or young person. If, in the view of the staff member/volunteer, the child or young person is competent to give their consent then this should be sought unless the urgency or seriousness of the situation prevents this.
4. When seeking contact the staff member/volunteer should ask for this in writing if possible, unless this is inappropriate. If written consent is not possible then the staff member/volunteer should record that it has been obtained verbally.
5. The staff member/volunteer should then pass the information onto the agreed agency without delay (ie within one week of consent being obtained or sooner if circumstances require). This should be done within the following parameters of good practice:
 - a. Make a conscious decision on how much information to share based on the public interest – which, in this case, will typically be the interests of the child, young person or adult at risk
 - b. Ensure that it is shared securely – this means checking who exactly is receiving the information, and that they are doing so in a confidential environment
 - c. Make sure that the information you share is as accurate and up to date as possible; if you are unsure then make the recipient aware of any areas of uncertainty
 - d. Distinguish clearly between fact and opinion
 - e. Ask what the recipient is going to do with the information and whether they will need to pass it onto anyone else

- f. Inform the person who is the subject of the information that it has been passed on, unless it would be unsafe or inappropriate to do so
6. If consent is withheld, or if it cannot be sought because of a risk of harm to someone, then the staff member/volunteer should consult with the DSO or safeguarding lead on whether the information should be shared without consent.
7. In such a situation the above parties need to consider whether sharing the information is in the public interest. It would normally be considered to be in the public interest for confidentiality of service users to be protected, but this may be outweighed by the public interest in protecting people from harm, preventing crime or disorder, or promoting a child's welfare by ensuring they have access to safe and effective care.
8. If the decision is not to share the information this must be recorded and the reasons for not sharing must be stated. If the decision is to share the information without consent this must be done without undue delay (within one week or sooner if circumstances require). The principles of good practice outlined under point 5 should be referred to.
9. A record of information shared, with whom, the reasons for doing so, and the details of how this was done should be logged with the 1Voice administrator. This includes any decision not to share information where consent was withheld.

Code of conduct for trustees, staff and volunteers

Our code of conduct outlines the behaviour we expect of all trustees, staff and volunteers.

At the outset of an event all volunteers are expected to review the code of conduct and raise any questions or concerns with the volunteer co-ordinator. Two copies of the Code of Conduct Form (Appendix 3) will be given to each volunteer; one to be signed and returned to the branch coordinator, the other to be kept for their reference.

The 1 Voice code of conduct:

- Value, listen to and respect others, promote these values within the group
- Avoid favouritism and treat everyone fairly without prejudice or discrimination
- Don't use patronising, offensive, discriminatory or sexually suggestive language/comments or appear threatening or intrusive.
- Everyone should be made to feel welcome and able to take part, allow people time to communicate and participate and try to adapt to suit their individual needs.
- Don't make inappropriate promises, especially regarding confidentiality
- Remain nearby other people whenever possible, if working 1:1 ensure people know where you are.
- Be aware of and respect people's choice about photo/internet consent
- Don't give people food or drinks as they may have specific feeding guidelines that need to be followed, don't attempt personal care such as changing/toileting someone. In these instances ask a parent or carer to support the person.
- Be aware of Health and Safety issues/possible risks specific to the event and venue event including fire procedures with disabled access and ensuring equipment is used safely for its intended purpose.
- Report any accidents, injuries or 'near misses' and don't take unnecessary risks

- Report all concerns or suspicions of abuse (physical, emotional, sexual or neglect) without exaggeration or jumping to conclusions to a 1voice member who has organised the event or contact Jo Cope, who is the designated safeguarding officer on 07943 618525. They will follow the safeguarding procedure for recording and dealing with the issue.

Photography and use of social media

This policy sets out guidance for photographing and recording children, young people and adults at risk during 1Voice events and activities. The aim is put appropriate measures in place to reduce the potential for misuse of images. The policy is to help children and young people, adults at risk, parents, staff and volunteers understand how photographs can be shared more safely.

For photographs taken by 1Voice:

- Do not use children and young people's names in photograph captions
- Use a media permission form to obtain consent for a child to be photographed and videoed (Appendix 4: Media Permission Form)
- Where appropriate obtain the child's permission to use their image (Appendix 5: Child Media Permission Form)
- Only use images of children in suitable clothing to reduce the risk of inappropriate use
- Images or video recordings of children and young people must be kept securely.
- Images should not be stored on unencrypted portable equipment such as laptops, memory sticks and mobile phones.
- Avoid using personal equipment to take photos and recordings of children.

Parents taking personal photographs at an event must also be mindful to avoid taking photographs including other children without consent of the child and/or parent.

The 'red dot' system is used at the National Residential Weekend so that individuals not wishing to be photographed are clearly and easily identified. It may also be used at branch events if requested by the branch membership.

Whistleblowing

This procedure aims to provide a clear and transparent way for anyone involved with 1Voice to raise concerns about wrongdoing or malpractice. This procedure does not apply to child protection concerns or safeguarding of adults at risk. Concerns or allegations of this nature should be dealt with following the relevant procedures ie 'Dealing with disclosures and concerns about a child, young person or adult at risk' or 'Managing allegations against trustees, staff and volunteers'.

How to raise a concern

- Speak to the volunteer co-ordinator or a trustee. They will arrange to meet with you as soon as possible to handle your concern.
- You will be told at the meeting, or soon as possible afterwards, what action will be taken to address your concern. It may not be possible to tell you the full details of the outcome as this could relate to confidential third-party information. If no action is taken in relation to your concern, you will also be informed of this fact and given the reasons why.
- If you do want the person you have concerns about to know your identity you should make that clear to the person handling your concern at the earliest opportunity. Every effort will be made to respect your wishes, but it cannot be guaranteed that your identity will not be disclosed. If this is the case you will be informed and any issues regarding this will be discussed with you.

What to do if someone raise a concern with you

- If someone raises a concern with you about the actions of a volunteer, paid member of staff or a trustee you should arrange to meet with them as soon as possible. You may suggest that the person speaks to another responsible party if appropriate but should not refuse to hear what the person has to say.
- Be mindful that the person reporting the concern may feel uncomfortable, offer to meet on neutral ground if they wish. If they want their identity to be kept confidential you should explain that this will be done if possible, but that it may not be achievable.
- Make notes of your discussions with the individual and check the accuracy of your notes with them.

Decide what action to take

- Once you have established the nature of the concern, it may be of a relatively minor nature and you may decide to resolve it informally.
- If the concern appears more serious, you must first consider whether immediate action is needed to protect children or an adult at risk. If so you should refer to the children protection/safeguarding procedures.
- You should also consider whether there is a need to involve the police or other statutory services. If so you should contact the volunteer co-ordinator to discuss the matter further.
- It may be appropriate to investigate the concern more formally.

Conducting an investigation

- The person at the centre of the concern should be informed that a concern has been raised and that you will be speaking to parties involved to establish the facts. Any investigation should be demonstrably thorough and impartial.
- Notes should be kept of any discussions with witnesses.
- A report should be produced summarising the nature of the concern, the investigation process and the outcome, including any specific recommendations. These may include training, coaching, counselling, the implementation of new policies or procedures, or a referral to the Disclosure and Barring Service (DBS). If the concern was unfounded this should also be made clear.
- The person who raised the concern should be informed of the outcome, but not necessarily the full details.
- If the concern is unfounded and the person who raised it is found to have acted maliciously, they may be asked to stand down from their position.
- Make accurate notes of each stage of the process, including discussions during meetings. Copies of these notes should be available to the person who is the subject of the concern. These notes should be lodged with the 1Voice Administrator. If anonymity was requested these notes should not reveal the identity of the person who reported the concerns.

Health and Safety

This policy states our commitment to:

- As far as possible, remove hazards in our environment and practices that could cause serious injury to children and adults using our services, or to staff and volunteers
- To ensure that we take a balance and proportionate approach to accident prevention
- We cannot and should not try to create a completely risk-free environment, as this prevents us from carrying out meaningful work with children and adults and would not be in their best interests; our emphasis is therefore on preventing serious or avoidable accidents and managing risk appropriately

We will seek to prevent serious and avoidable accidents by:

- Completing a risk assessment prior to an event (see Branch Manual)
- Ensuring that we are aware of health and safety issues specific to the event and the event venue, including fire procedures and emergency exits with disabled access
- Informing attendees, staff and volunteers of health and safety issue and fire safety procedures, including the location of accessible emergency exits
- Making sure that any equipment we use is safe and stored appropriately
- Ensuring that volunteers are fully aware of the guidelines in the Code of Conduct

Useful Contacts

Designated Safeguarding Officer (DSO): Jo Cope 07943 618525 1voice-admin@1voice.info

Safeguarding Lead - Board of Trustees: Nicola McIndoe 07943 618525 nicola.mcindoe@1voice.info

CEOP: www.ceop.police.uk

NSPCC Helpline: 0808 800 5000 help@nspcc.org.uk

ChildLine: 0800 1111 text phone 0800 400 222 help@nspcc.org.uk

Local police: *see local directories*

Local authority designated officer or team: *see local directories*

Local authority children's social care department: *see local directories*

Proformas



Charity No. 1141886

Co No. 07480160

1Voice – Communicating Together: Volunteer Application Form

We will use this form to help us decide your suitability for the role, so please ensure that it is accurate and that all sections are completed. If you are unsure about anything, feel free to ask.

Personal Details

Name:

Address:

Telephone Number:

Email address:

Please tell us what knowledge, experience and qualities you have that are relevant to this role?

Do you have any qualifications relevant to the role? If so, what are they are why do you feel they are relevant?

References

Please provide details of two people who can act as referees for you.

	1st Referee	2nd Referee
Name		
Relationship to you		
Address		
Telephone Number		
Email address		

Office Use Only:

Checklist

- *Volunteer Application Form*
- *References*
- *DBS Form*
- *Subscription to Update Service*
- *Branch Co-ordinators: SafeCIC training*



Charity No. 1141886

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1Voice – Communicating Together: Reporting concerns about a child

This form should be used in conjunction with the procedure for dealing with concerns about a child.

Details of child and parents/carers

Name of child:		
Gender:	Age:	Date of Birth:
Ethnicity:	Language:	Additional Needs:
Name (s) of parent(s)/carer(s):		
Child's home address and address(es) of parents (if different from child's):		

Your details

Your name:	Your position:	Date and time of incident (if applicable):
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<p>Are you reporting your own concerns or responding to concerns raised by someone else?</p> <p>Reporting own concerns/ Responding to concerns raised by someone else</p>
<p>If you are responding to concerns raised by someone else, please provide their name and position within the organisation:</p>
<p>Please provide details of the incident or concerns you have; including times, dates, description of any injuries, whether the information is first hand or the accounts of others, and any other relevant details:</p>

The child's account/perspective:

Please provide details of anyone alleged to have caused the incident or to be the source of any concerns:

Please provide details of anyone who has witnessed the incident or shares the concerns:

Please note concerns should be discussed with the family **unless**:

- The view is that a family member might be responsible for abusing a child
- Someone may be put in danger by the parents being informed
- Informing the family might interfere with a criminal investigation

If any of these circumstances apply, consult with the local authority children's social care department to decide whether or not discussions with the family should take place.

Have you spoken to the child's parents/carers? If so, please provide details of what was said. If not, please state the reason for this.

Are you aware of any previous incidents or concerns relating to this child and of any current risk management plan/support plan? If so, please provide details:

Has the situation been discussed with the designated safeguarding officer (DSO) for children?

Yes/ No

If yes, please summarise the discussion:

After discussion with the DSO do you believe there are child protection concerns? Yes/ No

Have you informed the statutory child protection authorities?

Police: Yes/No

Date and time:

Name and phone number of person spoken to:

Local authority children's social care: Yes/No

Date and time:

Name and phone number of person spoken to:

Action agreed with child protection authorities:

What has happened since referring to statutory agency(ies)? Include the date and nature of feedback from referral, outcome and relevant dates:

If concern are not about child protection, detail any further steps taken to provide support to child and family, and any other agencies involved:

Signed	Date and time	Name and Position



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1Voice Safeguarding guidelines

Everyone working for, volunteering with or supporting 1voice is responsible for ensuring everyone is kept safe and protected from harm. See the Safeguarding and Health and Safety policies for full details. In summary:

- Value, listen to and respect others, promote these values within the group
 - Avoid favouritism and treat everyone fairly without prejudice or discrimination
 - Don't use patronising, offensive, discriminatory or sexually suggestive language/comments or appear threatening or intrusive.
 - Everyone should be made to feel welcome and able to take part, allow people time to communicate and participate and try to adapt to suit their individual needs.
 - Don't make inappropriate promises, especially regarding confidentiality
 - Remain nearby other people whenever possible, if working 1:1 ensure people know where you are.
 - Be aware of and respect people's choice about photo/internet consent
 - Don't give people food or drinks as they may have specific feeding guidelines that need to be followed, don't attempt personal care such as changing/toileting someone. In these instances ask a parent or carer to support the person.
 - Be aware of Health and Safety issues/possible risks specific to the event and venue event including fire procedures with disabled access and ensuring equipment is used safely for its intended purpose.
 - Report any accidents, injuries or 'near misses' and don't take unnecessary risks
 - Report all concerns or suspicions of abuse (physical, emotional, sexual or neglect) without exaggeration or jumping to conclusions to a 1voice member who has organised the event or contact the DSO (Jo Cope, 07943 618525). They will follow the safeguarding procedure for recording and dealing with the issue.
-
- I have a valid DBS certificate, with no new information to report.
 - I am aware of 1Voice's safeguarding policy.
 - I have been briefed by a 1Voice member about the main points relating to this event.
 - I know who to speak to if I have any concerns or questions.

Name _____ Signature _____ Date _____



Charity No. 1141886

Co No. 07480160

Media Permission Form for Photographs and Videos

We would be grateful if you would fill in this form to give us permission to take photos and video footage of you and/ or your child/ children and use these in our printed and online publicity.

I give 1Voice permission to take photographs and/ or video of me and/ or my child/ children.

I grant 1Voice full rights to use the images resulting from the photography/video filming, and for any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the charity's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

Name(s) of child/ children	
Name of parent/ guardian/ adult	
Signature of parent/ guardian/ adult	
Date	

I **DO NOT** give 1Voice permission to take photographs and/ or video of me and/ or my child/ children.

I **DO NOT** grant 1Voice full rights to use the images resulting from the photography/video filming, and for any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the charity's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

Name(s) of child/ children	
Name of parent/ guardian/ adult	
Signature of parent/ guardian/ adult	
Date	

Please be advised that once a photograph/ video is published on the internet, it is open to viewing in a variety of ways and can enter the 'public domain'. You can withdraw permission at any time, but once photographs and videos are in the public domain, we may not be able to completely withdraw every copy.



Charity No. 1141886

Your name

Media permission form

**While you are here, the people from 1Voice
would like to take photographs of you**



We need to know if you are happy for us to take your picture.



YES?



No?

C:\Users\User\Documents\1Voice\Forms\Media permission form for our young children.docx