

SAFEGUARDING POLICY AND PROCEDURES

CONTENTS

| | | |
|---|---|-----------|
| 1 | Policy statement..... | (page 2) |
| 2 | Defining child protection and safeguarding | (page 4) |
| 3 | Code of Practice..... | (page 9) |
| 4 | How to respond to a child making an allegation of abuse | (page 10) |
| 5 | What to do if you are concerned about a child's welfare | (page 11) |
| 6 | What to do if there are concerns about a staff member / volunteer | (page 14) |
| 7 | Designated Safeguarding Person..... | (page 17) |
| 8 | Confidentiality and information sharing | (page 18) |

Appendix A – Recruitment and selection procedures

Appendix B – Safeguarding concerns report form

Appendix C – Safeguarding Governance Structure

These safeguarding children policy and procedures will be annually reviewed and updated by The People's Orchestra Board annually, unless there is a change of legislation or guidance or an incident that warrants it being reviewed sooner.

1 POLICY STATEMENT

Purpose and aim of the policy

TPO Xtra and The People's Show Choir are initiatives of The People's Orchestra (TPO), charity number 1151321, set up to enable people to change their lives and the lives of those around them for the better, through music and song. Its core activity is to bring inspired creatives, talented performers, digital specialists and production leaders to the stage using music, mixed arts, digital multimedia, production and leadership. We offer numerous opportunities for children, from 9 years old upwards, to develop their creativity through music and a range of exciting projects and workshops.

The purpose of these safeguarding policies and procedures are to:

- protect children and young people who receive our services.
- provide parents, staff and volunteers with the overarching principles that set out our approach to child protection.

This policy applies to anyone working on behalf of The People's Orchestra, TPO Xtra and The People's Show choir, including senior managers and the board of trustees, paid staff, volunteers, sessional workers, and students.

Legal framework

This policy has been drawn up using legislation, policy and guidance that seeks to protect children in England. A summary of the key legislation is available from [nspcc.org.uk/learning](https://www.nspcc.org.uk/learning).

Related policies and procedures

This policy statement should be read alongside our other organisational policies and procedures.

Our approach to Safeguarding

We believe that:

- Children and young people should never experience abuse of any kind.
- We have a responsibility to promote the welfare and safety of all children and young people.

We recognise that:

- the welfare of every child is paramount.
- all children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have a right to equal protection from all types of harm or abuse.
- some children may be additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.
- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

We will aim to keep children and young people safe by:

- valuing, listening to and respecting them.
- appointing a Designated Safeguarding Officer (DSO) for children and young people, as well as a deputy and a lead trustee/board member for safeguarding.
- adopting child protection and safeguarding best practice through our policies, procedures and code of conduct for all staff and volunteers.
- developing and implementing an effective online safety policy and related procedures.
- providing effective management for staff and volunteers through support and training.
- recruiting new staff and volunteers safely, ensuring all necessary checks are made.
- recording and storing information professionally and securely.
- sharing information about safeguarding and good practice with children, their families, staff and volunteers via leaflets, posters, group work and one-to-one discussions.
- using our safeguarding procedures to share relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately.
- using our procedures to manage any allegations against staff and volunteers appropriately, creating and maintaining an anti-bullying environment.
- ensuring that we have effective complaints and whistleblowing measures in place.
- ensuring that we provide a safe physical environment for our children, young people, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance.

Who to contact if you need more information or want to raise a concern:

Designated Safeguarding Officer (DSO)

Name: Sarah Marshall

Phone: 07739 386545

Deputy DSO

Name: Maxine Moody

Phone: 07875 106527

Senior lead for Safeguarding

Name: Nigel Tyson

Phone: 07944 513093

2 DEFINING CHILD PROTECTION AND SAFEGUARDING

Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment.
- preventing impairment of children's health or development.
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- taking action to enable all children to have the best life chances.

Child protection is a part of safeguarding and promoting welfare and refers to any activity that is undertaken to protect children who are suffering, or likely to suffer harm. In terms of protecting those children where concerns or risks have been identified we expect all staff and volunteers to adhere to our policies and:

- take all suspicions and/or allegations of abuse or risk to children seriously and respond swiftly and appropriately through the provision of child protection procedures.
- support the timely sharing of information, with relevant authorities, when there are concerns about a child's welfare.
- contribute to effective partnership working between all those involved in providing services for children.

In terms of safeguarding children, we expect, without exception, adherence to the principles and practices as outlined above. Any concerns you might have may not always be of the same nature and may not require the same course of action. Concerns are likely to arise in several ways:

- **General concerns:** these may arise as part of the child's usual activities and are not to do with safeguarding or child protection, e.g. anxiety about a performance. Such concerns will be dealt with immediately or as soon as is practicably possible, as part of our ongoing emotional health and wellbeing support to our members.
- **Safeguarding concerns:** these concerns will go beyond those that are dealt with as above and will usually be about a child's vulnerability, where it is felt that vulnerability needs further assessment and possible action, e.g. a child not eating or being withdrawn.
- **Child protection concerns:** these will arise when a staff member or volunteer is worried or has evidence that a child has been harmed or is likely to be harmed, or where a child makes a disclosure.

Everyone has a responsibility to ensure concerns about children, no matter how unclear, are passed on and assessed. Staff and volunteers should not undertake any investigations, their responsibility is to be vigilant, record and report only.

DEFINITIONS OF ABUSE

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in family or in an institutional or community setting by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children. Anyone can be involved in the abuse of children. There are four types of abuse; physical abuse, neglect, emotional abuse, and sexual abuse. (See Appendix A for detailed definitions of abuse and Appendix D for potential indicators of abuse or neglect.)

Physical 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: Emotional abuse is the persistent emotional maltreatment 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 insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. 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 (including cyber 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 maltreatment of a child, though it may occur alone.

Sexual abuse: Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect: 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).
- Protect a child from physical and emotional harm or danger.
- Ensure adequate supervision (including the use of inadequate care-givers).
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional need.

Potential indicators of abuse or neglect

The following signs may be indicators or signs that abuse has taken place, although some of these indicators can also be caused by other factors, e.g. a bereavement, family breakdown or illness. It is not the role of our organisation to decide if abuse or neglect has taken place. This is a complex task undertaken by skilled professionals working together across agencies. However, if any of these signs are present then these concerns should be shared as outlined in the procedure. In deciding if something may be a concern it is always helpful to think about the child's age, abilities and stage of development, too. It is important to keep in mind that abuse may be committed against children by anyone; members of the child's family or party, by other children, or by members of the workforce.

Physical Abuse signs of abuse:

- Injuries which occur to the body in places which are not normally exposed to falls or games.
- Most children will collect cuts and bruises in their daily life, particularly on bony parts of their body like elbows, knees and shins. You should be more concerned by bruising which can almost only have been caused non-accidentally, is unexplained, or the explanation does not fit the injury, or where treatment isn't being sought. Bruising may not be as noticeable on children with different skin tones or from different racial groups and specialist advice may be needed.
- Patterns of bruising that are suggestive of physical child abuse include:
 - bruising children who are not independently mobile.
 - bruising in babies.
 - bruises that are seen away from bony prominences.
 - bruises to the face, back, stomach, arms, buttocks, ears and hands.
 - multiple bruises in clusters or of uniform shape, or carrying the imprint of an implement used, hand marks or fingertips.
- Unexplained bruising, marks or injuries on any part of the body.
- Cigarette burns, bite marks, broken bones, scalds.
- Injuries which have not received medical attention.
- Repeated urinary infections or unexplained stomach pains.

Changes in behaviour which may 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.
- Withdrawn behaviour.
- Running away from home.

The physical signs of emotional abuse may include:

- A failure to thrive or grow particularly if a child puts on weight in other circumstances, e.g. in hospital or away from their parents' care.
- Sudden speech disorders.

- Persistent tiredness.
- Development delay, either in terms of physical or emotional progress.

Changes in behaviour that may indicate emotional abuse include:

- Neurotic behaviour e.g. sulking, hair twisting, rocking.
- Obsessions or phobias.
- Being unable to play.
- Attention-seeking behaviour.
- Fear of making mistakes.
- Self-harm.
- Fear of parent being approached regarding their behaviour.

The physical signs of sexual abuse may include:

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

Changes in behaviour that may indicate sexual abuse include:

- Sudden or unexplained changes in behaviour e.g. becoming withdrawn or aggressive.
- Fear of being left with a specific person or group of people.
- Having nightmares.
- Running away from home.
- Sexual knowledge which is beyond his/her age or developmental level.
- Sexual drawings or language.
- Bedwetting.
- Eating problems such as over-eating or anorexia.
- Self-harm or mutilation, sometimes leading to suicide attempts.
- Saying they have secrets they cannot tell anyone about.
- Substance or drug abuse.
- Having unexplained sources of money.
- Not allowed to have friends (particularly in adolescence).
- Acting in a sexually explicit way with adults.

The physical signs of neglect may include:

- Constant hunger or stealing food from other children.
- Constantly dirty or smelly.
- Loss of weight or being constantly underweight.
- Inappropriate dress for the conditions.
- Under nourishment, failure to grow, inadequate care.

Changes in behaviour that can also indicate neglect include:

- Complaining of being tired all the time.
- Untreated illnesses, not requesting medical assistance and/or failing to attend medical appointments.
- Having few friends.
- Being left alone, being unsupervised or being supervised by an unsuitable adult or young person.

Bullying

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those being bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group). The damage inflicted by bullying (including bullying via the internet) can frequently be underestimated. It can cause considerable distress to children, to the extent that it affects their health and development or, at the extreme, causes them significant harm (including self-harm).

Additional vulnerabilities

It is also important to be mindful that some children are particularly vulnerable to abuse because of their age or their living circumstances or characteristics. Disabled children are at greater risk of abuse than non-disabled children. Children living in homes where there are adverse parental circumstances may also be more at risk; children living in homes where there is domestic violence, substance misuse and/or severe parental mental illness. Children from particularly isolated or new communities may also be at increased risk of abuse as well as those children who show challenging behaviour.

3 CODE OF PRACTICE

All staff and volunteers are expected to be aware of this Code of Practice and adhere to its principles of good practice in their approach to all children. Your attention is drawn to the position of trust you hold in working with children and the power and influence you hold. This responsibility must be at the forefront of the minds of all staff and volunteers to ensure that these positions of trust are never abused.

1. All activities will be as open as possible, and it is important that no time should be spent alone with any child or young person.
2. Value and respect children as individuals.
3. It is important not to have physical contact with children and this should be avoided.
4. Do not take children alone in a car on journeys, however short.
5. Do not make suggestive or inappropriate remarks to or about a child, even in fun, as this could be misinterpreted.
6. It is important not to deter children from making a 'disclosure' of abuse through fear of not being believed and to listen to what they have to say. Guidance on handling a disclosure is set out in Part 5. If this gives rise to a child protection concern it is important to follow procedure for reporting such concerns. Do not attempt to investigate the concern yourself.
7. Remember that those who abuse children can be of any age (even other children), gender, ethnic background or class and it is important not to allow personal preconceptions about people to prevent appropriate action taking place.
8. Good practice includes valuing and respecting children as individuals and the adult modelling of appropriate conduct, which will always exclude; bullying, shouting, racism, sectarianism and sexism.
9. In their dealings with children who they encounter in during activities, staff and volunteers must not:
 - have, or be perceived to have, favourites.
 - take children to their home.
 - use physical punishments or any action that involves locking up or restraining a child.
 - arrange meetings outside working hours.
 - develop social relationships with children that participate in orchestra or show choir events. If you meet a participant in a social setting, try and move away. If this is not possible, try and maintain a professional distance. Pay attention to your own behaviour in such a setting.
 - have contact with children through social media, e.g. Facebook or Twitter.
 - partake in any form of sexual activity with a child including grooming (i.e. befriending a child for the purpose of a future sexual relationship. This includes children aged 16 years and over). This is not permitted and represents a breach of this Code of Practice. If such behaviour is suspected or alleged it will be dealt with in accordance with Section 5 of this document.

4 HOW TO RESPOND TO A CHILD MAKING AN ALLEGATION OF ABUSE

1. Stay calm.
2. Listen carefully to what is said.
3. Find an appropriate and early opportunity to explain that it is likely that the information will need to be shared with others. Do not promise to keep secrets.
4. Tell the child that the matter will only be disclosed to those who need to know about it.
5. Allow the child to continue at their own pace.
6. Ask questions for clarification only and always avoid asking questions that suggest a particular answer.
7. Reassure the child that they have done the right thing in telling you.
8. Tell them what you will do next, and with whom the information will be shared.
9. Record in writing what was said, using the child's own words as soon as possible. Note the date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated.
10. It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. That is a task for the professional child protection agencies, following a referral from the Designated Safeguarding Person in the organisation.

5 PROCEDURE: WHAT TO DO IF YOU ARE CONCERNED ABOUT A CHILD'S WELFARE

There are essentially four key steps to remember and this procedure explains them:

1. Recognising abuse or neglect.
2. Responding to the concerns.
3. Referring concerns on.
4. Recording any actions taken and outcomes.

Staff and volunteers could have their suspicion or concern raised in several ways, the most likely of which are:

- The conduct of a staff member or volunteer.
- A child 'disclosing' abuse.
- Bruising or evidence of a physical injury or harm, which may or may not be accompanied by unusual behaviour by a child.

If anyone has such concerns, they should be reported to the Designated Safeguarding Officer (DSO) using the form as set out in Appendix B as a part of the procedural flowchart.

Concerns about a specific child should be reported immediately by telephone to the DSO and confirmed in writing within 24 hours, using the form in Appendix D. Delay could prejudice the welfare of a child. In an emergency, call 999 or the local equivalent.

If the concerns relate to the conduct of a staff member or volunteer, these should be reported by phone to the DSO immediately. Steps will be taken to fully support anyone who, in good faith, reports his or her concerns about a colleague. Every effort will be made to maintain confidentiality for all parties whilst the allegation is considered.

Concerns in relation to the conduct of a staff member or volunteer may indicate unsuitability to continue working with children in their present position, or, in any capacity. Consideration will need to be given to as to whether they may have:

- behaved in a way that has harmed a child or may have harmed a child.
- possibly committed a criminal offence against or related to a child.
- behaved towards a child or children in a way that indicates they are unsuitable to work with children.

There may be up to three strands in the consideration of an allegation against a member of staff or volunteers:

- A police investigation of a possible criminal offence.
- Enquiries and assessment by children's social care about whether a child needs protection or is in need of services.
- Consideration of disciplinary action in respect of the individual.

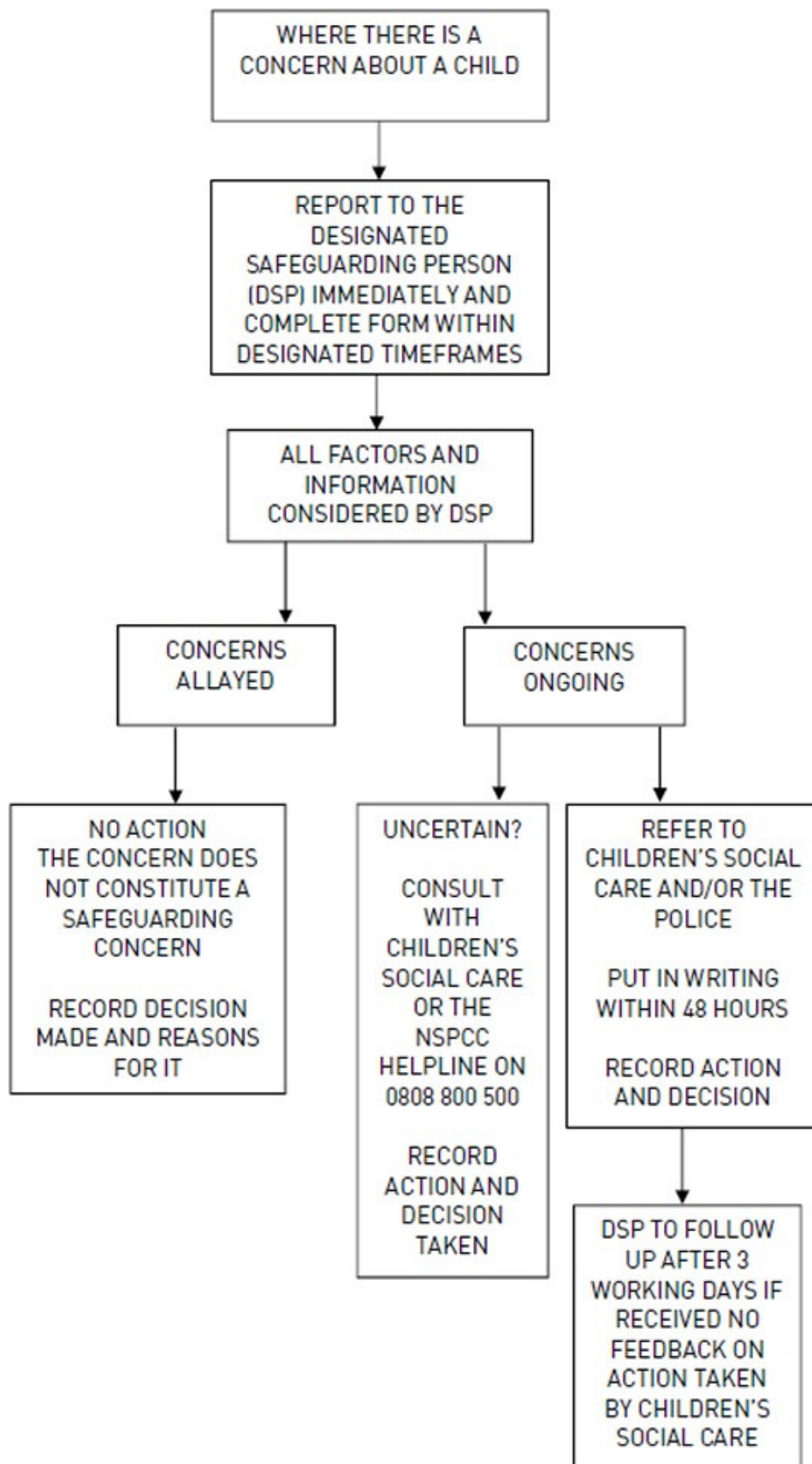
The DSO will consider the report and either refer this immediately to the authorities or, after taking appropriate advice (which may include discussing the circumstances on a confidential basis with the NSPCC Helpline on 0808 800 5000), decide not to refer the concerns to the authorities, but keep a full record of the concerns.

Action staff / volunteers must take (within the same working day) when a concern arises:

1. Report the concern immediately to the DSO. They will then determine next steps, including consultation with other professional agencies e.g. the NSPCC helpline, to determine the best course of action. Consideration will be given as to whether the concern involves an immediate risk of significant harm, a clear allegation of abuse by the child, or does not involve an immediate risk of significant harm.
2. It is not the responsibility of staff / volunteers to determine if abuse has taken place, rather, they are responsible for reporting on their concerns to the appropriate authorities.
3. Concerns that are anonymous or that relate to historical concerns (e.g. relating to previous staff, or an incident that happened some time ago) should not be ignored and must be reported to the DSO.
4. A record must be kept of the concern. Use the safeguarding concerns report form for this purpose (see Appendix B). The form can be completed by the person reporting the concern or the DSO.

Do not delay reporting the matter by trying to obtain more information. Under no circumstances should you examine the child where they are alleging injuries. This is a role for medical personnel only.

Procedural Flowchart: What to do if you have a concern about a child



6 WHAT TO DO IF THERE ARE CONCERNS OR ALLEGATIONS ABOUT A STAFF MEMBER OR VOLUNTEER

The welfare of the child must remain as the central concern: child abuse can and does occur outside the family setting. Although it is a sensitive and difficult issue, child abuse also occurs within organisations, as well as in other settings. This could involve anyone who could have contact with children through their work. Evidence indicates that abuse that takes place within an organisation is rarely a one-off event. It is crucial that all those involved with The People's Orchestra, The People's Show Choir and TPO Xtra are aware of this possibility, and that all allegations (current or historical) are taken seriously and appropriate action taken. When dealing with any allegation against a staff member or volunteer it is vital to keep the welfare of the child as the central concern.

These procedures, concerning the managing of allegations or concerns about a staff member or volunteer, should be used in respect of all cases in which it is alleged that a staff member has:

- behaved in a way that has harmed a child 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 indicates they are unsuitable to work with children.

Procedure to follow if an allegation or concern is made about a staff member or volunteer

There may be instances where there are concerns about the behaviour of any staff or volunteers towards a child/ren. The concerns may be very clearly abusive, e.g. hitting a child or subtler, e.g. isolating a child or sharing personal phone numbers. It may involve a breach of this Code of Practice, or it could be an allegation made by a child, another member, or another adult. In any of these circumstances the following procedure should be followed:

1. Staff and volunteers are responsible for sharing their concern with the Designated Safeguarding Officer (DSO) who will explore the seriousness of the allegation/concern.
2. The DSO will determine if the police need to be contacted and/or the Local Authority (based in the local authority of the home address of the member of staff or volunteer). There may need to be one or more type of inquiry depending on the nature of the concern: a child protection inquiry, police investigation and/or a disciplinary process.
3. In dealing with any allegation the DSO needs to balance: the seriousness of the allegation; the risk of harm to children; possible contamination of the evidence and the welfare of the person concerned.
4. The DSO will require a written account from the member of the workforce/manager hearing the allegation/concern and a summary of any available additional information including the names and addresses of any potential witnesses. Both documents should be signed and dated.
5. Investigations will be dealt with quickly, fairly and impartially and will consider the relevant policies and code of conduct. The individual should be informed about the allegation or concern as soon as possible, but not before consultation with the DSO and children's social care/police where necessary, in respect of timing and content. The police and children's social care investigation will usually need to take place prior to any

disciplinary enquiry. The outcome of any investigation must be recorded, and a copy kept.

6. Under no circumstances should the accused or their colleagues contact those that have raised the concern or those involved in the investigation.
7. Those involved in managing the concern are not permitted to discuss the situation with others except for co-operating fully with those performing the enquiry. Failure to comply will likely result in disciplinary action.
8. If an allegation has been made and the accused individual requires advice/support they should speak with the identified support person. The DSO will keep the member of staff informed of the progress of the case.
9. If the concerns are about the DSO or Deputy DSO, they should be raised with the Safeguarding Lead, set out in page 3 of the Policy Statement.

Support for the member of the workforce raising a concern

We will support and protect any staff member or volunteer who, in good faith, reports his or her concern that a colleague is, or may be abusing a child. If an allegation is made that is found to be malicious or fraudulent, we retain the right to take appropriate action against the individual responsible for making the claim.

No compromise agreements

The fact that a member of the workforce tenders their resignation, or ceases to provide their services, will not prevent an allegation/concern from being followed up in accordance with these procedures and a conclusion reached. A so called 'compromise agreement' (by which an individual agrees to resign, an employer agrees not to pursue disciplinary action, and both agree to a form of words to be used in future references) will never be used by us in situations where there are concerns about their behaviour towards children.

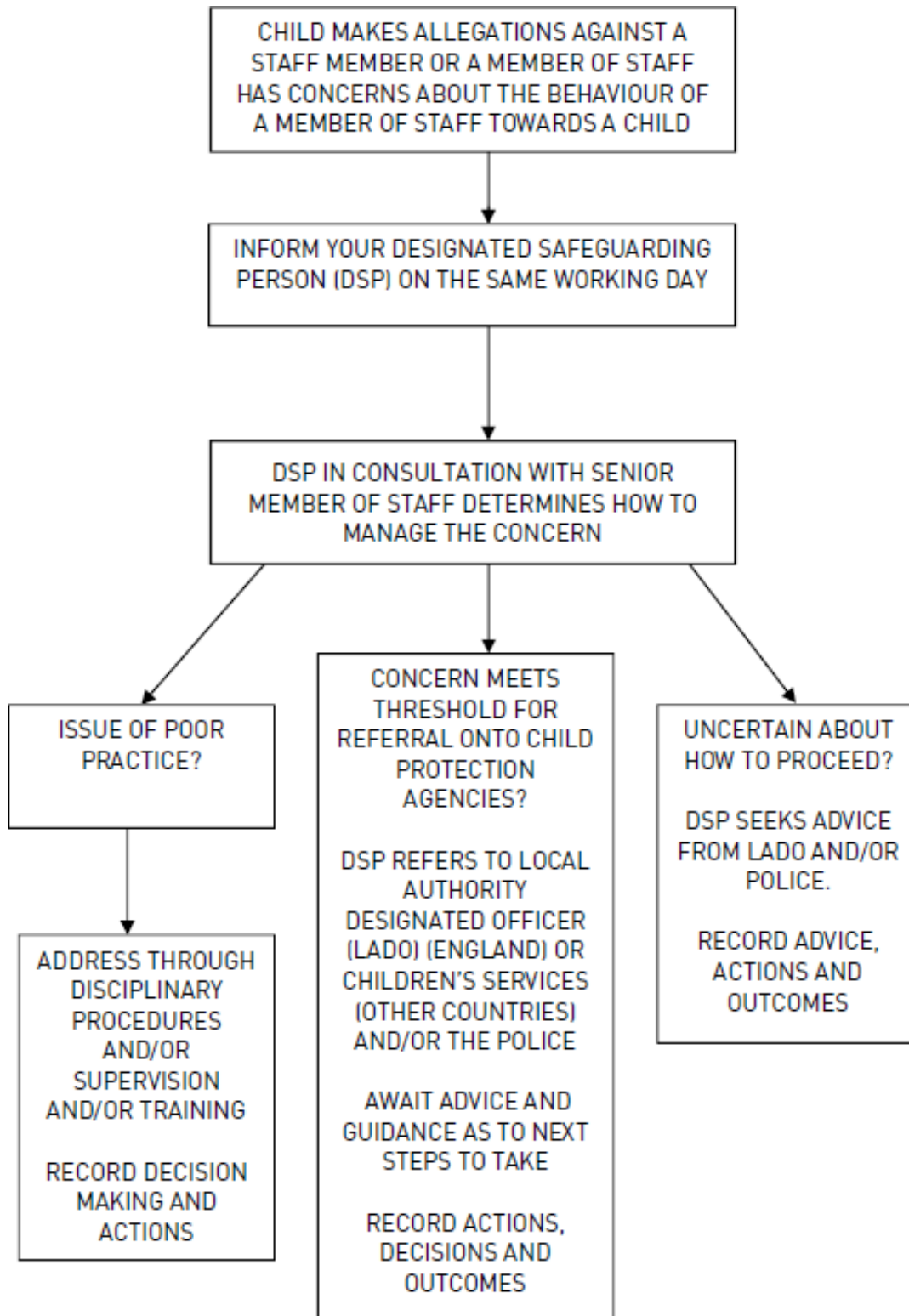
Referral for consideration of barring

If an allegation/concern is substantiated and the person is dismissed, resigns, or we decide to cease to use their services, then the DSO, in conjunction with the relevant Local Authority, will decide whether a referral should be made to the Disclosure and Barring Service, about whether that individual is barred from, or has conditions imposed in respect of working with children. If a referral is appropriate, it should be made within one month. A referral must always be made if the DSO thinks that the individual has harmed a child or poses a risk of harm to children.

Poor practice

There may be circumstances where allegations are about poor practice rather than child abuse but, where there is any doubt, the line manager should consult with the DSO. If the investigation shows that the allegation is clearly about poor practice then we will determine how best to remedy this, e.g. as part of its performance management, or disciplinary procedure dependent on the nature and seriousness of the practice.

Procedural Flowchart: What to do if you have a concern about a staff member or volunteer



7 THE ROLE OF THE DESIGNATED SAFEGUARDING OFFICER

The People's Orchestra (TPO) has appointed a Designated Safeguarding Officer (DSO) and a Deputy DSO, who are responsible for dealing with any concerns about the protection of children, who are part of an orchestra or a choir. Please refer to the page 3 of the Policy Statement.

The role of the DSO is to:

1. know which outside child protection agency to contact in the event of a child protection concern coming to our notice.
2. provide information and advice on child protection within the organisation.
3. ensure appropriate information is available when making a child protection referral, that the referral is made within one working day and that it is confirmed, in writing, within two working days.
4. liaise with local children's social care services and other agencies, as appropriate.
5. keep relevant people informed about any action taken and any further action required; for example, disciplinary action against a staff member or volunteer.
6. ensure that a proper record is kept of any referral and action taken, and that this is kept safely and in confidence.
7. ensure safeguarding and child protection training needs are met.
8. review the Safeguarding Children Policy and Procedures regularly, to ensure the procedures are working and that it complies with current best practice.
9. report to the TPO Board about safeguarding activity on a quarterly basis. See Appendix G for a statement on Governance.

8 CONFIDENTIALITY AND INFORMATION SHARING

The principles of Data Protection legislation that must be adhered to when handling personal information, are that personal information is:

- obtained and processed fairly and lawfully.
- used only for the purpose that the information was provided.
- only disclosed in appropriate circumstances.
- adequate, relevant and not excessive for the purposes for which they are held.
- accurate and, where necessary, kept up to date.
- kept securely.

Disclosure

Data protection legislation allows for the disclosure of personal information without consent of the subject in certain conditions, including for the purposes of the prevention and detection of a crime, for example, where there is a child protection concern.

Any report/records regarding abuse shall be kept confidential and any disclosure should be restricted to only those who have proven authority for dealing with the incident (e.g. DSO, police).

In all cases where information is shared, the following action should be recorded:

- Date and time when the information was shared.
- Summary of information shared.
- Who the information was shared with.
- Whether you are sharing with or without consent.
- If sharing without consent, whether the child or family were informed.
- How the information was shared and any receipt of it having been received.

Record of safeguarding/child protection concern

It is very important that an accurate record is kept of any safeguarding concern and that this is updated each time any actions are taken in relation to that concern. A safeguarding concern report form is provided for this purpose and must be completed by the relevant member of staff. This should be securely sent to the Designated Safeguarding Officer (DSO) e.g. by registered post or by a password-protected email. The DSO will review and note their actions and then store the form securely, so that limited staff have access to the information only as necessary. The form is attached as Appendix D.

Storage and retention of records

- Written reports about safeguarding concerns must be compiled and clearly labelled.
- Reports must be either stored away in a locked filing cabinet (with restricted access to that filing cabinet) or where reports are stored electronically, they should be password protected and only limited staff should have access.
- Information about concerns, allegations and referrals should not be kept in one 'concern log', rather, information or items relating to individuals need to be kept in separate files.

| Record type | Retention period |
|---|---|
| Concerns about a child | <p>The records should be kept for six years unless one of the following exceptions* apply:</p> <ul style="list-style-type: none">• Need to be retained because information in them is relevant to legal action that has started• Are required to be kept longer by law• Are archived for historical purposes (where the organisation is party to legal proceedings)• Consist of a sample of records maintained for research• Relate to individuals and providers of services who have, or whose staff have, been judged unsatisfactory• Are held to provide, for the subject, aspects of their personal history (where records would not be available elsewhere) <p><i>*Where records are kept for more than six years, files need to be clearly marked and the reason for the extension clearly identified.</i></p> |
| Allegation or concerns about adult behaviour (e.g. staff member) | The record should be kept until the person reaches normal retirement age, or for ten years if that is longer. |

Destruction of records

Paper records should be destroyed through shredding and disposed of as confidential waste. Electronic records should be deleted. The destruction of records should be authorised by the DSO and a record should be made of what has been destroyed.

Principles for information sharing

The government (HM Government Information Sharing: Guidance for practitioners and managers) has produced a list of 'seven golden rules' to support organisations and their workers when making decisions about when it is appropriate to share information with others, these are to:

1. remember that the Data Protection legislation is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information, will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. seek advice if you are in any doubt, without disclosing the identity of the person where possible.
4. share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, the lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. consider the necessary, proportionate, relevant, accurate, timely and secure actions: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. keep a record of your decision and the reasons for it - whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

APPENDIX A

RECRUITMENT AND SELECTION PROCEDURES

The People's Orchestra (TPO) ensures appropriate recruitment and selection procedures for staff and volunteers in the context of safeguarding and child protection. These include and ensure that:

1. the recruitment and selection policy is up to date.
2. commitment to safeguarding is included in all recruitment and selection materials.
3. there is an up-to-date job/role description and person specification for the role we wish to recruit to.
4. methods for attracting candidates e.g. advertising contains all necessary information about the role, timetable for recruitment and our commitment to safeguarding.
5. there is a suitable candidate information pack containing all the required information about the organisation, the role, recruitment timetable, safeguarding policy/statement and application form.
6. each application received is scrutinised in a systematic way when shortlisting, in order to agree the shortlist before sending invitations to interview.
7. all shortlisted candidates receive the same invitation to interview, supplying them with all the necessary information.
8. an interview is conducted for all shortlisted candidates based on an objective assessment of the candidate's ability to meet the person specification and job description. For staff and volunteers this will be a face to face interview.
9. all specific questions designed to gain required information about each candidate's suitability have been asked, including those needed to address any gaps in information supplied in the application form.
10. a confident selection of a preferred candidate is made based upon their demonstration of suitability for the role.
11. all appropriate checks have been undertaken on the preferred candidate, including references and DBS checks.
12. the preferred candidate is informed that the offer of employment (including volunteer positions) or examining is conditional on receiving satisfactory information from all necessary checks.

APPENDIX B

SAFEGUARDING CONCERNS REPORT FORM

| | |
|---|--------------|
| Child's name: | |
| Age and date of birth: | |
| Ethnicity: | |
| Religion: | |
| First language: | |
| Date of any incident: | |
| Venue of any incident: | |
| Disability/special factors: | |
| Parent or guardian's name(s): | |
| Home address and telephone number: | |
| Are you reporting your own concerns or passing on someone else's concerns? Please give details of concerns | |
| | |
| Please briefly describe what has prompted the concerns (include dates, times etc. of any specific incidents) | |
| | |
| Are there any physical or behavioural signs? What are they? | |
| | |
| Signature | |
| Print name: | Date: |

This form must be completed and given immediately, or sent in a sealed envelope marked 'Private & Confidential' within 24 hours, to: Designated Safeguarding Person (Contact Details set out on Page 3).

Appendix C

TPO Safeguarding Governance Structure

Trustee Board

The trustee board:

- is responsible for the management and review of the Policy, Procedures and Code of Practice.
- receives quarterly reports and immediate notice from the Managing Director of any serious safeguarding matter.
- appoints and manages a Designated Safeguarding Officer (DSO) and Deputy DSO.

Managing Director

The managing director:

- ensures all staff and volunteers are aware of their safeguarding responsibilities, receive safeguarding training and safeguarding policy and procedures are applied consistently.
- manages incident referrals in accordance with policy and procedures.
- reports to the governing body on any disciplinary action taken.
- develops and implements a safeguarding training plan.
- submits quarterly reports to the Trustee Board.
- co-ordinates the management of DBS disclosures.

DSO or Deputy DSO

The Designated Safeguarding Officer, or Deputy Safeguarding Officer:

- acts as the first point of contact for safeguarding concerns.
- ensures all safeguarding incidents or issues are promptly reported.
- ensures staff and volunteers are aware of their safeguarding responsibilities.

Staff and volunteers

The staff and volunteers:

- understand and comply with safeguarding policy and procedures.
- complete any appropriate training.
- where appropriate, have DBS disclosures processed.