

# **Harbour Lights - Amble Community Choir Safeguarding Statement, Policy and Procedures**

This policy statement should be read alongside our other organisational policies, including Equality and Diversity and GDPR

## **About Harbour Lights - Amble Community Choir**

We are a community choir with around 40 regular adult members attending. Currently, we do not have any members who are under 18 years of age. However, on occasion we join with other choirs, including those with school children, for practices for specific performances.

We are a friendly group of people who have fun singing together and we welcome everyone.

## **SAFEGUARDING STATEMENT**

As members of Harbour Lights - Amble Community Choir we commit ourselves to care for one another safely.

We acknowledge everyone's right to protection from abuse, regardless of gender, ethnicity, disability, sexuality, or beliefs.

We consider that the welfare of everyone to be paramount.

We will follow legislation, statutory guidance and recognised good practice to protect vulnerable people in our choir.

We recognise that everyone has different levels of vulnerability and that each of us may be regarded as being vulnerable, or at risk of harm at some stage in our lives

We promote safe practise by all in positions of trust

We promote the inclusion and empowerment of people who may be at risk of harm

We recruit safely following recognised safe practice guidelines, policies, and procedures

We will support, resource and enable training for those who hold safeguarding positions in our choir.

It is the responsibility of each one of us to prevent any form of abuse. We will report any abuse that we discover or detect.

We agree to work within the guidelines of the Harbour Lights - Amble Community Choir Safeguarding Policy.

This Safeguarding Policy is available to read on our website and in hard copy to anyone who requests it.

# HARBOUR LIGHTS AMBLE COMMUNITY CHOIR

## SAFEGUARDING POLICY

We will seek to establish a caring environment in which we are aware of the possibility of abuse.

We will implement, maintain and review annually (or sooner if new legislation is issued) the procedures outlined in this policy, which are designed to prevent and to be alert to abuse.

We have a Lead Safeguarding Person, Designated Safeguarding Person and Deputy Designated Safeguarding Person, who will have specific responsibilities for safeguarding. We do, however recognise that safeguarding is everyone's responsibility.

The Designated Safeguarding Person (DSP) is the person to whom all concerns or allegations should be addressed. In the absence of the DSP, the Deputy Designated Safeguarding Person or Lead Safeguarding Person should be contacted. Their contact details can be found in Key Contacts, on page 5.

We will organise activities in such a way as to promote a safe environment and minimise the risk of harm.

We will follow a safe recruitment process for the selection and appointment of people to work with the choir.

All concerns and allegations of abuse will be responded to appropriately, including referring to the statutory authorities if necessary.

We recognise that domestic abuse in all its forms is unacceptable and recognise that it affects both adults and children.

We will co-operate with the statutory authorities in any investigation, will follow multi-agency decisions and will maintain confidentiality of any investigations to those directly involved.

### **Aim and purpose of this policy.**

The aim of this policy is to provide procedures for promoting safeguarding, preventing abuse and protecting children and adults. This includes clear procedures for taking appropriate action, when safeguarding concerns are raised involving anyone who attends our choir, or those who attend our activities and events.

### **Definition of terms**

#### **Child**

A child or young person is deemed vulnerable and in need of protection because of their age. The term 'children' refers to those under the age of 18 years. (United Nations Rights of the Child)

#### **Vulnerable Adult**

Any adult aged 18 or over who, by reason of mental or other disability, age, illness or other situation is permanently or for the time being unable to take care of themselves or to protect themselves from significant harm or exploitation. (Care Act 2004).

With the understanding that each of us may be regarded as being vulnerable or at risk of harm at various times in our lives.

## **Duty of care and confidentiality**

We have a duty of care to all who attend our choir. This is mainly adults, however on occasions we do have young people who join us in choir for practices for specific performances or who attend our performances.

We will always maintain confidentiality, EXCEPT in those circumstances where to do so, would place the individual or another individual at risk of harm.

Information will only be shared within the choir, with those who have lead or designated roles for safeguarding and with the chairperson. A document will be signed to this effect.

## **Preventing abuse**

The choir will appoint a Lead Safeguarding Person, A Designated Safeguarding and a Deputy Safeguarding Person.

Definition of these roles can be found on page 6.

Activities will be organised, so as to promote a safe environment and respectful relationships, whilst minimising opportunities for harm or misunderstanding.

## **What are we protecting people from?**

The definitions of abuse differ between children and adults. A copy of the definitions relating to children is attached to this policy in Appendix 1, page 10.

The definitions of abuse in relation to adults is in Appendix 3, page 15

## **How to recognise abuse**

It is important to be aware of the possible signs and symptoms of abuse. For relating to children see Appendix 2, page 12. For those relating to adults, see Appendix 4, page 17.

## **What to do if there is any disclosure or allegation of abuse, whether within or out with the choir.**

If a child, young person or adult makes a disclosure that they are being abused and / or an allegation of abuse against someone, it is important that the person being told:

- stays calm and listens carefully
- reassures them that they have done the right thing in telling
- does not investigate or ask leading questions
- does not promise to keep secret what they have been told
- explains that they will need to tell someone else if anyone is at risk of harm, in order to help them
- makes a written record of the allegation, disclosure or incident and signs and dates this record (using the Safeguarding Concern/ Incident Form, Page 8).
- informs the Lead Safeguarding Person as soon as possible. Or, if the Lead Safeguarding Person is implicated in the allegation, informs the Chairperson.

## Procedure in the event of a concern of abuse

If there is an immediate threat of harm, the Police should be contacted without delay.

Where it is judged that there is no immediate threat of harm, the following will occur:

The concern should be discussed, with the Lead Safeguarding Person (if possible) and a decision made, as to whether the concern warrants a referral to the statutory authorities.

If this is not possible, the concern must be discussed with the Duty Social Worker, via One Call.  
(see Key Contacts on Page 5, for the relevant statutory contacts).

If a referral is made, the written confidential record will be passed to statutory authorities, as soon as practicable and within twenty-four hours, at most. If a referral not made, reasons why must be documented.

A copy will be kept and stored securely.

The person about whom the allegation is made must not be informed. Guidance from statutory authorities must always be followed.

Concerns that are anonymous or that relate to historical concerns should not be ignored and must be reported to the Lead Safeguarding Person or the Duty Social worker.

### Review

The Lead Person for Safeguarding will oversee the review of this policy annually. Together with the Designated Safeguarding Persons, they will amend and update it as required, and inform the Choir this has been done at the Annual General meeting.

Date Policy Adopted: May 4<sup>th</sup>, 2020

Date of the most recent review: N/A

Date of the next review: May 2021

Signed:



Position:

Chair of Harbour Lights Amble Community Choir

## **Key Contacts:**

### **Sources of advice and support**

**The Designated Safeguarding Person, is the person to whom all concerns or allegations should be addressed in the first instance:**

**Name Sarah Mitchell**

**Telephone number 07426 381166**

**In the absence of the Designated Safeguarding Person, the Deputy Safeguarding Person can be contacted:**

**Name Susan Young**

**Telephone number 07341 831886**

**In the absence of both Designated Safeguarding persons, contact the Lead Person for Safeguarding:**

**Name Susan Urwin**

**Telephone number 07914 965408**

**Statutory contact in the case of a Child or an Adult, or if seeking advice.**

**Northumberland Social Care, ONE CALL (24hour help and referral line)**

**Telephone number 01670 536400.**

## **Definitions of Safeguarding Roles**

### **Context**

The choir should be a safe place for everyone involved, where everyone is welcomed and respected.

### **The Lead Person for Safeguarding**

Ensures all committee and choir members are aware of their safeguarding responsibilities.

Develops and implements a safeguarding training plan for those with safeguarding responsibilities to ensure they receive safeguarding training.

Ensures safeguarding policy and procedures are applied consistently.

Manages incident referrals in accordance with policy and procedures.

Reports to the Harbour Lights - Amble Community Choir committee on any action taken. This will be general information only.

Submits an annual report to the Harbour Lights -Amble Community Choir Committee

Co-ordinates the management of DBS disclosures.

### **The Role of the Safeguarding Designated Person and Deputy**

#### **Purpose of the role:**

To be the first point of contact for safeguarding issues and concerns.

To participate in reviewing the choir safeguarding policy and procedures on an annual basis and ensuring that they are fit for purpose.

To be an advocate for good safeguarding practice in the choir,

#### **Responsibilities**

To familiarise themselves with choir policies and procedures in safeguarding and along with the Lead Safeguarding Person to keep abreast of any changes and developments.

To ensure members of the choir are aware of safeguarding policies and procedures and how to access them.

To be a named person that choir members can talk to regarding any issue to do with safeguarding or welfare concerns.

To be alert to and recognise welfare issues, including challenging unacceptable behaviour.

To be aware of when to seek advice and guidance from social services or the police and make referrals when appropriate.

To be aware of the telephone number for Social Care and the Police in the event of a referral needing to be made. (See Safeguarding Policy, Key Contacts Page 5)

Ensure appropriate information is available when making a referral to the Statutory Authority. Use the Safeguarding Concern/ Incident form Page 8. Ensure that the referral is made as soon as practicable and that it is confirmed, in writing, within 24 hours. Keep a copy of referrals made, ensuring that such records are stored securely.

Share appropriate information regarding this referral only with relevant people, i.e. The Choir Safeguarding Team and Chairperson (only if the information is relevant to the functioning of the choir). This information is confidential and will not be shared.

Ensure safe recruitment practices are operated, ensuring that relevant workers have up to date Disclosure and Barring Service (DBS) disclosures in line with national guidance

To inform the Choir Safeguarding Lead Person at the time, of any referrals made to the statutory authorities, or of any information received from the statutory authorities.

## **Harbour Lights- Amble Community Choir**

### **Safeguarding Incident Recording Form**

#### **Basic information**

**Full name of child, young person or adult concerned**

**Address (including postcode)**

**Email address**

**Telephone Number**

**Date of birth**

**Date and time of incident**

**Location of incident**

**Other people present (witnesses)**

**Record of incident (continue on a separate sheet if necessary)**

**Please ensure you are as accurate and detailed as possible. Use quotes wherever possible – do not interpret what was said using your own words.**

**Include details such as tone of voice, facial expression and body language.**

**Record what you said as well as what the child, young person or adult said.**

**If you have formed an opinion please state it, making it clear that it is your opinion and give reasons for forming that opinion.**

**Name of person contacted, date and time of contact.**

**Position / Organisation Name**

**Email**

**Parent / Carer/ Guardian / other (if applicable)**

**Feedback and follow up actions (continue on a separate sheet if necessary)**

**Name: (person who completed this report)**

**Position held in the choir**

**Signed;**

**Dated**

### **USEFUL TELEPHONE NUMBERS**

**NORTHUMBERLAND SOCIAL CARE, ONE CALL (24 hour help and referral line)  
Telephone number 01670 536400 .**

**POLICE Telephone number 101 or if EMERGENCY 999**

**Designated Safeguarding Person,**

**Name, Sarah Mitchell, Telephone number 07426 381166**

**Deputy Designated Safeguarding Person,**

**Name, Susan Young, Telephone number 07341 831886**

**Choir Lead Safeguarding Person,**

**Name Susan Urwin, Telephone number 07914 965408**

## **Appendix 1**

### **What is abuse and neglect of children?**

The below definitions are taken from Working Together to Safeguard Children 2013 and apply to England. Please note that there are national variations for Scotland (National Guidance for Child Protection in Scotland 2014) and Wales (All Wales Child Protection Procedures 2008).

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 a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger, for example, via the internet. They may be abused by an adult or adults, or another child or children.

#### **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 a child 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 from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), 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 or not 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 needs.

## **Appendix 2**

### **Signs of possible abuse in children**

#### **Physical abuse**

- Unexplained injuries
- Injuries that are inconsistent with the explanation
- Injuries that reflect an implement being used.
- Bruising, especially the trunk, upper arm, shoulders, neck or fingertip bruising
- Burns/scalds, especially from a cigarette
- Human bite marks
- Fractures, especially spiral
- Swelling and lack of normal use of limbs
- Serious injury with lack of / inconsistent explanation
- Untreated injuries

#### **Psychological/emotional signs include:**

- Unusually fearful with adults
- Unnaturally compliant to parents
- Refusal to discuss injuries/fear of medical help
- Withdrawal from physical contact
- Aggression towards others
- Wears cover up clothing

#### **Fabricated or Induced Illness**

This is a psychiatric illness, whereby a parent or carer deliberately inflicts harm onto a child. The child has commonly had genuine serious illness in the first year of life and a dependency on medical attention has developed on the parent. It can be very difficult to diagnose/evidence.

## **Female Genital Mutilation**

A cultural (not religious) procedure whereby parts of female genitalia are removed - also referred to as female circumcision. This is normally undertaken on pre-pubescent girls, who are either taken abroad for procedure or “practitioners” come to the UK. There can be no anaesthetic and no sterile equipment used. Complications include serious infection, septicaemia, numerous gynaecological problems and in some cases, death.

## **Emotional abuse and Bullying**

Emotional abuse involves the continual emotional mistreatment of a child. It's sometimes called psychological abuse. It can involve trying to scare, humiliate or ignore a child.

## **Bullying**

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 the extent that it affects health or, at the extreme, causes them significant harm (including self-harm). development or any other form of emotional cruelty.

### **Signs include:**

- Acceptance of reprimands, which appear excessive
- Over reaction to mistakes
- Continual self-depreciation
- Sudden speech disorders
- Fear of new situations
- Neurotic behaviour (such as rocking, hair twisting, thumb sucking)
- Self harm
- Extremes of passivity or aggression
- Drug/solvent abuse
- Running away
- Bullying/Aggression
- Overly compliant behaviour
- Overeating or loss of appetite
- Clingy
- Fearful/withdrawn
- Sleep disorders

## **Neglect**

Physical signs include:

- Tired/listless
- Poor hygiene
- Poor state of clothing
- Emaciation, short stature
- Poor skin tone and hair tone
- Untreated medical problems
- Failure to thrive with no medical reason

**Psychological/emotional signs include:**

- Constant hunger
- Frequent lateness/non-attendance at school
- Destructive tendencies
- Low self esteem
- Constant tiredness
- No social relationships
- Running away
- Compulsive stealing/scavenging
- Multiple accidents/accidental injuries

## **Sexual abuse**

- Unexplained recurrent urinary tract infections, discharges or abdominal pain
- Unexpected pregnancy, especially in very young girls
- Soreness or damage to genitalia, anus or mouth
- Sexually transmitted disease
- Repeated stomach aches
- Loss of weight or gaining weight
- Unexplained gifts/money

**Psychological/emotional signs include:**

- Sexual knowledge inappropriate for the child's age
- Sexualised behaviour in young children
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity
- Sudden changes in personality
- Lack of concentration, restlessness
- Socially withdrawn
- Overly compliant behaviour
- Poor trust in significant adults
- Regressive behaviour, onset of wetting – day or night
- Suicide attempts, self-harm, self-disgust
- Eating disorders

## **Appendix 3**

### **What is abuse of adults?**

Abuse is a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

### **Physical abuse**

This is the infliction of pain or physical injury, which is either caused deliberately, or through lack of care.

### **Psychological or emotional abuse**

These are acts or behaviour, which cause mental distress or anguish or negates the wishes of an adult. It is also behaviour that has a harmful effect on the adult's emotional health and development or any other form of mental cruelty.

### **Bullying**

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 the extent that it affects health or, at the extreme, causes them significant harm (including self-harm). development or any other form of mental cruelty.

### **Sexual abuse**

This is the involvement in sexual activities to which the person has not consented or does not truly comprehend and so cannot give informed consent, or where the other party is in a position of trust, power or authority and uses this to override or overcome lack of consent.

### **Neglect, or Act of Omission**

This is the repeated deprivation of assistance that the adult at risk needs for important activities of daily living, including the failure to intervene in behaviour which is dangerous to the adult at risk or to others. A vulnerable person may be suffering from neglect when their general wellbeing or development is impaired.

### **Financial or material abuse**

This is the inappropriate use, misappropriation, embezzlement or theft of money, property or possessions.

## **Discriminatory abuse**

This is the inappropriate treatment of an adult at risk because of their age, gender, race, religion, cultural background, sexuality, disability, etc. Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. Discriminatory abuse links to all other forms of abuse.

## **Institutional abuse**

This is the mistreatment or abuse of an adult at risk by a regime or individuals within an institution (e.g. hospital or care home) or in the community. It can be through repeated acts of poor or inadequate care and neglect or poor professional practice.

## **Appendix 4**

### **Signs of possible abuse in adults**

#### **Physical**

- A history of unexplained falls, fractures, bruises, burns, minor injuries
- Signs of under or over use of medication and/or medical problems unattended

#### **Emotional**

- Alteration in psychological state e.g. withdrawn, agitated, anxious, tearful
- Intimidated or subdued in the presence of the carer
- Fearful, flinching or frightened of making choices or expressing wishes
- Unexplained paranoia

#### **Sexual**

- Pregnancy in someone unable to consent to sexual intercourse
- Torn, stained or bloody underwear
- Infections or sexually transmitted diseases
- Full or partial disclosure or hints of sexual abuse
- Self-harming

#### **Neglect or Omission**

- Malnutrition, weight loss and /or persistent hunger
- Poor physical condition, poor hygiene, varicose ulcers, pressure sores
- Being left in wet clothing or bedding and/or clothing in a poor condition
- Failure to access appropriate health, educational services, or social care
- No callers or visitors

### **Financial or Material**

- Disparity between assets and living conditions
- Unexplained withdrawals from accounts or disappearance of financial documents
- Sudden inability to pay bills
- Carers or professionals fail to account for expenses incurred on a person's behalf
- Recent changes of deeds or title to property

### **Discriminatory**

- Inappropriate remarks, comments or lack of respect
- Poor quality or avoidance of care
- Derogatory comments
- Harassment
- Being made to move to a different resource/ service based on age
- Being denied medical treatment on grounds of age or mental health
- Not providing access

### **Institutional**

- Lack of flexibility or choice over meals, bed times, visitors, phone calls, etc
- Inadequate medical care and misuse of medication
- Inappropriate use of restraint
- Sensory deprivation e.g. denial of use of spectacles or hearing aids
- Missing documents and/or absence of individual care plans
- Public discussion of private matter
- Lack of opportunity for social, educational or recreational activity