ABRSM SAFEGUARDING CHILDREN POLICY, PROCEDURES AND CODE OF PRACTICE
Updated April 2016

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The Safeguarding Children Policy, Procedures and Code of Practice will be annually reviewed and updated every two years unless there is a change of legislation or guidance or an incident that warrants it being reviewed sooner.
Part 1: POLICY STATEMENT

The Associated Board of the Royal Schools of Music (ABRSM) is a charitable company established by four Royal Schools of Music for the benefit of music education. Its core activity is the operation of an authoritative and internationally recognised exam and assessment system to encourage and motivate players and singers at all levels through the provision of goals and the measurement of progress.

ABRSM acknowledges it has a responsibility for the safety of children undertaking its exams or otherwise under its temporary care. It also recognises that good safeguarding and child protection policies and procedures are of benefit to everyone involved with ABRSM’s work, including staff, as they can help protect them from erroneous or malicious allegations.

The following principles underpin ABRSM’s approach to safeguarding and child protection:

- The welfare of the child is paramount
- All children regardless of age, disability, sex, racial heritage, religious belief, sexual orientation or identity have the right to equal protection from all types of harm or abuse
- Working in partnership with children, their parents, carers and other agencies is essential in promoting children’s welfare.

A child is defined in law as a person up to the age of 18 years. Therefore the term ‘child’ is used throughout this policy and procedure and this includes young people. Although the national law in the country you are working in may have a different age at which a child is considered an adult, or have a different age at which a child can give consent or is responsible, ABRSM use the definition of a child according to UK and international law. This comes from the Children Act, 1989 and United Nations Convention on the Rights of the Child, 1989. The United Nations Convention for the Rights of the Child is the international framework which sets out the specific rights of children.

This policy should be used in conjunction with the LSCB [Local Safeguarding Children Board] and Safeguarding and Child Protection Procedures which apply in the area or country in which the exam or assessment is held.

For the purposes of this policy, ABRSM’s workforce includes everybody who works in a paid or voluntary capacity for or on behalf of the organisation in the UK and abroad. This includes, but is not limited to, employees, examiners, Honorary Local Representatives (HLRs), International Representatives, stewards, invigilators and consultants.
Purpose of policy and procedure

The purpose of this document is:

1. To ensure all ABRSM’s workforce are clear about how to identify and respond to safeguarding concerns about children, especially those that are of a child protection nature.

2. To ensure all ABRSM’s workforce have a clear understanding of the principles and practice involved in the safeguarding and protection of children.

3. To ensure all ABRSM’s workforce understand the importance of prevention in responding proactively and efficiently to all concerns.

4. To provide information for children participating in ABRSM events on the responsibilities of, and approach taken by, ABRSM in the protection of children.

5. To ensure participating groups, children and staff understand that if abuse is disclosed this information cannot remain confidential and that ABRSM will report it to the appropriate authority.

6. To ensure all current and potential members of the ABRSM workforce are clear that ABRSM will not engage workers who have allegations relating to child safeguarding and abuse made against them.

It is ABRSM’s policy that:

1. Everyone working on behalf of ABRSM accepts that the welfare of children who come into contact with ABRSM in connection with its tasks and functions is paramount, and that they will report any concerns about a child or somebody else’s behaviour using the procedures laid down.

2. There is a Designated Safeguarding Person (DSP) within ABRSM who will take action following any expression of concern and the lines of responsibility in respect of child protection are clear.

3. The DSP knows how to make appropriate referrals to statutory child protection agencies.

4. All those who are involved with children on behalf of ABRSM should adhere to the Code of Practice [at Part 3 of this policy and procedure] in relation to children.

5. Information relating to any allegation or disclosure will be clearly recorded as soon as possible, and there is a procedure setting out who should record information and the time-scales for passing it on.
6. The Children Act 1989 states that the ‘welfare of the child is paramount’. This means that considerations of confidentiality which might apply to other situations should not be allowed to over-ride the right of children to be protected from harm. However, every effort should be made to ensure that confidentiality is maintained for all concerned when an allegation has been made and is being investigated.

7. ABRSM’s position on duty of care to children will be referred to or included in recruitment, training, moderation and policy materials where appropriate, and the policies are openly and widely available and actively promoted within the organisation.

8. A culture of mutual respect between children and those who represent ABRSM in all its activities will be encouraged, with adults modelling good practice in this context.

9. Anyone with access to children will be evaluated as to whether they involve ‘regulated activity’ or not and vetted appropriately for such roles.

10. It is part of ABRSM’s acceptance of its responsibility of duty of care towards children that anybody who encounters child protection concerns in the context of their work on behalf of ABRSM will be supported when they report their concerns in good faith.
Part 2: DEFINING CHILD PROTECTION AND SAFEGUARDING

Safeguarding and promoting the welfare of children is defined¹ 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 the activity that is undertaken to protect specific children who are suffering, or likely to suffer, significant harm.

In terms of **protecting** those children where concerns or risks have been identified we expect our workforce to adhere to ABRSM policies, procedures and practices that:

- 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 ABRSM expect everyone to adhere 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. In practical terms, concerns are likely to arise in a number of ways:

- **Day to day concerns**: these are concerns that will arise as part of the child’s day to day activities at an exam or assessment and are not concerns to do with safeguarding or child protection, e.g. anxiety about a performance. On the whole such concerns will be dealt with immediately as part of your relationship and engagement with that child.

- **Safeguarding concerns**: these concerns will go beyond those that are dealt with as above and will usually indicate a concern about a child’s vulnerability,

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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 member of ABRSM’s workforce 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. ABRSM workforce should not undertake any investigations. The responsibility of ABRSM workforce 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. Males and females 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.**
Part 3: CODE OF PRACTICE

ABRSM expects that its entire workforce will 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. ABRSM expects this responsibility to be at the forefront of the minds of all its workforce to ensure that these positions of trust are never abused.

1. The exam process should be as open as possible, and it is important that no more time should be spent alone with children than is necessary to conduct the exam.

2. Value and respect children as individuals.

3. It is important not to have physical contact with children and this should be avoided.

4. It is not good practice to 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 Appendix C. If this gives rise to a child protection concern it is important to follow ABRSM’s procedure for reporting such concerns, and not to 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 or sexism.

In their dealings with children who they encounter in the course of ABRSM exams or other activities, ABRSM’s workforce must not:

1. Have, or be perceived to have, favourites.

2. Take children to your home unless this is for an exam arranged by ABRSM where all appropriate steps to safeguard the child have been taken and are observed at all times.
3. Use physical punishments or any action that involves locking up or restraining a child.

4. Arrange meetings outside working hours.

5. Develop social relationships with children that participate in ABRSM events. If you come into contact with 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.

6. Have contact with children through social media, e.g. Facebook or Twitter.

7. 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 and this includes children aged 16 years and over). This is not permitted and represents a breach of ABRSM’s Code of Practice. If such behaviour is suspected or alleged it will be dealt with under Part 5 of this document.
Part 4: PROCEDURE: WHAT TO DO IF YOU ARE CONCERNE ()->

**WELFARE**

there are essentially four key steps to remember and this procedure explains them. They are referred to as the **4 Rs**:

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

Members of ABRSM’s workforce could have their suspicion or concern raised in a number of ways, the most likely of which are:

- The conduct of a member of ABRSM’s workforce
- A child ‘disclosing’ abuse
- Bruising or evidence of physical hurt 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 Person (DSP) using the form as set out in Appendix E as a part of the process flowchart. If anyone identifies safeguarding concerns in a venue such as a school, then these concerns should be reported to the designated safeguarding lead in the school.

Concerns about a specific child should be reported immediately by telephone to the DSP and confirmed in writing within 24 hours using the form at Appendix E. Delay could prejudice the welfare of a child.

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

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

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

There may be up to three strands in the consideration of an allegation against a member of ABRSM’s workforce:

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

The DSP 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 must take (within the same working day) when a concern arises:**

1. Report the concern immediately to the DSP. S/he will then determine the next steps to take, including consultation with other professional agencies e.g. the NSPCC helpline, in order to determine the best course of action. Consideration will need to 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 ABRSM staff 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 DSP.

4. A record must be kept of the concern. Use the safeguarding concerns report form for this purpose *(see Appendix E)*. The form can be completed by the person reporting the concern or the DSP.

Remember, do not delay reporting the matter by trying to obtain more information. Under no circumstances should you examine the child where s/he is alleging injuries. This is a role for medical personnel only.

If you are worried about sharing your concerns about possible abuse within the organisation you should contact the NSPCC on 0808 800 5000 which operates a 24 hour helpline service. If you are reporting concerns about a child outside of the UK, you should report your concerns to the local authority in the country that you are based in, and also inform the DSP and follow the ABRSM policy and procedure. The DSP should contact the NSPCC Helpline, who will also be able to take the information and pass this on to the appropriate authorities.

**Responding appropriately to a child sharing his/her concerns (see Appendix C).**
Part 5: WHAT TO DO IF THERE ARE CONCERNS OR ALLEGATIONS ABOUT A MEMBER OF THE WORKFORCE

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 has the opportunity to 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 those involved in ABRSM 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 staff it is vital to keep the welfare of the child as the central concern.

Circumstances for consideration: these procedures about managing cases of allegations or concerns about a member of staff within ABRSM 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 s/he is unsuitable to work with children

Procedure to follow if an allegation or concern is made about a staff member: there may be instances where there are concerns about the behaviour of any member of staff 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 the ABRSM Code of Practice, or it could be an allegation made by a child, other staff member, or another adult. The Designated Safeguarding Person (DSP) must inform the Local Authority Designated Officer (LADO) of all cases that meet the criteria within one working day. In any of these circumstances the following procedure should be followed:

1. Staff are responsible for sharing their concern with the Designated Safeguarding Person who will explore the seriousness of the allegation/concern.
2. The DSP, in consultation with the Human Resources Director and other senior staff, will determine if the police need to be contacted and/or the LADO based in the local authority of the home address of the member of staff. 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 DSP 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.

2 The LADO exists in England only. The equivalent children’s social care body should be contacted if the person lives in any other UK country.
4. The DSP will require a written account from the member of staff/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. The member of staff should be informed about the allegation or concern as soon as possible but not before consultation with the DSP 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 and the results may inform the disciplinary enquiry. The outcome of any investigation must be recorded and a copy kept on the member of staff’s personnel file.

6. Under no circumstances should the accused or their colleagues make contact with or try to retaliate against 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 staff member requires advice/support they should speak with the identified support person. The DSP will keep the member of staff informed of the progress of the case.

9. If the concerns are about the DSP or deputy, they should be raised with the Chief Executive.

Support for staff raising concern: ABRSM will fully support and protect any member of staff 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 ABRSM retains the right to take appropriate action against the individual responsible for making the claim.

No compromise agreements: the fact that a member of staff tenders his/her 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 and 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 ABRSM 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 ABRSM decides to cease to use their services then the DSP in conjunction with the LADO will decide whether a referral should be made to the Disclosure and Barring Service as regards whether that individual is barred from, or has conditions imposed in respect of working with children. If a referral is appropriate the referral should be made within one month. A referral
must always be made if ABRSM 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 DSP. If the investigation shows that the allegation is clearly about poor practice then ABRSM 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.
Part 6: DESIGNATED SAFEGUARDING PERSON

ABRSM has appointed a Designated Safeguarding Person (DSP) and a deputy who are responsible for dealing with any concerns about the protection of children. Please refer to www.abrsm.org for contact details.

The role of the DSP is to:

1. Know which outside child protection agency to contact in the event of a child protection concern coming to the notice of ABRSM
2. Provide information and advice on child protection within ABRSM
3. Ensuring appropriate information is available when making a child protection referral and that the referral is made within one working day and 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 within ABRSM informed about any action taken and any further action required; for example, disciplinary action against a member of the workforce
6. Ensure that a proper record is kept of any referral and action taken, and that this is kept safely and in confidence
7. Advise ABRSM of safeguarding and child protection training needs
8. Liaise with the National Society for the Prevention of Cruelty to Children (NSPCC) to review the operation of the Safeguarding Children Policy, Procedures and Code of Practice regularly to ensure the procedures are working and that it complies with current best practice
9. Report to the Governing Body via the Chief Executive about safeguarding activity on a quarterly basis.
Part 7: CONFIDENTIALITY AND INFORMATION SHARING

The principles of the Data Protection Act 1998: must be adhered to when handling personal information, that is:

- Personal information is obtained and processed fairly and lawfully
- Only disclosed in appropriate circumstances
- Accurate, relevant and not held for longer than necessary
- Kept securely

The Act 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 disclosure should be restricted to only those that have authority for dealing with the incident.

Record of safeguarding/child protection concern: 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 sent to the Designated Safeguarding Person (DSP) who will review and note her/his actions, and then store the form securely.

The form is attached as Appendix E.

Written reports about safeguarding concerns must be either stored away in a locked filing cabinet (with restricted access to that filing cabinet) or held securely electronically. Retention of these records is as follows:

<table>
<thead>
<tr>
<th>Record type</th>
<th>Retention period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerns about a child</td>
<td>The records should be kept for seven years</td>
</tr>
<tr>
<td>Allegation or concerns about a staff member</td>
<td>The record should be kept until the person reaches normal retirement age or for ten years if that is longer.</td>
</tr>
</tbody>
</table>

Paper records should be destroyed through shredding and disposed of as confidential waste. Electronic records should be deleted. A record should be made of records destroyed and this should be authorised by the DSP.

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

- Date and time
- 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

See Appendix F Principles for information sharing
Part 8: PROCESS FLOW CHART: What to do if you have safeguarding concerns about a child

1. WHERE THERE IS A CONCERN ABOUT A CHILD
   - REPORT TO THE DESIGNATED SAFEGUARDING PERSON (DSP) IMMEDIATELY AND COMPLETE FORM WITHIN DESIGNATED TIMEFRAMES

2. ALL FACTORS AND INFORMATION CONSIDERED BY DSP
   - CONCERNS ALLAYED
   - NO ACTION
     - THE CONCERN DOES NOT CONSTITUTE A SAFEGUARDING CONCERN
     - RECORD DECISION MADE AND REASONS FOR IT
   - CONCERNS ONGOING
   - UNCERTAIN?
     - CONSULT WITH CHILDREN’S SOCIAL CARE OR THE NSPCC HELPLINE ON 0808 800 5000
     - RECORD ACTION AND DECISION TAKEN
   - REFER TO CHILDREN’S SOCIAL CARE AND/OR THE POLICE
     - PUT IN WRITING WITHIN 48 HOURS
     - RECORD ACTION AND DECISION
     - DSP TO FOLLOW UP AFTER 3 WORKING DAYS IF RECEIVED NO FEEDBACK ON ACTION TAKEN BY CHILDREN’S SOCIAL CARE
Part 9: PROCESS FLOW CHART: What to do if there is concern or an allegation is made about a member of the workforce

1. CHILD MAKES ALLEGATIONS AGAINST A STAFF MEMBER OR A MEMBER OF STAFF HAS CONCERNS ABOUT THE BEHAVIOUR OF A MEMBER OF STAFF TOWARDS A CHILD

2. INFORM YOUR DESIGNATED SAFEGUARDING PERSON (DSP) ON THE SAME WORKING DAY

3. DSP IN CONSULTATION WITH SENIOR MEMBER OF STAFF DETERMINES HOW TO MANAGE THE CONCERN

   - ISSUE OF POOR PRACTICE?
     - ADDRESS THROUGH DISCIPLINARY PROCEDURES AND/OR SUPERVISION AND/OR TRAINING
     - RECORD DECISION MAKING AND ACTIONS

   - CONCERN MEETS THRESHOLD FOR REFERRAL ONTO CHILD PROTECTION AGENCIES?
     - DSP REFERS TO LOCAL AUTHORITY DESIGNATED OFFICER (LADO) (ENGLAND) OR CHILDREN'S SERVICES (OTHER COUNTRIES) AND/OR THE POLICE
     - AWAIT ADVICE AND GUIDANCE AS TO NEXT STEPS TO TAKE
     - RECORD ACTIONS, DECISIONS AND OUTCOMES

   - UNCERTAIN ABOUT HOW TO PROCEED?
     - DSP SEeks ADVICE FROM LADO AND/OR POLICE.
     - RECORD ADVICE, ACTIONS AND OUTCOMES
GLOSSARY

Children’s Social Care: every local authority has a statutory duty to protect and promote the welfare of children in need in its area. This may be achieved through the provision of a range of services but includes working closely with children and their parents, relatives or other carers and also with other organisations. The name of the department may vary from one authority to another – children’s social care, children’s services etc. – however there will always be a dedicated department within each local authority responsible for assessing child welfare concerns.

Local Authority Designated Officer (LADO): the LADO works within Children’s Social Services Departments and should be alerted to all cases in which it is alleged that a person who works with children has:

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

The LADO captures concerns, allegations or offences and will provide advice and guidance to the employer. They help co-ordinate information-sharing with the right people and will also monitor and track any investigation, with the aim to resolve it as quickly as possible.

Local Safeguarding Children Board (LSCB): a LSCB is the local statutory body responsible for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in that locality, and for ensuring the effectiveness of what they do. All LSCBs are partnerships made up of senior representatives from several organisations and agencies which may include the Local Authority, the local Council, the Police, the Health Service, Youth Offending Service, local Probation Service, the Children and Family Courts Advisory and Support Service, the NSPCC and others. Each LSCB will produce and publish guidance on what to do if you are concerned about a child’s welfare; this guidance is based on legislation and statutory guidance issued by Government (nation specific).
DEFINITIONS OF ABUSE

Statutory guidance offers four defined areas of abuse:

- **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 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:

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3 England - Working Together to safeguard children: A guide to inter-agency working to safeguard & promote the welfare of children, 2013, HM Government
• 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 caregivers)
• Ensure access to appropriate medical care or treatment

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

RECRUITMENT AND SELECTION PROCEDURES

ABRSM has adopted appropriate recruitment and selection procedures 4 for staff, HLRs and examiners in the context of safeguarding and child protection and these include the following:

1. Ensuring that the recruitment and selection policy is up to date.

2. Ensuring that ABRSM’s commitment to safeguarding is included in all recruitment and selection materials.

3. Ensuring that we have an up-to-date job/role description and person specification for the role we wish to recruit to.

4. Ensuring that our methods for attracting candidates e.g. advertising contain all necessary information about the role, timetable for recruitment and our commitment to safeguarding.

5. Ensuring that we have compiled a suitable candidate information pack containing all the required information about ABRSM, the role, recruitment timetable, safeguarding policy/statement and application form.

6. Ensuring that each application received is scrutinised in a systematic way by the short listing panel in order to agree the shortlist before sending invitations to interview.

7. Ensuring that all short listed candidates receive the same invitation to interview, supplying them with all the necessary information.

8. Ensuring that an interview is conducted for all short listed candidates based on an objective assessment of the candidate’s ability to meet the person specification and job description. For ABRSM employees and examiners this will be a face to face interview.

9. Ensuring that 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. Ensuring that we are able to make a confident selection of a preferred candidate based upon their demonstration of suitability for the role.

11. Ensuring that all appropriate checks have been undertaken on the preferred candidate, including references and DBS checks.

12. Ensuring that 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.

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4 Based on Recruiting safely (2009) Children’s Workforce Development Council
APPENDIX C

RESPONDING APPROPRIATELY TO A CHILD MAKING AN ALLEGATION OF ABUSE

1. Stay calm.

2. Listen carefully to what is said.

3. Find an appropriate 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 her/his own pace.

6. Ask questions for clarification only, and at all times 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.
APPENDIX D

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 ABRSM’s workforce to decide if abuse or neglect has taken place rather 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 members of the child’s family or party; by other children; or by members of the workforce.

Physical Abuse

Physical 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 be more or less 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
Emotional Abuse

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

Sexual Abuse

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

Neglect

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 (in some circumstances bullying can be considered as emotional, physical or sexual abuse)**

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those 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, in particular 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.
SAFEGUARDING CONCERNS REPORT FORM

Child’s name

Age and date of birth  Ethnicity

Religion  First language

Date of exam

Venue of exam

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)

Continued.../
Are there any physical or behavioural signs? What are they?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

Have you spoken to the child? What did the child say?

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________________________________________________________________________

Have you spoken to the parent/carer(s)? What did they say?

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________________________________________________________________________

Has anybody been alleged to be the abuser? Please give details

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________________________________________________________________________

________________________________________________________________________

Have you talked to anyone else about your concerns? Please give details

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________

Continued.../
Who was this reported to and when?

________________________________________________________

________________________________________________________

________________________________________________________

Signature

________________________________________________________

Print name and job title

________________________________________________________

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
ABRSM
24 Portland Place
London W1B 1LU
United Kingdom
### Actions following completion of safeguarding concerns form

<table>
<thead>
<tr>
<th>Date and time</th>
<th>Details of any discussions, liaison with others, sections, information shared and outcomes</th>
<th>Completed by (name and job title)</th>
</tr>
</thead>
<tbody>
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APPENDIX F

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:

1. **Remember that the Data Protection Act 1998 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. **Necessary, proportionate, relevant, accurate, timely and secure**: 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.
Referral contact points for children across the UK

The majority of ABRSM’s workforce lives in England and hence this safeguarding document has been framed around the English law and terminology. However, ABRSM recognises that there are differences within each devolved nation both in terms of legislation and the terminology used to describe children services, so this additional guidance is provided for clarification. If anyone is in any doubt about who best to refer to they should ring the 24 hour NSPCC Helpline for advice on 0808 800 5000. If a situation arises at an event where a child is at immediate risk of harm (e.g. child injured, child refusing to go home, parent unfit to care etc.) then the local children’s social care team/police should be contacted rather than those in the area where the child lives. Equally this applies to urgent medical attention which should be sought from the nearest hospital to the event.

<table>
<thead>
<tr>
<th>Country</th>
<th>Agencies to contact</th>
<th>Telephone numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLAND</td>
<td></td>
<td></td>
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<tr>
<td>Concerns about a child</td>
<td>Children’s social care in the local authority of the child’s home address</td>
<td>A telephone number including the out of hours service should be publically available on each local authority’s website.</td>
</tr>
<tr>
<td></td>
<td>Police (in an emergency) - Local child protection investigation unit</td>
<td>Should be publically available or 999 for emergency</td>
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<tr>
<td></td>
<td>NSPCC Helpline</td>
<td>0808 800 5000</td>
</tr>
<tr>
<td>Concerns about a member of staff/volunteer</td>
<td>The Local Authority Designated Officer (LADO) for the child’s home address</td>
<td>Based within local authority children’s social care service</td>
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<tr>
<td></td>
<td>Police - Local child protection investigation unit (CPIU)</td>
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<tr>
<td>WALES</td>
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<tr>
<td>Concerns about a child or member of staff/volunteer</td>
<td>Local authority child protection team in the area where the child lives</td>
<td>See a list of all local councils in Wales from DirectGov</td>
</tr>
<tr>
<td></td>
<td>NSPCC Helpline</td>
<td>0808 800 5000</td>
</tr>
<tr>
<td></td>
<td>Police (in an emergency) - Local child protection investigation unit</td>
<td>Should be publically available or 999 for emergency</td>
</tr>
<tr>
<td>Country</td>
<td>Agencies to contact</td>
<td>Telephone numbers</td>
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<tr>
<td>SCOTLAND</td>
<td>Local authority child protection social work team in the area where the child lives</td>
<td>See a list of all local councils in Scotland from the Scottish Government’s website</td>
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<tr>
<td></td>
<td>The National Child Protection Line in Scotland</td>
<td>0800 022 3222</td>
</tr>
<tr>
<td></td>
<td>Police (in an emergency) - Local child protection investigation unit</td>
<td>Should be publically available or 999 for emergency</td>
</tr>
<tr>
<td></td>
<td>NSPCC Helpline</td>
<td>0808 800 5000</td>
</tr>
<tr>
<td>NORTHERN IRELAND</td>
<td>Gateway Teams for Children’s Social Work at the Health and Social Care Trust in the area the child lives</td>
<td>A list of these is available on the ‘Health and Social Care in Northern Ireland’ website</td>
</tr>
<tr>
<td></td>
<td>Police Services of Northern Ireland</td>
<td>In an emergency dial 999 (an emergency is where serious injury has been caused or a crime is in progress and the suspects are at or near the scene.)</td>
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<tr>
<td></td>
<td></td>
<td>Non-emergency and general enquiries telephone number 0845 600 8000</td>
</tr>
<tr>
<td></td>
<td>NSPCC Helpline</td>
<td>0808 800 5000</td>
</tr>
</tbody>
</table>