

The Cantate Choir

Safeguarding Policy for Children & Vulnerable Adults

November 2017. To be reviewed annually every November

Introduction

The Cantate Choir (Kent) was formed at the beginning of 2002 since when it has performed varied music programmes to a high standard at venues in the Sevenoaks area. As a local amenity the choir aims to produce high quality work which gives it the opportunity to attract high calibre professionals to work alongside it. The choir was registered as a charity in 2004. It has over 30 active members, amateur singers from all walks of life, all of whom are dedicated to the promotion of choral music. The choir performs three or four concerts annually, as well as occasional special events, charity concerts, and occasional international tours. Officers are elected, and rehearsals are run by our self-employed Musical Director.

Cantate Choir does not advertise itself as an activity suitable for children or vulnerable adults. Most choir members are independent adults. It happens only rarely that a young person or vulnerable adult rehearses and performs with us. Choir rehearsals and performances are group activities, and there is no need for a member of the choir to be alone with another member of any age. Cantate Choir is therefore unlikely to be targeted by a person seeking opportunities to abuse children or vulnerable adults. Nonetheless Cantate choir recognises the need to safeguard any young and vulnerable members and the Committee has therefore agreed the following safeguarding policy.

Policy

- The Cantate Choir is committed to taking all reasonable measures to ensure that the risks of harm to children and vulnerable adults are minimised.
- Any outreach programmes with children and vulnerable adults will be undertaken in collaboration with parents or other responsible adults who will remain responsible for them throughout rehearsals and performances
- The choir recognises that everyone has different levels of vulnerability and that all children and vulnerable adults should be offered respect and given inclusion and empowerment within the Choir.
- We are committed to ensuring that children and vulnerable adults receive their entitlement to safeguards that:

- Prevent abuse from occurring and/or continuing where possible.
 - Recognises that all suspicions or allegations of abuse will be taken seriously and responded to swiftly and appropriately. Any reported problem will immediately be logged. Confidentiality for all parties will be maintained at every stage of such event. (see Appendix 1 below)
 - Ensure the abuse ceases and the perpetrator is dealt with wherever possible.
 - Undertake to notify Local Authorities/Police and other appropriate agencies when an abuse situation is identified
- The choir accepts that we have a duty of care to abide by this policy and to report concerns. All choir members and officers are required to familiarise themselves with this document, and the choir will publicise its safeguarding policy on its website.
 - We will review and endorse our safeguarding policy annually at our AGM meeting of the choir, held every November.
 - We will respond without delay to every complaint made that a young child or vulnerable person for whom we are responsible may have been harmed.
 - The Choir will cooperate fully with the statutory agencies in every situation and will not conduct its own investigations. It recognises that it is not the role of our organisation to decide whether a child or vulnerable adult has been abused or not. This is the role of the Social Services department who have legal responsibility or the NSPCC who have powers to investigate child protection concerns under the Children Act.

The Choir has appointed the Chairperson for the time being as the Safeguarding Adults Officer.

Designated Person:

Matthew Trigg (Chair) matt@thetriggs.com 01892 835014

Social Care

Social Services: Adults Central Duty Team - 03000 41 61 61

Children and Young People Central Duty Team: 03000 41 11 11

Out of Hours after 5pm (Covers both Children and Adults): 03000 41 91 91

LADO (Local Authority Designated Officer) for allegations relating to staff/volunteers and relating to children and young people: 03000 41 08 88

Police : Tel: 101 - 24 hours for advice

NSPCC Help line Tel: 0800 800 500 – 24 hours, Freephone
 Child Line (NI) Tel: 0800 1111 - Freephone

The relevant legal requirements arise from The Children’s Act 1989; The Human Rights Act 1998; The Protection of Children Act 1999; The Sexual Offences (Amendments) Act 2006; The UN Convention on the Rights of the Child. The relevant government guidance includes Safe from Harm 1993; Working Together to Safeguard Children 1999; and Caring for the Young and Vulnerable 2000.

Appendix 1. Template for Confidential Record of Suspected Abuse. This form is to be used to report all suspicions or allegations of abuse or a serious incident and is to be sent to the Council's nominated Child Protection Officer as soon as possible. (Use additional pages if necessary).

1. Your name and designation and the name and designation of anyone else who has been involved in collecting information
2. The date, time and place that you were advised of the Incident <u>or</u> when you became suspicious of abuse.
3. The names, addresses and telephone contact details of any witnesses to the incident.
4. The name and address and telephone contact details of the person making the allegation.
5. The name, address and (if known) the telephone number of the alleged victim of the incident
6. Brief account given of the incident including if any abuse has occurred.
7. If applicable, describe any injuries which have been observed (e.g. cuts, bruises, burns etc. and where on the body they were observed).
8. If the incident relates to neglect, please describe the conditions that are in place that have led to the need to take safeguarding action , e.g. state of the home, clothing or the child or vulnerable adult

Appendix 2 - Forms of Abuse

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise causing physical harm or impairment. It can include misuse of medication, undue restraint or inappropriate sanctions. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child or vulnerable adult whom they are looking after. A person might do this because they enjoy or need the attention they get through having a sick child. Physical abuse can be caused through omission or the failure to act to protect.

Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child or vulnerable adult such as to cause severe and persistent adverse effects on emotional development. It may involve making the child or vulnerable person feel or believe that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may involve threats of harm or being abandoned, humiliation, verbal or racial abuse, isolation, bullying, shouting or swearing. It may feature age or developmentally inappropriate expectations being imposed. It may also involve causing the child or vulnerable adult to feel frequently frightened or in danger, or the exploitation or corruption of a child or vulnerable adult. Some level of emotional abuse is involved in all types of ill treatment, though it may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or vulnerable adult to take part in sexual activities, whether or not the person is aware of, or consents to what is happening. The activities may involve physical contact, including penetrative acts such as rape, or oral sex or non-penetrative acts such as fondling. Sexual abuse may also include non-contact activities, such as involving children or vulnerable adults in looking at, or in the production of, pornographic material, or watching sexual activities, or encouraging children to behave in sexually inappropriate ways. Boys and girls can be abused by males and/or females, by adults and by other young people. This includes people from all different walks of life.

Neglect

Neglect is the persistent failure to meet a child or vulnerable adult's basic physical and/or psychological needs. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect the person from physical harm or danger, or the failure to ensure access to appropriate medical care or dental treatment. It may also include neglect of, or unresponsiveness to a person's basic emotional needs.

Financial or Material Abuse

This can include theft, fraud, misuse of property, inheritance, state benefits, possessions or pressure in relation to wills.

Discriminatory Abuse

This can include harassment or slurs based on race, gender, disability or age.

Note: There are other sources of stress for families, such as social exclusion, domestic violence, the mental illness of a parent or carer, or drug and alcohol misuse. These may have a negative impact on a child or vulnerable adult's health and development and may be noticed by a carer organisation. If it is felt that the person's well-being is adversely affected by any of these areas, the same procedures should be followed.

Appendix 3 - Ways to Recognise Abuse and Neglect of a Child or Vulnerable Adult Physical Abuse What Constitutes Abuse?

Definitions are provided below of the different forms of abuse. This list is not exhaustive and should be considered as guidelines and examples only. Abuse is the 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". No Secrets, Department of Health 2000 Abuse can broadly be defined in the following categories:

Physical Abuse

The non-accidental infliction of physical force that results (or could result) in bodily injury, pain or impairment. Examples of behaviour: hitting, slapping, pushing, burning, physical restraint, harassment, enforced sedation, inappropriate use of medication, and catheterisation for management ease.

Sexual Abuse

Direct or indirect involvement in sexual activity without consent. Examples of behaviour: Non-contact: looking, photography, indecent exposure, harassment, serious teasing or innuendo, pornography. Contact: coercion to touch, e.g. of breast, genitals, anus, mouth, masturbation of either self or others, penetration or attempted penetration of vagina, anus, mouth, with or by penis, fingers, other objects.

Neglect

Ignoring or withholding physical or medical care needs. Examples of behaviour: failure to provide: appropriate food, shelter, heating, clothing, medical care, hygiene, personal care; inappropriate use of medication or over-medication.

Psychological / Emotional Abuse

Psychological abuse is that which impinges on the emotional health and development of individuals. Psychological / emotional abuse might also occur as a result of the other forms of abuse. Examples of behaviour: shouting, swearing, insulting, ignoring, threats, intimidation, harassment, humiliation, depriving an individual of the right to choice and privacy.

Financial / Material Abuse

The unauthorised, fraudulent obtaining and improper use of funds, property or any resources of a vulnerable person. Examples of behaviour: misappropriating money, valuables or property, forcing changes to a will, denying the vulnerable adult the right to access personal funds.

Abuse of Individual Rights / Discriminatory Abuse

Abuse of individual rights is a violation of human and civil rights by any other person or persons. Discriminatory abuse consists of abusive or derisive attitudes or behaviour based a person's sex, sexuality, ethnic origin, age or disability.

Professional Abuse

Professional abuse is the misuse of therapeutic power and abuse of trust by professionals, the failure of professionals to act on suspected abuse/crimes, poor care practice or neglect in services, resource shortfalls or service pressures that lead to service failure and culpability as a result of poor management systems/structures. Examples of behaviour: entering into a sexual relationship with a person who uses the service, failure to refer disclosure of abuse, poor, ill-informed or outmoded care practice, failure to support vulnerable adult to access health care/treatment, denying vulnerable adults access to professional support and services such as advocacy, service design where groups of people living together are incompatible, punitive responses to challenging behaviours, failure to whistle-blow on issues when internal procedures to highlight issues are exhausted.

Where May Abuse Occur and By Whom

Abuse of vulnerable adults can occur in any setting or situation. Abuse may occur in:

- Domestic Settings - including the person's home or another person's home.
- Institutional Settings - including day care, residential homes, nursing homes and hospitals.
- Public Settings - including the street, any public area, or social or work environment. Abuse of vulnerable adults occurs in all cultures, all religions and all levels of society. The abuser may be anyone including family, friend, neighbour, partner, carer, stranger, care worker/service provider, manager, volunteer, another person who uses the service or any person who comes into contact with the vulnerable adult.

Appendix 4 - Guidelines for Responding to a Child or Vulnerable Adult making an Allegation of Abuse If a child or vulnerable adult should talk to you of abuse:

- Stay calm, listen carefully to what is being said
- 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
- Allow the child or vulnerable adult to continue at his/her own pace
- Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer
- Reassure the child or vulnerable adult that they have done the right thing in telling you
- Tell them what you will do next and with whom the information will be shared

Helpful statements to make

- I believe you (or showing acceptance of what the child or vulnerable adult says)
- Thank you for telling me
- It's not your fault
- I will help you

Do not say

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure that this is true?
- Why? Who? When? Where?
- Never make false promises

Appendix 5 - What to Do if You Suspect that Abuse may have Occurred

You must report the concerns immediately to the Designated Person who will obtain information, assess what to do next and take the appropriate action. The Cantate Choir Designated Person is **Matt Trigg**. The Designated Person has been nominated by Cantate Choir to refer allegations or suspicions of neglect or abuse to the statutory authorities. In the absence of the Designated Person the matter should be brought to the attention of the **Secretary ex officio**.

You should under no circumstances discuss your suspicions or allegations with anyone other than those nominated above. Make notes as soon as possible (ideally within 1 hour of being told). You should write down exactly what the child or vulnerable adult has said and what you said in reply and what was happening immediately before being told (i.e. the activity being delivered). You should record the dates, times and when you made the record and ensure that the record is signed and dated. You should report your discussion with the Designated Person as soon as possible. If this person is implicated, you need to report to the Chairman of the Cantate Choir. If both are implicated report the matter to Sevenoaks Council Social Services.

Note: Child Abuse

It is the right of any individual to make direct referrals to the child protection agencies. If for any reason you believe that the nominated persons have not responded appropriately to your concerns, then it is up to you to contact the child protection agencies directly.

Note: Abuse of Vulnerable Adults

To determine the appropriate action, it is important to consider:

- Does the vulnerable adult understand and accept the risk?
- Is the vulnerable adult able to make their own decisions and choice, and do they wish to do so?
- How serious the abuse – with the starting point being the perception of the vulnerable adult.
- If the vulnerable adult expresses a wish for the concerns not to be pursued, this should be respected wherever possible, subject to considerations of safety and competence.

Appendix 6. - What the Designated Person Will Do

The role of the Designated Person is to:

- obtain information from staff, volunteers, children or parents and carers who have child protection concerns or concerns about the welfare of a vulnerable adult, and to record this information.
- assess the information quickly and carefully and ask for further clarification as appropriate.
- make a referral to a statutory child protection agency or appropriate agency for vulnerable adults, or the police without delay
- if in any doubt about what to do, to seek advice from Social Services

IT is NOT the Designated Person's role to investigate.

If a child or vulnerable adult has a symptom of physical injury or neglect, and the abuse may have been deliberate the Designated Person will:

- contact Social Services for advice
- seek emergency medical attention if it is necessary and inform the doctor of any suspicions of abuse. The doctor will then initiate further action if necessary.
- inform the parents or carers only if advised by Social Services to do so.

If a child or vulnerable adult has a symptom of physical injury or neglect, but there is no sign that the abuse was deliberate, the Designated Person will:

- seek emergency medical attention if it is necessary and inform the doctor of any suspicions of abuse. The doctor will then initiate further action if necessary.
- Otherwise, speak with the parent/carer/guardian and suggest that medical help/attention is sought for the child.
- If appropriate, encourage the parent/carer to seek help from Social Services.

In the event of allegations or suspicions of sexual abuse the Designated Person will:

- contact Social Services and speak to no one else about the matter