ABRSM SAFEGUARDING POLICY, PROCEDURES AND CODE OF PRACTICE

September 2020
ABRSM SAFEGUARDING CHILDREN POLICY, PROCEDURES AND CODE OF PRACTICE
Updated September 2020

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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 and vulnerable adults 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.

If working overseas, our staff, representatives and examiners may find the national law in the country in which they are working 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. However, ABRSM, wherever it operates, abides by 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.

The definition of adults deemed to be ‘at risk’ and ‘vulnerable’ is included at Appendix I.

This policy should be used in conjunction with the local safeguarding partnership arrangements which apply to your local authority 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.

The policy also informs ABRSM’s work with vulnerable adults as acknowledged in clause 13 of the policy.
Purpose of policy and procedure

The purpose of this document is:

1. To provide the policy and procedures that underpin ABRSM’s commitment to providing a safe, secure environment for all children participating in ABRSM examinations and events.

2. To ensure ABRSM’s workforce is clear about how to identify and respond to safeguarding concerns about vulnerable adults and children, especially those that are of a child safeguarding nature.

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

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

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

6. 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.

7. 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 or vulnerable adult 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 in this document.

2. Its governance of safeguarding is robust and transparent with accountability to its Governing Body and with its Chief Executive as Chair of its internal Safeguarding Review Committee. The Governance Structure is regularly reviewed and is outlined in Part 6 of this policy and Appendix H.

3. There are at least two Designated Safeguarding Persons (DSP) within ABRSM who will take action following any expression of concern and the lines of responsibility in respect of child protection are clear.

4. The DSP knows how to make appropriate referrals to statutory safeguarding agencies.

5. All those who are involved with children or vulnerable adults on behalf of ABRSM must adhere to the Code of Practice (in Part 3 of this policy and procedure).
ABRSM has the following policies for its workforce which underpin our safeguarding policy:

- Online Safeguarding Policy Statement
- Examiner Code of Conduct
- Guidance for Stewards and Invigilators
- Working with Children and Young People Policy and Procedure
- Whistleblower Policy
- Dignity at Work Policy and Procedure
- Recruitment and Selection Policy and Procedure
- Social Media Policy and Procedure

6. 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.

7. 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.

8. ABRSM’s position on its 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.

9. 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.

10. Any role which involves access to children will be evaluated as to whether the role involves ‘regulated activity’ or not and people appointed to such a role will be vetted appropriately, including, but not restricted to DBS checks.

11. ABRSM will ensure its workforce has access to induction and training about safeguarding upon their initial appointment, and at regular intervals, usually annually, thereafter.

12. It is part of ABRSM’s 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.

13. ABRSM examines candidates with a variety of needs and always endeavours to make its exams accessible to all candidates. ABRSM publishes separate guidelines covering provisions for blind and partially sighted candidates, deaf and hearing-impaired candidates, candidates with dyslexia or other learning difficulties, candidates with autistic spectrum disorders (including Asperger’s syndrome) and candidates with other specific needs. Where ABRSM’s guidelines are not applicable, or a candidate has particular physical access needs, each case is considered on an individual basis. For more information and guidance, please refer to: https://gb.abrsm.org/en/exam-booking/specific-needs/
14. ABRSM acknowledges that some of its candidates may be vulnerable adults with wide-ranging needs, including requiring a third party to be present during the assessment. Each case is considered on an individual basis. For further information, please contact ABRSM’s Designated Safeguarding Person.
Part 2: DEFINING CHILD PROTECTION AND SAFEGUARDING

Safeguarding children is defined in Working together to safeguard children\(^1\) and Keeping Children Safe in Education\(^2\) as:

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

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 expects, without exception, adherence to the principles and practices as outlined above.

Any concerns you might have may not always be of the same nature and may not require the same course of action. 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, where it is felt that vulnerability needs further assessment and possible action, e.g. a child not eating or being withdrawn

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\(^1\) See: ‘Working Together to Safeguard Children’, 2018 pp. 5-6, Ref: DFE-00195-2018

This legislation applies to England. For Scotland, see: https://learning.nspcc.org.uk/child-protection-system/scotland/

Northern Ireland: https://learning.nspcc.org.uk/child-protection-system/northern-ireland/

Wales: https://learning.nspcc.org.uk/child-protection-system/wales/

\(^2\) See: ‘Keeping Children Safe in Education’, September 2020 p. 4
- **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’s workforce should not undertake any investigations. The responsibility of the ABRSM workforce is to be vigilant, record and report only.

**Definition of abuse:**

**Abuse:** a form 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 others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

See Appendix A for detailed definitions of abuse and Appendix B for potential indicators of abuse or neglect.

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3 See: [https://www.c côp.police.uk/safety-centre/](https://www.côp.police.uk/safety-centre/) for information and advice about online abuse
Part 3: CODE OF PRACTICE

ABRSM expects its entire workforce to be aware of this Code of Practice and to 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. The following principles should be taken to apply to children and to vulnerable adults.

1. Value and respect children as individuals.

2. It is important that no more time should be spent alone with children than is necessary to conduct the exam.

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 D. 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 with children outside your work with ABRSM.

5. Develop social relationships with children that participate in ABRSM events. If you come into contact with a participant in a social setting, maintain a
professional distance at all times. 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 HAVE SAFEGUARDING CONCERNS ABOUT A CHILD.

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 process flowchart at Part 8 and the report form as set out in Appendix E.

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 ABRSM DSP and confirmed in writing within 24 hours using the form at Appendix E. Delay could prejudice the welfare of a child. In an emergency call 999 or the local equivalent.

**Action staff must take action 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.
5. 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.

6. 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.

7. 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 D).
Part 5: PROCEDURE: 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. 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 a member of the workforce it is vital to keep the welfare of the child as the central concern.

Circumstances for consideration: these procedures for managing cases of allegations or concerns about a member of ABRSM’s workforce 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 member of the workforce: there may be instances where there are concerns about the behaviour of any member of the workforce towards a child/ren. The concerns may relate to behaviour that is clearly abusive, e.g. hitting a child or subtler, e.g. isolating a child or sharing personal contact details. It may involve a breach of the ABRSM Code of Practice, or it could be an allegation made by a child, another member of the workforce, or another adult. The Designated Safeguarding Person (DSP) must inform the Local Authority Designated Officer⁴ (LADO) of all cases that meet the criteria within one working day. In any of these circumstances the following procedure should be followed:

1. The workforce is responsible for sharing concerns with the Designated Safeguarding Person who will investigate the seriousness of the allegation/concern.

2. The DSP and deputies in consultation with the Human Resources Director and/or other senior staff, will determine if the police need to be contacted⁵ 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.

4. The DSP will require a written account from the member of the workforce/manager hearing the allegation/concern and a summary of any available additional information including the names and addresses of any potential witnesses. Both documents should be signed and dated.

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⁴ 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.
⁵ NPCC When to call the police
5. Investigations will be dealt with quickly, fairly and impartially and will take into account the relevant policies and code of conduct. The individual should be informed about the allegation or concern as soon as possible but not before consultation with the 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 conducted by ABRSM, and the results may inform ABRSM’s subsequent disciplinary enquiry. The outcome of any investigation must be recorded and a copy kept on the member of the workforce’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 individual 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 the member of the workforce raising a concern: ABRSM will support and protect any member of the workforce 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 the workforce might tender his/her resignation or cease 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. A referral must always be made if ABRSM has concluded 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 two Deputies who are responsible for dealing with any concerns about the safeguarding and protection of children and vulnerable adults. Please refer to www.abrsm.org for contact details.

The role of the DSP is to:

1. Know which external safeguarding agencies to contact in the event of a child protection concern coming to the notice of ABRSM.

2. Provide information and advice on safeguarding children and vulnerable adults within ABRSM.

3. Ensure appropriate information is available when making a safeguarding referral and that the referral is made within one working day and confirmed in writing within two working days.

4. Liaise with local safeguarding partnerships and 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 specialist safeguarding experts and the National Society for the Prevention of Cruelty to Children (NSPCC) in the development of its policies and practice 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.

10. Give regular briefings and training to the workforce.

11. Advise the Chief Executive on the governance of safeguarding. See appendix H for a statement on Governance.
Part 7: CONFIDENTIALITY AND INFORMATION SHARING

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

- Personal information is obtained and processed fairly and lawfully
- Used only for the purpose that the information was provided
- Only disclosed in appropriate circumstances
- Adequate, relevant and not excessive for the purposes for which they are held
- Accurate and where necessary kept up to date
- Kept securely

Disclosure

Data protection legislation allows for the disclosure of personal information without consent of the subject in certain conditions, including for the purposes of the prevention and detection of a crime, for example where there is a child protection concern. Legislation and guidance in the case of sharing of information in safeguarding cases, states: “The Data Protection Act 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children.”

Any report/records regarding abuse shall be kept confidential and any disclosure should be restricted to only those who have proven authority for dealing with the incident (e.g. DSP, police). Staff who need to share ‘special category personal data’ must be aware that the Data Protection Act 2018 contains ‘safeguarding of children and individuals at risk’ as a processing condition that allows practitioners to share information without consent, if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent, would place a child at risk.

If you are in doubt, please consult the ABRSM’s Data Protection Lead.

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

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

Record of safeguarding/child protection concern

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

The form is attached as Appendix E.

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6 Keeping Children Safe in Education, p.46, p 85
7 Keeping Children Safe in Education, p.84
Storage and retention of records
Written reports about safeguarding concerns must be compiled and clearly labelled. Reports must be either stored away in a locked filing cabinet (with restricted access to that filing cabinet) or where reports are stored electronically they should be password-protected and only limited staff should have access.

Information about concerns, allegations and referrals should not be kept in one ‘concern log’, rather information or items relating to individuals need to be kept in separate files.

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 six years unless one of the following exceptions* apply. Records:</td>
</tr>
<tr>
<td></td>
<td>• Need to be retained because information in them is relevant to legal action that has started</td>
</tr>
<tr>
<td></td>
<td>• Are required to be kept longer by law</td>
</tr>
<tr>
<td></td>
<td>• Are archived for historical purposes (where the organisation is party to legal proceedings)</td>
</tr>
<tr>
<td></td>
<td>• Consist of a sample of records maintained for the purpose of research</td>
</tr>
<tr>
<td></td>
<td>• Relate to individuals and providers of services who have, or whose staff have been judged unsatisfactory</td>
</tr>
<tr>
<td></td>
<td>• Are held in order to provide, for the subject, aspects of their personal history (where records would not be available elsewhere)</td>
</tr>
<tr>
<td></td>
<td>*where records are kept for more than six years files need to be clearly marked and the reason for the extension clearly identified</td>
</tr>
</tbody>
</table>

| Allegation or concerns about adult behaviour (e.g. staff member) | The record should be kept until the person reaches normal retirement age, or for ten years if that is longer. |

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

For information about the storage of DBS certificates please see the relevant guidance here: [https://www.gov.uk/government/publications/handling-of-dbs-certificate-information](https://www.gov.uk/government/publications/handling-of-dbs-certificate-information)

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

**YES**

CALL THE EMERGENCY SERVICES

INFORM ABRSM AND THE SCHOOL AS APPROPRIATE

**IS THE CHILD IN IMMEDIATE DANGER?**

NO

REPORT TO THE DESIGNATED SAFEGUARDING PERSON (DSP) IMMEDIATELY AND COMPLETE FORM WITHIN DESIGNATED TIMEFRAMES

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

UNCERTAIN?
CONSULT WITH SCHOOL &/OR 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

CONCERNS ONGOING?
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
     - A-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
Policy Ownership

The responsibility for the management of the Policy, Procedure and Code of Practice rests with ABRSM’s Chief Executive

This document is periodically reviewed and updated to ensure compliance with relevant legislation.

Policy author: ABRSM’s Designated Safeguarding Person (safeguarding@abrsm.ac.uk)
APPENDIX A

DEFINITIONS OF ABUSE

Statutory guidance\(^8\) provides these definitions of abuse:

You should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

**Abuse** a form 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 others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

**Physical abuse** a form of abuse which 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** the persistent emotional, maltreatment of a child such as to cause severe and 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 the opportunities to express their views, deliberately silencing them, or ‘making fun’ of what they say or how they communicated. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a 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, although it may occur alone.

**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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Neglect** 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, for example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide

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\(^8\) Keeping Children Safe in Education, September 2020, items 22:26 and 28
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); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

**Child Criminal Exploitation (CCE)**

Child Criminal Exploitation (CCE) CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology.\(^9\)

**Child Sexual Exploitation (CSE)**

CSE occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology. CSE can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex. It can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity and may occur without the child or young person’s immediate knowledge (e.g. through others copying videos or images they have created and posted on social media).\(^{10}\)

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\(^9\) Keeping Children Safe in Education. September 2020, Annex A pg. 84

\(^{10}\) Keeping Children Safe in Education. September 2020, Annex A pg. 84
APPENDIX B

Potential indicators of abuse or neglect

The signs listed below 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.

The decision to report issues will of course raise your own concerns and it may be useful to know that when asked about what they needed from safeguarding procedures, children responded with the following points:

**Children have said that they need**\(^1\)

- vigilance: to have adults notice when things are troubling them
- understanding and action: to understand what is happening; to be heard and understood; and to have that understanding acted upon
- stability: to be able to develop an ongoing stable relationship of trust with those helping them
- respect: to be treated with the expectation that they are competent rather than not
- information and engagement: to be informed about and involved in procedures, decisions, concerns and plans
- explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response
- support: to be provided with support in their own right as well as a member of their family
- advocacy: to be provided with advocacy to assist them in putting forward their views
- protection: to be protected against all forms of abuse and discrimination and the right to special protection and help if they are a refugee

The following list of signs below is comprehensive and detailed. It is important to understand that the child’s welfare, their mental and physical wellbeing is paramount when evaluating any situation.

**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

\(^{11}\) Working Together to Safeguard Children, 2018, item 13, p.9
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 twirling, 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
- Undernourishment, 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).

**Peer on Peer abuse**

Safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be limited to:

- bullying (including cyberbullying);
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
• sexual violence and sexual harassment;
• sexting (also known as youth produced sexual imagery); and
• initiation/hazing type violence and rituals.12

**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. Staff should be aware that some groups are potentially more at risk.

Evidence shows girls, children with SEND and LGBT children are at greater risk.13 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.

**Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE):** both are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. The abuse can be perpetrated by individuals or groups, males or 10 females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online.14

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12 Keeping Children Safe in Education, September 2020, Annex A pg 91
13 Keeping Children Safe in Education, September 2020, Annex A pg 92
14 Keeping Children Safe in Education, September 2020, p. 28
APPENDIX C

RECRUITMENT AND SELECTION PROCEDURES

ABRSM has adopted appropriate recruitment and selection procedures\textsuperscript{15} for staff, Local Representatives 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 shortlisting panel in order to agree the shortlist before sending invitations to interview.

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

8. Ensuring that an interview is conducted for all shortlisted candidates based on an objective assessment of the candidate’s ability to meet the person specification and job description. For 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.

\textsuperscript{15} Based on The Protection of Freedoms Act 2012
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, only recording the facts as the child presents them, 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.

11. Submit your report to the Designated Safeguarding Person at ABRSM.
## SAFEGUARDING CONCERNS REPORT FORM

1. Child’s name

2. Child’s age/ D.O.B

3. Date of exam

4. Venue

5. What has happened so far? If a child has approached you, use their own words as much as possible to describe what has happened.

6. How has this come to your attention? Have you witnessed something directly or are you reporting someone else’s information? Has a child approached you directly?

7. Are there any other witnesses? Can you provide details of them?

8. Are there any other factors you would like to note here, for example, the child’s ethnicity, first language, gender or religion?
9. Are you making this report with the consent of the child/informant?

<table>
<thead>
<tr>
<th>10. Name of parent/guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Address/telephone number</td>
</tr>
<tr>
<td>12. Your name</td>
</tr>
<tr>
<td>13. Your job title</td>
</tr>
<tr>
<td>14. Your signature</td>
</tr>
<tr>
<td>15. Date</td>
</tr>
</tbody>
</table>

This form must be completed and given immediately, emailed securely or sent in a sealed envelope marked ‘Private & Confidential’ within 24 hours, to:

safeguarding@abrusm.ac.uk

Designated Safeguarding Person
ABRSM
4 London Wall Place
London
EC2Y 5AU
APPENDIX F

Principles for information sharing

The government (‘Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers,’ July 2018) has produced ‘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 General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.

2. Be open and honest with the individual (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 from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, 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 individuals 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.

### ENGLAND

<table>
<thead>
<tr>
<th>Country</th>
<th>Agencies to contact</th>
<th>Telephone numbers</th>
</tr>
</thead>
<tbody>
<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 publicly 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 publicly available or 999 for emergency</td>
</tr>
<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>
</tr>
<tr>
<td></td>
<td>Police - Local child protection investigation unit (CPIU)</td>
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</tbody>
</table>

**Reporting concerns online:** [https://learning.nspcc.org.uk/child-protection-system/england/](https://learning.nspcc.org.uk/child-protection-system/england/)

### WALES

<table>
<thead>
<tr>
<th>Country</th>
<th>Agencies to contact</th>
<th>Telephone numbers</th>
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</thead>
<tbody>
<tr>
<td>Concerns about a child or Concerns about a 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 publicly available or 999 for emergency</td>
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### SCOTLAND

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<tr>
<th>Country</th>
<th>Agencies to contact</th>
<th>Telephone numbers</th>
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<tbody>
<tr>
<td>Concerns about a child or Concerns about a member of staff/volunteer</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>
</tr>
<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>
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</tbody>
</table>

**Reporting concerns online:** [https://learning.nspcc.org.uk/child-protection-system/wales/](https://learning.nspcc.org.uk/child-protection-system/wales/)

### NORTHERN IRELAND

<table>
<thead>
<tr>
<th>Country</th>
<th>Agencies to contact</th>
<th>Telephone numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerns about a child or Concerns about a member of staff/volunteer</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>
</tr>
<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>

**Reporting concerns online:** [https://learning.nspcc.org.uk/child-protection-system/northern-ireland/](https://learning.nspcc.org.uk/child-protection-system/northern-ireland/)
Abuse online:

Information, advice and reporting of abuse happening in an online environment can be found here: https://www.ceop.police.uk/safety-centre/

For referral contact points for children outside the UK please use the following links:

https://www.keepingchildrensafe.org.uk/
http://www.safechilduk.info/Charity/charity-safeguarding-home.html
https://www.nspcc.org.uk/preventing-abuse/child-protection-system/northern-ireland/reporting-your-concerns/
APPENDIX H

Safeguarding Governance Structure

**Governing Body**

- Receives risk review reports and internal audit reports from the Audit and Risk Committee, and the Chief Executive (CEO) immediately informs the Chair of the Governing Body of any serious safeguarding matter
- Appoints the Audit and Risk committee

**Audit and Risk committee**

- Appoints a Trustee to liaise with the CEO

**Chief Executive**

- Chairs the Safeguarding Review Committee
- Appoints and manages a Designated Safeguarding Person (DSP) and Deputy DSP
- Ensures all Directors are aware of their safeguarding responsibilities

**Safeguarding Review Committee (SRC)**

- Chaired by CEO
- Membership: HR Director; Global Operations Director; Head of the Office of the Chief Executive; Head of Chief Examiner Resources; Designated Safeguarding Person; Deputy Designated Safeguarding Person
- Meets quarterly to ensure workforce is well briefed and policy is applied consistently throughout ABRSM
- Manages incident referrals in accordance with policy and procedures
- Receives reports on disciplinary action taken against those who breach ABRSM policies or procedures
- Develops a safeguarding training plan

**Designated Safeguarding Person or Deputy Designated Safeguarding Person**

- Acts as first point of contact for safeguarding concerns
- Ensures all safeguarding incidents or issues are promptly reported to the SRC and its Chair
- Co-ordinates the management of DBS disclosures
- Publishes ABRSM’s safeguarding policy and procedures
- Submits quarterly report to CEO
- Ensures workforce are aware of their safeguarding responsibilities

**ABRSM workforce**

- Understand and comply with ABRSM’s safeguarding policy and code of practice
- Complete any appropriate training
- Where appropriate, have DBS disclosure processed in accordance with ABRSM policy
GLOSSARY OF TERMS USED IN THIS DOCUMENT

At risk/vulnerable adults: are defined in the Care Act 2014, Section 42 as an adult who has needs for care and support (whether or not the authority is meeting any of those needs); is experiencing, or is at risk of, abuse or neglect, and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.16

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 Adults Board: this refers to the local statutory body responsible for leading on adult safeguarding arrangements, coordination and effectiveness. Each Board comprises members from the local authority, the National Health Service and the Police and others. It ensures appropriate arrangements are in place for the safeguarding of adults who may be vulnerable or at risk who are users of local health services, social housing, are in prison or are at risk of abuse or self-harm.

Local Safeguarding Partnership: this comprises an equal partnership of the local authority, the clinical commissioning group, and the chief officer of police, based on local authority boundaries, one partnership per local authority. It is responsible for co-ordinating their safeguarding services; acting as a strategic leadership group in supporting and engaging others; and implementing local and national learning including from serious child safeguarding incidents.17

Position of trust: Sexual offences legislation provides that any sexual activity involving children under 16 is unlawful. The primary motivation for legislation which addresses the abuse of positions of trust is the need to protect young people aged 16 and 17 who, despite reaching the age of consent for sexual activity, are considered to be vulnerable to sexual abuse and exploitation, in defined circumstances. This includes sexual activity

17 See https://www.workingtogetheronline.co.uk/chapters/chapter_three.html
and relationships with adults who hold a position of trust, responsibility or authority in relation to them and, as a result, have a considerable amount of power and influence in their lives. The law defines specific roles and settings where sexual activity between 16 and 17 year olds and those in positions of trust, responsibility or authority constitutes a criminal offence.