



Brass Bands
England



Brass Bands England

Safeguarding Policy Statement for Children, Young People and Adults at Risk

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Charity No. 114833 Company Number: 08047535 Registered in England and Wales



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INTRODUCTION

Brass Bands England [BBE] was founded in 1968 as the British Federation of Brass Bands [BFBB]. It is a membership organisation working with a wide range of partners in strategic and informal ways to support its member bands and to promote the 'Brass Band Movement' across England.

Specifically, BBE's role is to:

- Encourage bands to be outward focused, to engage with communities and other bands, to share resources and expertise;
- Promote understanding within the wider public, funders, organisations, stakeholders and all strategic partners, of the value of engagement with brass bands;
- Promote access to funding and support other key areas, such as: finance, marketing, administration, player development support, marketing, use of digital technologies, along with legislative areas, including: Health and Safety, Safeguarding, Equality and Diversity and more. We deliver workshops focusing on learning, sharing, and collaboration;
- Encourage and seek innovation and engagement with other art forms;
- Promote campaigns benefitting brass groups. For example, to attract and reach wider audiences, to gain a broader support base, or to pave the way for creative collaboration;
- Develop and encourage the use of their website by member bands, in order for them to access up to date information and resources that assist them to be better informed, well organised and sustainable.

BBE is aware that many children and young people are involved in brass banding (perhaps 10,000+ nationally), and that there are many benefits to children and young people being involved in making music in this way; perhaps alongside other members of their family or community, or maybe as members of a band set up specifically for young people. Adults who have additional support needs, or who may develop such needs after they have already joined a band, can also derive great benefits from involvement in a brass band. BBE is also aware that children, young people or adults with support needs may also come into contact with brass bands more peripherally, for example, when attending events with parents, friends or relatives. For this reason, BBE is keen to ensure firstly that they have the practical means of supporting bands with safeguarding arrangements; and, secondly, that BBE's own internal ethos and processes around safeguarding reflect the importance that they place on welfare, ensuring that:

- Members of bands are able to participate safely;
- Those who are at risk from individuals or circumstances elsewhere in their lives are identified, so that support services can be notified;
- Brass bands and BBE's own workforce have an understanding of their role in safeguarding, and the policies and procedures in place ensure that their safeguarding responsibilities are met.



STATEMENT OF SAFEGUARDING PRINCIPLES

BBE is committed to safeguarding all children and adults at risk that come into contact with our work. We believe that all children and adults at risk have an equal right to protection from abuse, emotional abuse and neglect regardless of their age, race, religion, ability, gender, language, background or sexual identity and consider their welfare to be paramount.

We expect everyone (staff, trustees, ambassadors and volunteers) to have read, understood and adhere to this policy and related procedures.

LEGISLATIVE FRAMEWORK

In its aspiration to keep safe all children, young people and adults at risk who are involved in brass bands, together with its own members and workforce, BBE takes account of the following legislation and guidance:

- The Children Acts (1989, 2004)
- The Safeguarding Vulnerable Groups Act (2006)
- United Convention of the Rights of the Child (1991)
- The Data Protection Act (2018) - the UK's implementation of the EU General Data Protection Regulation (GDPR)
- The Human Rights Act (1998)
- The Sexual Offences Act (2003)
- The Protection of Freedoms Act (2012)
- The Children and Families Act (2014)
- Special educational needs and disability (SEND) code of practice: 0 to 25 years - Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities; HM Government (2014)
- Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers; HM Government (2015)
- Working together to safeguarding children: a guide to inter-agency working to safeguard and promote the welfare of children; HM Government (2018)
- The Care Act (2014)
- The Care Act (2014) Care and Support Statutory Guidance (specifically the safeguarding section of this)
- The Mental Capacity Act (2005)

This policy statement defines a child or young person as anyone under the age of 18 and recognises that:

- The welfare of the child is paramount in all decisions regarding children and young people, as enshrined in the Children Act (1989, 2004);
- All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse;
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues;
- Some groups of children, such as some with disabilities or some from minority ethnic backgrounds or experiencing poverty, can be excluded from mainstream services;



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- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

Adults of any age over 18 years may be vulnerable at different times in their lives. The principles outlined above in relation to children, also apply to BBE's approach to safeguarding adults. In terms of a legal framework, the arrangements for those over 18 are governed by the Care Act (2014). This Act stipulates that statutory safeguarding duties apply to an adult who:

- has care and support needs, and;
- is experiencing, or at risk of, abuse or neglect, and;
- as a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

The term 'adult at risk' is used in BBE procedures, on occasion reduced to 'adult' where it is a process. This has the same implication and meaning as 'vulnerable adult' but is the preferred terminology because the term 'vulnerable adult' may wrongly imply that some of the fault for the abuse lies with the adult abused and that characteristics such as a disability make a person inherently vulnerable. The use of the term 'adult at risk' reflects the fact that all adults may, on occasion, be 'at risk' or 'vulnerable'.

HOW WE SAFEGUARD CHILDREN, YOUNG PEOPLE AND ADULTS AT RISK

Other than at special events organised directly by BBE, we have little direct contact with children, young people or adults at risk. Our emphasis, therefore, is in ensuring that:

- Our value base is supportive of a safe culture where children, young people and adults at risk are respected, valued and listened to, and where safeguarding concerns are taken seriously;
- Our staff, trustees and volunteers know what to do if they become aware of safeguarding issues;
- Anyone contacting BBE with a safeguarding concern about a child, young person, adult at risk, or person who may present a risk, is directed swiftly and efficiently to an appropriate agency, where they can receive advice and where a referral can, if necessary, be made;
- We follow up on any such concerns with the person or brass band who makes us aware of them; where necessary, we escalate them;
- Our BandSafe resource is kept up to date and fit for purpose, and we make every effort to promote it across the brass banding community;
- Where we are involved directly in running activities that bring our workforce into contact with children, young people or adults at risk, we follow BandSafe guidelines.



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In addition, we will endeavour to safeguard children and adults at risk by:

- Ensuring that we have a Lead Trustee for Safeguarding and a Designated Safeguarding Officer (plus deputising arrangements) employed by BBE;
- Adopting this policy and adhering to the associated procedures and code of conduct for staff;
- Developing and implementing effective social media and communications and IT policies and related procedures;
- Recruiting trustees, staff, and volunteers safely, including the requirement for individuals to obtain criminal records checks from the Disclosure and Barring Service for eligible posts and the completion of all other elements of our recruitment procedure;
- Recording and storing information professionally and securely;
- Ensuring that staff are trained and supervised adequately, carry out their roles competently and that they work in an environment where they feel able to raise concerns and feel supported in their safeguarding role;
- Adopting a clear internal policy around the management of allegations against staff and practitioners;
- Ensuring that all staff, trustees, volunteers and anyone working on behalf of BBE knows the name of the Designated Safeguarding Officer, their Deputy and their role;
- Ensuring that all staff, trustees, partners, agency staff, volunteers and anyone working on behalf of BBE understand their responsibilities in being alert to safeguarding issues and for referring any concerns to the Designated Safeguarding Officer;
- Ensuring that we have effective complaints and whistleblowing measures in place.

This policy statement should be read alongside our Employee Handbook and company policies and procedures on:

- Recruitment, induction and training
- Role of the Designated Safeguarding Lead
- Dealing with disclosures and concerns about a child, young person or adult at risk
- Managing allegations against staff and volunteers
- Recording, record storage and retention
- Data protection and information sharing
- Code of Conduct
- Communications
- Grievances and Complaints
- Discipline
- Capability
- Disclosures
- Equal opportunities
- Health, safety, welfare and hygiene



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- Supervision and support
- Dignity at work
- Alcohol and drugs

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Contact details:

Lead Senior Trustee for Safeguarding

Name: Gary Walczak

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Designated Safeguarding Officer

Name: Sarah Baumann

Phone: 01226771015 ext 203

Email: sarah@bbe.org.uk

CEOP

www.ceop.police.uk

NSPCC Helpline

0808 800 5000

We are committed to reviewing this policy and procedures annually, updating our processes as appropriate.

This policy was last reviewed on: **20 October 2020**

Signed:

Print: Alexander Parker

Position: Partnership & Relationship Development Manager

Date: 22.10.19



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Information relevant to Safeguarding

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UNDERSTANDING CHILD ABUSE

Abuse and neglect are forms of maltreatment of a child or young person. They may result in a child suffering or being likely to suffer significant harm. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult, or another child or children. Government guidance 'Working Together to Safeguard Children' (2018) defines various forms of abuse, including:

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, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

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

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care givers); or
- Ensure access to appropriate medical care or treatment.

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

Specific forms of abuse

As suggested under the 'Sexual Abuse' heading above, it should be noted that perpetrators are increasingly using online methods to access children and young people as well as to indulge in abuse by creating or downloading abusive images of them. Other forms of abuse that have come to public attention relatively recently have included the sexual exploitation of children and young people for commercial gain, forms of modern slavery, and abuse linked to cultural or religious belief (such as female genital mutilation, honour violence, forced marriage, radicalisation or abuse associated with a belief in spiritual possession).

Abuse of a position of trust

This is a legal concept within The Sexual Offences Act 2003. It involves an adult of 18 or over engaging in sexual activity with or in the presence of a child or young person under 18, where the older person is in a position of responsibility towards the child or young person in one of a variety of settings, including a 'workplace setting'. The concept also covers 'causing or inciting a child' to engage in sexual activity, and 'causing a child to watch a sexual act'.

Responsibilities under Working Together to Safeguard Children (2018)

Under Chapter 1 of this statutory guidance it is the responsibility for staff and volunteers working for or on behalf of Brass Bands England (BBE) to share information and work together with statutory partners if they have concerns that a child or young person may be at risk of abuse or neglect. In practice, the person or organisation sharing the information with the statutory partner is more likely to be the individual band where the child or young person is a member. However, it is BBE's procedure to ensure that this procedure has been followed in situations where they have been made aware that there are concerns requiring a referral; also, if no referral has been made in situations where it is BBE's view that there should have been a referral, then BBE may decide to escalate the concern and make the referral themselves.



Once a referral has been received by a local authority children's social care team, they should, within one working day, make a decision about the type of response that is required and acknowledge receipt to the referrer. Feedback should also be provided to the referrer on decisions taken by the local authority. For example, the local authority, may take the view that the child and family are in need of support services, or may decide that the child is in need of protection. If BBE believes that the position taken by the local authority is inadequate to protect the child or young person, we will consider escalating the referral within the Local Authority. It is not the job of BBE to take a view on whether abuse has taken place or is at risk of taking place, nor is it the job of BBE to conduct an assessment on this matter; this is the role of the statutory agencies such as the local authority and police.

UNDERSTANDING ADULT ABUSE

There are many different types of abuse affecting adults. They include:

Physical

This is 'the use of force which results in pain or injury or a change in a person's natural physical state' or 'the non-accidental infliction of physical force that results in bodily injury, pain or impairment'. It may include behaviours like the misuse of medication, inappropriate restraint or the use of inappropriate sanctions, as well as the actions more commonly associated with physical abuse, such as slapping, pushing etc.

Sexual

Examples of sexual abuse include the direct or indirect involvement of the adult at risk in sexual activity or relationships which they do not want or have not consented to. Specific behaviours could include:

- rape
- indecent exposure
- sexual harassment
- inappropriate looking or touching
- sexual teasing or innuendo
- sexual photography
- subjection to pornography or witnessing sexual acts
- indecent exposure
- sexual assault
- putting pressure on the adult to consent to sexual acts



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Emotional and psychological

This is behaviour that has a harmful effect on the person's emotional health and development, or any form of mental cruelty that results in mental distress, the denial of basic human and civil rights such as self-expression, privacy and dignity. Specific behaviours might include:

- threats of harm or abandonment
- deprivation of contact
- humiliation
- blaming
- controlling
- intimidation
- coercion
- harassment
- verbal abuse
- cyberbullying
- isolation
- unreasonable and unjustified withdrawal of services or supportive networks

Organisational

Institutional abuse is the mistreatment or neglect of an adult at risk by a regime, or individuals within settings and services, that adults at risk live in or use. It may include care or support provided in the person's own home. Such abuse violates the person's dignity, resulting in lack of respect for their human rights. It may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Discrimination

This type of abuse may include:

- discrimination based on gender, race, colour, language, culture, religion, politics or sexual orientation
- discrimination based on a person's disability or age
- harassment and slurs which are degrading
- hate crime

Financial and material

This is the use of a person's property, assets, income, funds or any other resources without their informed consent or authorisation. It may include:

- theft
- fraud
- internet scamming
- exploitation or coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions
- the misuse or misappropriation of property, possessions or benefits



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Neglect and acts of omission

Examples of this might include:

- ignoring medical, emotional or physical care needs
- failure to provide access to appropriate health, care and support or educational services
- the withholding of the necessities of life, such as medication, adequate nutrition and heating

Self-neglect

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour like hoarding.

It should be noted that the legislation and guidance makes it clear that this list is not exhaustive and that those working with adults at risk should be open to the possibility of other forms of abuse.

CONSENT AND CAPACITY

Responsibilities under legislation and guidance affecting the safeguarding of adults.

When statutory agencies consider whether a safeguarding response to an adult is needed under the Care Act (2014), they are required to examine three critical components:

- the person's need of care and support;
- their risk of, or experience of neglect or abuse; and,
- their ability or inability to protect themselves.

These are not questions to which BBE or individual bands are expected to supply an answer. Rather, BBE will seek advice (or suggest that an individual band seeks advice) from the Local Authority Adult Safeguarding Team and will make a referral if necessary. It is also important to note that, even if the three critical components are not fully met, the adult may still welcome and benefit from a preventative approach. In practice, the person or organisation sharing information with a statutory partner is more likely to be the individual band where the adult at risk is a member. However, it is BBE's procedure to ensure that this procedure has been followed in situations where they have been made aware that there are concerns requiring a referral; also, if no referral has been made in situations where it is BBE's view that there should have been a referral, then BBE may decide to escalate the concern and make the referral themselves.

Managing issues of consent to the sharing of information is a critical difference between safeguarding children and young people under 18, and safeguarding those who are legally adults.

Any adults with care and support needs who become directly involved with BBE, should be made aware at the earliest opportunity that BBE's approach to safeguarding is to share information with those who need to know both within the organisation and externally if



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there is a concern that an adult is at risk. They should also be informed that sharing information externally normally only happens after discussion with the adult at risk and with their consent, but that there may be occasions when it has to happen without the person's consent. They should be asked if this general principle is one which they feel able to support.

A person's agreement to the general principle of sharing information in situations where there is a safeguarding concern is not a substitute for their consent being sought if a safeguarding concern actually emerges. If this happens and they give consent to the information being shared, this consent by the adult should, where possible, take the form of something explicit such as signing a consent form.

Where an adult who is capable of giving consent to information being passed on to a statutory safeguarding authority, declines to do so, BBE will consider whether 'vital interests' are at stake under the terms of the General Data Protection Regulations. For example, this may include situations where the person is in imminent or serious danger, or another person is in danger (including a child of the adult at risk or any other child or adult) or a crime has been or is about to be committed. If BBE feels that any of these circumstances may apply, a referral to the local authority should be made even without the consent of the adult.

The Mental Capacity Act (2005) provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves. The principles of the Act state that an adult at risk:

- has the right to make their own decisions and be assumed to have capacity unless proved otherwise;
- must receive all appropriate help and support to make decisions;
- has the right to make eccentric or unwise decisions (in the opinion of others), and that;
- decisions made on behalf of a person who lacks mental capacity must be done in their best interests and be the least restrictive of their basic rights and freedoms.

In addition, decisions are time and decision-specific. This means that a person may be able to make a certain decision, but not others, at a particular point in time. Decision-making ability may fluctuate over time.

Therefore, BBE will also pass on information where it appears that the adult at risk may lack mental capacity to consent to this, or may be being coerced to withhold consent. The Local Authority will then consider who can obtain a 'best interests' decision and how it can be made.

Procedures advise that the local authority will do this after full consideration of the Mental Capacity Act Code of Practice and also of the extent of appropriate involvement from the family and/or carers of the adult at risk.

An assessment of their capacity should be made by a professional person qualified to do so. In making this assessment, consideration will be given by the Local Authority to seeking the support of an Independent Mental Capacity Advocate to support the individual who lacks capacity.

Any decision made on behalf of an adult at risk should weigh up and balance both the Mental Capacity Act and the Human Rights Act, to protect their best interests whilst respecting their rights.

A summary of the key elements can be found on

www.scie.org.uk/publications/adultsafeguardinglondon/files/protecting-adults-at-risk-in-london.pdf

Specific factors relevant to safeguarding young adults as distinct from older people:

- Young people do not suddenly stop needing safeguards when they reach their 18th birthday – their legal status might change but independence is a gradual process that starts at birth and goes on well into adulthood.
- New challenges arise when a young person enters the adult world. This is an exciting time for anyone, but creates the potential for new risks and new areas of vulnerability. Many young people are moving away from home for the first time, or starting work or volunteer placements. Most are starting to take full control of their finances, and many are starting relationships with adult partners. Some are becoming parents.
- Service providers, including BBE, continue to have a duty of care to the young people that use their services, even after those young people are 18. However, young adults who may have previously received health or local authority services (for example, those who have been 'in care' or 'looked after' by a local authority) may find that on attaining 18 years, these services are withdrawn and they are in danger of 'falling through the net' and of being denied services they require on an ongoing basis.
- Some young adults are 'at risk' or 'vulnerable' to a greater extent than most others, due to issues already listed. These risk factors may exist singly or in combination, and, in some cases, could be triggered by or exacerbate the vulnerability of young people who are already trying to deal with the normal pressures of young adult life; there may be complex causal pathways and relationships between some of the various factors.



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- A young adult (or indeed anyone) who may be considered by others to be at risk, may not think of themselves as vulnerable, and may in fact feel insulted at being viewed in this way. It is, therefore, important to take into account the perceptions and feelings of a young adult whom you deem to be vulnerable but who prefers not to be placed in this category. Care and sensitivity should be used if you find that there are safeguarding concerns relating to them.
- Some young adults at risk of abuse are also young parents, thus their children (or unborn children) may also be at risk of abuse or harm.

SIGNS AND INDICATORS OF ABUSE OF BOTH CHILDREN AND ADULTS

There may be many signs and indicators that a child or adult is being abused or is at risk. Equally, most of the signs are not themselves diagnostic of abuse (although some physical signs may lead to a positive diagnosis of abuse by a medical professional). Equally, some children and adults who suffer abuse show no outward signs of what is happening to them.

At least as important as specific physical or behavioural signs are the way in which different signs and indicators may be clustered together or perhaps a change in a child's or adult's behaviour or appearance that cannot be easily explained in any other way. It is important to remember that a single agency or person is unlikely to pick up on all the signs that may be present in an abusive situation, and that concerns need to be shared to enable a referring agency to build up a clearer picture of what may be going on for a child or adult at risk.

For more information about signs and indicators of abuse of children and young people, go to the NSPCC website:

<https://www.nspcc.org.uk/preventing-abuse/signs-symptoms-effects/>

For more information about adult abuse, go to the SCIE website:

<http://www.scie.org.uk/publications/atagance/69-adults-safeguarding-types-and-indicators-of-abuse.asp>



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These procedures should be followed by all BBE staff, trustees and ambassadors/volunteers.

PROCEDURE TO FOLLOW WHEN RECEIVING INFORMATION THAT A CHILD, YOUNG PERSON OR ADULT MAY BE AT RISK OF ABUSE

1. Staff should, using the Safeguarding Concerns Form, make note of:
 - a. The date and time of receiving the information
 - b. The name, role and contact details of the person providing the information
 - c. The name, age or date of birth, and address of the person(s) who may be at risk of abuse
 - d. The nature of the concern
 - e. If someone specific is thought to have harmed or be at risk of harming the child or adult, the name and details for that person
 - f. Names, addresses and contact details of the child's parents/carers or adult's family/carers
 - g. Whether the parents/carers/family are aware of the concern
 - h. If known, what the child or adult at risk would like to happen
 - i. Any other relevant information (e.g. history of previous concerns, medical/care needs of the child or adult at risk)
 - j. Your own name and role

The report should then be signed and dated.

2. Tell the person providing the information that you will seek advice from the Designated Safeguarding Lead (DSL) and that the DSL will call them back the same day. If the situation is an emergency, advise them to contact the police immediately.
3. Discuss the situation immediately, or as soon as possible that day, with the DSL. A note of the discussion, made by the DSL/DSO should be kept on file. You need to decide:
 - a. Is this a situation where the child or adult may be at risk of abuse?
 - b. If so, can the person who passed on the information be relied upon to make a referral to statutory services?

Make a written note of your conclusions, signed and dated.

NB If the DSL is unavailable then a DSO may deal with the situation or refer to the NSPCC for advice.

4. The DSL should then phone back the person who raised the concern and, if the view of BBE is that the matter needs to be referred to statutory services, should advise the person of this. The DSL should then clarify with the person:
 - a. That they (i.e. the person who raised the concern) will refer to children's or adult's social care or to the police (as appropriate); or
 - b. That they will refer the situation to the NSPCC Helpline (0808 800 5000)



5. If the person who raised the concern is unwilling to do this, and the DSL for BBE still feels that the situation constitutes a safeguarding concern, then the DSL will inform the person that BBE will make the referral themselves.
6. The DSL for BBE will then, within one working day, make the referral (verbally and in writing) to the relevant social care team, or, if it is unclear who this is, will contact the NSPCC Helpline (0808 800 5000); the DSL will then inform the person who raised the concern that this has happened.
7. If the person who raised the concern has agreed that they will make a referral, the DSL for BBE will contact them again on the following working day to ensure that this has happened. If it has not happened, and BBE remain concerned, then the DSL for BBE will make the referral themselves as per point 6 above.

Within one working day, the DSL for BBE will make a written note, signed and dated, of all actions relating to the matter. These records will be kept confidentially and securely, in line with BBE procedure, for a period of 12 months or until the outcome of any legal proceedings.

PROCEDURE TO FOLLOW WHEN RECEIVING INFORMATION THAT SOMEONE IN AN OFFICIAL POSITION IN A BAND IS THE SUBJECT OF ALLEGATIONS/CONCERNS THAT THEY MAY POSE A SAFEGUARDING RISK.

Note 1: If the person is a band member or member of the public and does **not** have an official role of authority within the band, then the police should nonetheless be informed and the band advised that, if the person is a band member, they need to discuss with the police whether it is appropriate to suspend the person's membership of the band, pending further investigation.

Note 2: If the person is an employee, trustee or volunteer with BBE, then the procedure for managing allegations against a member of staff or volunteer should be followed:

1. Make a note of:
 - a. The date and time of receiving the information
 - b. The name, role and contact details of the person providing the information
 - c. The name, role, age or date of birth, and address of the person who may pose a risk of abuse
 - d. The nature of the concern or allegation
 - e. If a specific child or adult has allegedly been harmed by the person or to be at risk from them, the name and details for that child or adult
 - f. Names, addresses and contact details of the next of kin of the person subject to the allegation or concern



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- g. What, if anything, the person who is the subject of the concern has said about the allegation or concern (do they admit it, deny it etc.)
- h. Any other relevant information (e.g. history of previous concerns, medical/care needs of the person who is the subject of the concern)
- i. Any steps that have already been taken in relation to the allegation or concern
- j. Your own name and role

The report should be signed and dated.

2. Tell the person providing the information that you will seek advice from the Designated Safeguarding Lead (DSL) and that the DSL will call them back the same day. If the situation is an emergency, advise them to contact the police immediately.
3. Discuss the situation immediately, or as soon as possible that day, with the DSL, and make a brief written note of the discussion. You need to decide:
 - a. Is this a situation where someone in an official position in a band may pose a risk of abuse?
 - b. Are there any specific individuals at risk at the moment?
 - c. If there is a risk, can the person who passed on the information be relied upon to make a referral to statutory services?

Make a written note of your conclusions, signed and dated.

1. The DSL should then phone back the person who raised the concern and, if the view of BBE is that the matter needs to be referred to statutory services, the DSL should advise the person that the LSCB/LADO or equivalent in the local authority team needs to be notified. If this is not possible, then the local police. The DSL should then clarify with the person:
 - a. That they (i.e. the person who raised the concern) will make the referral to the LSCB/LADO (or equivalent in the relevant local authority area) or the police (as appropriate); or
 - b. That they will refer the situation to the NSPCC Helpline (0800 800 5000)
2. The person who raised the concern should also be informed that the band needs to follow its procedure for managing allegations, including a referral to the DBS if the individual has been removed from official, 'regulated activity' duties, and also, at the appropriate time, the consideration of internal disciplinary procedures.
3. If the person raising the concern is unwilling to refer the matter to the LSCB/LADO, police, or to the NSPCC, and the DSL for BBE still feels that the situation constitutes a safeguarding concern, then the DSL will inform the person that BBE will make the referral themselves.
4. The DSL for BBE will then, within one working day, make the referral (verbally and in writing) to the LSCB/LADO or equivalent or, if it is unclear who this is, will contact the NSPCC Helpline (0800 800 5000). The DSL will then inform the person who raised the concern that this has happened.



5. If the person who raised the concern has agreed that they will make a referral, the DSL for BBE will contact them again on the following working day to ensure that this has happened. If it has not happened, and BBE remain concerned, then the DSL for BBE will make the referral themselves as per point 6 above.

Within one working day, the DSL for BBE will make a written note, signed and dated, of all actions relating to the matter. These records will be kept confidentially and securely, in line with BBE procedure, for a period of 12 months or until the outcome of any legal proceedings.

PROCEDURE TO FOLLOW WHEN RECEIVING A REQUEST FOR ADVICE ABOUT SAFEGUARDING PROCEDURE.

This is when the request does not suggest a risk to a child or adult, nor that there is an allegation or concern of possible abuse perpetrated by an adult.

1. Make a note of:
 - a. The date and time of receiving the information
 - b. The name, role and contact details of the person providing the information
 - c. The nature of the query
 - d. Any other relevant information (e.g. why the information is needed now, history of previous concerns etc.)
 - e. Your own name and role

The report should be signed and dated.

2. Advise the person that they should refer to the BandSafe resources. If they have done this and still have not found an answer to their question, then tell them that someone with specialist safeguarding knowledge will ring them back within 5 working days. If they have not yet referred to BandSafe, then ask them to do this and to get back in touch if they still have questions.
3. If the person requires further advice (i.e. they have looked at BandSafe and it has not helped), then refer the matter to the DSL for BBE.
4. The DSL for BBE will then contact the person directly either to provide direct advice or to obtain their consent to pass on their details to the NSPCC who may be able to offer further help.

If the decision is to involve the NSPCC, the contact details are help@nspcc.org.uk