

Safeguarding Policies and Procedures

June 2025

Definitions of Abuse

These definitions are based on those from Working Together to Safeguard Children (Department of Health, Home office, Department for Education and Employment, 1999). The term abuse covers:-

- Physical abuse for example hitting or shaking a child/young person
- Emotional abuse for example making a child/young person feel they are worthless or unloved
- Sexual abuse for example forcing or enticing a child/young person to take part in sexual acts
- Neglect failing to meet a child/young person's basic physical needs (for example food, shelter and clothing) or psychological needs

For more complete definitions please refer to Appendix 1.

Recognising and Responding to Abuse

Each of the above types of abuse has physical signs and/or changes of behaviour associated with it. They may or may not be indicators that abuse has taken place, but the possibility should be considered.

The physical signs and changes of behaviour to look out for are detailed in Appendix 2.



What to do if you suspect that abuse may have occurred

1. You must report the concerns immediately to the Designated Safeguarding Lead (DSL)

The role of the designated person is to:-

- Obtain information from staff, volunteers, children or parents and carers who have child protection concerns and to record this information.
- Assess the information quickly and carefully and ask for further information as appropriate.
- They should also consult with a statutory child protection agency such as the local social services department or the NSPCC to clarify any doubts or worries.
- The designated person should make a referral to a statutory child protection agency or the police without delay.

The DSL has been nominated by Singsmiths to refer allegations or suspicions of neglect or abuse to the statutory authorities.

- 2. Suspicions will not be discussed with anyone other than those nominated above.
- 3. It is the right of any individual to make direct referrals to the child protection agencies. If for any reason you believe that the nominated persons have not responded appropriately to your concerns, then it is up to you to contact the child protection agencies directly.

Allegations of physical injury or neglect

If a child has a symptom of physical injury or neglect the designated person will:-

- 1. Contact Social Services for advice in cases of deliberate injury or concerns about the safety of the child. The parents should not be informed by the organisation in these circumstances.
- 2. Where emergency medical attention is necessary it will be sought immediately. The designated person will inform the doctor of any suspicions of abuse.



- 3. In other circumstances speak with the parent/carer/guardian and suggest that medical help/attention is sought for the child. The doctor will then initiate further action if necessary.
- 4. If appropriate the parent/carer will be encouraged to seek help from Social Services. If the parent/care/guardian fails to act the designated person should in case of real concern contact social services for advice.
- 5. Where the designated person is unsure whether to refer a case to Social Services then advice from the Area Child Protection Committee will be sought.

Allegations of sexual abuse

In the event of allegations or suspicions of sexual abuse the designated person will:-

- 1. Contact the Social Service duty social worker for children and families directly. The designated person will not speak to the parent (or anyone else).
- 2. If the designated person is unsure whether or not to follow the above guidance then advice from the Area Child protection Committee will be sought.
- 3. Under no circumstances is the designated person to attempt to carry out any investigation into the allegation or suspicions of sexual abuse. The role of the designated person is to collect and clarify the precise details of the allegation or suspicion and to provide this information to Social Services whose task it is to investigate the matter under section 47 of the Children Act.
- 4. Whilst allegations or suspicions of sexual abuse should normally be reported to the designated person, their absence should not delay referral to Social Services.

Responding to a child making an allegation of abuse

- Stay calm, listen carefully to what is being said.
- Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others-do not promise to keep secrets.
- Allow the child to continue at his/her own pace.
- Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer.
- Reassure the child that they have done the right thing in telling you.
- Tell them what you will do next and with whom the information will be shared.
- Record in writing what was said using the child's own words as soon as
 possible, note the date, time, any names mentioned, to whom the information
 was given and ensure that the record is signed and dated.



Helpful statements to make

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

Do not say

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

What to do after a child has talked to you about abuse

The procedure

1. Make notes as soon as possible (ideally within 1 hour of being told) you should write down exactly what the child has said and what you said in reply and what was happening immediately before being told (i.e. the activity being delivered). You should record the dates, times and when you made the record. All hand written notes should be kept securely.

You should use the form "Reporting allegations or suspicions of abuse" This form is attached at the back of this policy (Appendix 1).

- 2. You should report your discussion with the DSL as soon as possible. If this person is implicated you need to report to Social Services.
- 3. You should under no circumstances discuss your suspicions or allegations with anyone other than those nominated above.
- 4. After a child has disclosed abuse the DSL should carefully consider whether or not it is safe for a child to return home to a potentially abusive situation. On these



rare occasions it may be necessary to take immediate action to contact Social Services to discuss putting safety measures into effect.

Recruitment and appointment of workers and volunteers

In recruiting and appointing workers we, Singsmiths, will be responsible for the following:-

- Identifying the tasks and responsibilities involved and the type of person most suitable for the job.
- Drawing up the selection criteria and putting together a list of essential and desirable qualifications, skills and experience.
- All applicants should apply in writing and their application will cover their personal details, previous and current work/volunteering experience.
- We will always send a copy of our child protection policy with the application pack.
- We will make sure that we measure the application against the selection criteria.
- All applicants need to sign a declaration stating that there is no reason why they should be considered unsuitable to work with children. The Rehabilitation of Offenders Act (1974) requires that people applying for positions which give them" substantial, unsupervised access on a sustained or regular basis" to children under the age of 18 must declare all previous convictions which are then subject to police checks. They can then only be offered a job subject to a successful police check. This includes potential employees, volunteers and self-employed people such as sports coaches. They are also required to declare any pending case against them. It is important that your applicant in this particular category understands that all information will be dealt with confidentially and will not be used against them unfairly.
- We will ask for photographic evidence to confirm the identity of the applicant e.g. their passport.
- We will request to see documentation of any qualifications detailed by the applicant.
- We will always interview our candidates, ask for two references and a police check.
- We will have at least two people from our organisation on the interview panel.
- We will request two written references from people who are not family members or friends and who have knowledge of the applicant's experience of



working with children. We will ask the referee to also comment on their suitability for working with children. We will also try and follow up written references with a telephone call.

- The same principles apply to young people who have been involved with the organisation and have become volunteers.
- We will ensure that our successful applicant obtains an Enhanced Criminal Record Certificate (ECRC) from the Criminal Records Bureau. They will need to show the ECRC before we will confirm them in post. The applicant will also need to get a co-signature from a registered body.
- Any cover staff will have an Enhanced DBS check, which they will provide before any rehearsals that they take.

Allegations against a member of staff

We will assure all staff/volunteers that it will fully support and protect anyone, who in good faith reports his or her concern that a colleague is, or may be, abusing a child.

Where there is a complaint against a member of staff there may be three types of investigation:-

- A criminal investigation
- A child protection investigation
- A disciplinary or misconduct investigation

The results of the police and child protection investigation may well influence the disciplinary investigation, but not necessarily.

Action if there are concerns

1. Concerns about poor practice:-

- If, following consideration, the allegation is clearly about poor practice; this will be dealt with as a misconduct issue.
- If the allegation is about poor practice by the Designated Person or, if the matter
 has been handled inadequately and concerns remain, it should be reported to a
 nominated appropriate volunteer member who will decide how to deal with the
 allegation and whether or not the organisation should initiate disciplinary
 proceedings.



2. Concerns about suspected abuse

- Any suspicion that a child has been abused by either a member of staff or a
 volunteer should be reported to the DSL who will take such steps as considered
 necessary to ensure the safety of the child in question and any other child who
 may be at risk.
- The DSL will refer the allegation to the social services department who may involve the police, or go directly to the police if out-of-hours.
- The parents or carers of the child will be contacted as soon as possible following advice from the social services department.
- If the DSL is the subject of the suspicion/allegation, the report must be made to the appropriate volunteer member who will refer the allegation to Social Services.

3. Internal Enquiries and Suspension

- The DSL will make an immediate decision about whether any individual accused of abuse should be temporarily suspended pending further police and social services inquiries.
- Irrespective of the findings of the social services or police inquiries, the
 organisation will assess all individual cases to decide whether a member of staff
 or volunteer can be reinstated and how this can be sensitively handled. This
 may be a difficult decision; particularly where there is insufficient evidence to
 uphold any action by the police. In such cases, the organisation must reach a
 decision based upon the available information which could suggest that on a
 balance of probability, it is more likely than not that the allegation is true. The
 welfare of the child should remain of paramount importance throughout.

Supervisory arrangements for the management of Singsmiths activities and services We will aim to protect children from abuse and our team members from false allegations by adopting the following guidelines:-

- We will keep a register of all children attending our activities.
- We will keep a register of all team members (both paid staff members and volunteers).
- We will keep a record of all sessions including monitoring and evaluation records.



- Our team members will record any unusual events on the accident/incident form.
- Written consent from a parent or guardian will be obtained for every child attending our activities.
- Where possible our team members should not be alone with a child, although we recognise that there may be times when this may be necessary or helpful.
- Team members should escort children of the same sex to the toilet but are not expected to be involved with toileting, unless the child has a special need that has been brought to our attention by the parent/guardian.
- We recognise that physical touch between adults and children can be healthy and acceptable in public places. However, our team members will be discouraged from this in circumstances where an adult or child are left alone.
- All team members should treat all children with dignity and respect in both attitude, language and actions.

Support and Training

We, at Singsmiths, are committed to the provision of child protection training for all our team members.

Note

This Child Protection policy was reviewed in June 2025

Signed by

Stephanie Seeney

This policy will be reviewed no later than end June 2026



Reporting allegations or suspicions of abuse

If you have any concerns about a child being abused you should inform the DSL detailed below.

Organisation: Singsmiths

Name: Stephanie Seeney

Job/Role: Conductor/Teacher & Designated Safeguarding Lead

Tel no: 07976 896 809

Important contacts outside the organisation

Bromley Safeguarding Children Partnership (BSCP)

Call: (Monday to Friday 8.30am - 5pm): 020 8461 7373 / 7379

Out of hours/weekends/public holidays 0300 303 8671

Email: Bromley Children and Families Hub (C&F Hub) at CandFhub@bromley.gov.uk

Bromley Civic Centre, Churchill Court, 2 Westmoreland Road, Bromley, BR1 1AS 020 8461 7816 BSCP@bromley.gov.uk

Police station

Bromley Police Station High Street, Bromley, BR1 1ER

Tel: 101

NSPCC Child Protection

Helpline 0808 800 5000



Appendix 1

Definitions of Abuse

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing harm to a child.

Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described as factitious illness, fabricated or induced illness in children or "Munchausen Syndrome by proxy" after the person who first identified this situation. A person might do this because they enjoy or need the attention they get through having a sick child.

Physical abuse, as well as being the result of a deliberate act, can also be caused through omission or the failure to act to protect.

Emotional abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve making a child feel or believe they are worthless or unloved, inadequate or valued only insofar as they meet the needs of the other person.

It may feature age or developmentally inappropriate expectations being imposed on children. It may also involve causing children to feel frequently frightened or in danger, or the exploitation or corruption of a child.

Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

Singsmiths steph@singsmiths.co.uk 07976 896 809



Sexual abuse

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

Neglect

Neglect is the persistent failure to meet a child's basic physical and or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or a carer failing to provide adequate food, shelter and clothing, leaving a young child home alone or the failure to ensure that a child gets appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

It is accepted that in all forms of abuse there are elements of emotional abuse, and that some children are subjected to more than one form of abuse at any time. These four definitions do not minimise other forms of maltreatment.



Appendix 2

Recognising and Responding to Abuse

The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered.

Physical signs of abuse

- Any injuries not consistent with the explanation given for them
- Injuries which occur to the body in places which are not normally exposed to falls or games
- Unexplained bruising, marks or injuries on any part of the body
- Bruises which reflect hand marks or fingertips (from slapping or pinching)
- Cigarette burns
- Bite marks
- Broken bones
- Scalds
- Injuries which have not received medical attention
- Neglect-under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care
- Repeated urinary infections or unexplained stomach pains

Changes in behaviour which can also 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 signs of 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 which can also indicate emotional abuse include:-

- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- 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 which can also 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 their age or development 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



- Suddenly 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, sometimes stealing food from other children
- Constantly dirty or smelly
- Loss of weight or being constantly underweight
- Inappropriate dress for the conditions

Changes in behaviour which can also indicate neglect include:-

- Complaining of being tired all the time
- Not requesting medical assistance and/or failing to attend appointments
- Having few friends
- Mentioning being left alone or unsupervised