



ROYAL
OPERA
HOUSE

Safeguarding Procedures and Guidance:
Safeguarding at the Royal Opera House

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1.0 Introduction

These procedures are designed to be read alongside the overall Safeguarding Policy of the Royal Opera House (ROH).

1.1 Definitions

Safeguarding Children: is the action that is taken to promote the welfare of children and protect them from harm by:

- Protecting children from abuse and maltreatment
- Preventing harm to children's health or development
- Ensuring children grow up with the provision of safe and effective care
- Taking action to enable all children and young people to have the best life outcomes

Child Protection: is part of the safeguarding process and focuses on protecting individual children identified as suffering or likely to suffer significant harm.

Child: is defined as a person under the age of 18.

Young Person: The term 'young person' does not have legal status. However, it acknowledges that people in the upper age ranges of the official definition of 'child' may not think of themselves as children.

Responsible adult: Any adult, not being a parent of the child, who, for the time being, has legitimate care, custody or control of that child.

Parent: will include those with parental responsibility and may also include legal guardians.

Staff: References to 'Staff' refer to any adult who is employed, commissioned or contracted to work in either a paid or unpaid capacity by the Royal Opera House.

An adult at risk (sometimes also known as a Vulnerable Adult or Adult with Safeguarding Needs): is a person aged 18 years or over who has need of care and support (whether or not the local authority is meeting those needs). This could include people with mental health issues, physical, sensory or learning disabilities, medical conditions, dementia, brain injury or those who are elderly and frail. Safeguarding concerns arise when a person is experiencing or is at risk of abuse or neglect and as a result of their needs is unable to protect themselves.

1.2 Roles and Responsibilities

Although the Royal Opera House is not a Statutory Body, it has a duty of care for any child or adult at risk with whom it interacts, regardless of the nature of the interaction, as well as a responsibility to act in their best interests if it becomes aware of a risk of harm, even if the risk lies away from the Royal Opera House.

Everybody working for the Royal Opera House, whether as a permanent, casual or freelance member of staff, or as a volunteer, and regardless of seniority or role, has a responsibility to safeguard children. They must be vigilant to the signs that may indicate a person is experiencing harm or is at risk of harm, and must report any disclosures or concerns, as soon as possible, to a 'Safeguarding Lead', Social Care or in cases of emergency, the police.

In the case of Contractors, Visiting Companies and Consultants it is incumbent upon the relevant Head of Department that all such persons are made aware of this policy and comply with it.

Human Resources Director:

The HR Director is the designated person with primary responsibility for safeguarding for the Royal Opera House. This falls within their overall health and safety management responsibilities. The HR Director is supported by a Safeguarding Committee.

Safeguarding Committee:

Comprises representatives from the performing companies, producing companies, Learning and Participation Department, the Performance Support team, Production Costume team, Personnel Department and any appropriate external advisory agency. The Safeguarding Committee oversees the auditing, development and implementation of this policy and procedure.

Safeguarding Manager:

Works under the Safeguarding Committee and is responsible for:

- Reviewing safeguarding arrangements to ensure that they comply with legal requirements.
- Development and implementation of best practice.
- Acting as the point of contact for safeguarding issues, training and advice in-house
- Linking the organization with other relevant external agencies and monitoring ongoing cases.
- Promoting safeguarding across the organization
- Acting as a Safeguarding Lead (see below)

Safeguarding Leads:

Are nominated managers (or their representatives) from The Royal Opera and The Royal Ballet companies, Learning and Participation Department and Front of House. The group includes the Safeguarding Manager. The Leads should have received Level 3 Safeguarding training, renewed every two years. Their responsibilities are to:

- Act as a 'front-line' point of contact in their department for any persons concerned about the welfare of a child/young person
- Update the Safeguarding Manager of any issues raised/reported
- Provide initial guidance to staff concerned about a child protection issue
- Make accurate records of concerns about children and young people and the actions taken

It is not the responsibility of anyone working at the Royal Opera House to decide whether or not a child/young person or adult at risk is being abused or might be abused. However, there is a responsibility to act on concerns in order that appropriate agencies can then make enquiries and take any necessary action to protect the child/person or others. The Royal Opera House will assure all staff that it will fully support and protect anyone who in good faith reports a concern that a colleague is, or may be, abusing a child or other person.

2.0 Adults at Risk

The Guidance and Policy here primarily refers to children. However, the principles and practice around safeguarding adults are similar to those which apply to children, though it must be recognized that adults can make informed choices for themselves.

Safeguarding adults at risk balances their right to be safe with the right to make informed choices, while making sure their wellbeing is being promoted. This includes taking a person's views, wishes, feelings and beliefs into account in deciding action. It must be noted that while Local Authority Social Care has a duty to investigate abuse, the teams that deal with Adults at Risk are separate to those that deal with children.

The four main categories of abuse of children are similar to those that apply to adults at risk, e.g. physical, emotional and sexual abuse and neglect. Neglect can include self-neglect. However, there are additional categories: Financial, organizational and discriminatory. See guidance '**Summary of types of abuse and indicators**'.

2.1 Factors that might put adults at risk

In general terms an adult using one of the following services could be classed as vulnerable or at risk; however, this is not prescriptive:

- Ongoing health care;
- Relevant personal care;
- Social care work;
- Assistance in relation to general household matters by reason of age, illness or disability;
- Relevant assistance in the conduct of their own affairs;
- Conveying (transporting) due to age, illness or disability in prescribed circumstances.

Other factors might include:

- Not having the mental capacity to make decisions about their own safety. This includes having fluctuating mental capacity associated with mental illness.
- Communication difficulties
- Physical dependency – being dependent on others for personal care and the activities of daily life
- Being cared for in a care setting where the person is more or less dependent on others
- Not getting the right amount or the right kind of care
- Living in a family with multiple problems
- Isolation and social exclusion
- Stigma and discrimination
- Lack of access to information and support
- Being the focus of anti-social behaviour

These factors are sometimes present for many of us, but not necessarily to the degree that makes us 'an adult at risk'. The risk level will depend on how able they are to make /carry out their own informed choices, free from pressure or undue influence, and how able they are to protect themselves from abuse, neglect and exploitation.

Adults have the right to make informed choices. Safeguarding Adults at Risk balances their right to be safe with the right to make informed choices, while ensuring their wellbeing is being promoted. This includes taking a person's views, wishes, feelings and beliefs into account in deciding action.

2.2 Principles of Safeguarding Adults

There are six principles which apply to safeguarding adults:

Empowerment: People are supported and encouraged to make their own decisions with informed consent.

Prevention: It is better to take action before harm occurs.

Proportionality: The least intrusive response appropriate to the risk presented.

Protection: Support and representation for those in greatest need.

Partnership: Local solutions through services working within the adults' communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Accountability: Accountability and transparency in safeguarding practice.

Making informed decisions and giving informed consent is dependent on mental capacity. In the safeguarding context, mental capacity is the ability of a person to:

- Understand the implications of their situation and the risks to themselves
- Take action themselves to prevent abuse
- Participate to the fullest extent possible in decision-making about interventions involving them, be they decisions about life-changing events or everyday matters

The Mental Capacity Act provides a framework for adults who cannot make informed decisions.

2.3 Mental Capacity Act (MCA)

Key Principles of Mental Capacity Act:

- **Principle 1:** A person must be assumed to have capacity unless it is established that they lack capacity.
- **Principle 2:** A person is not to be treated as unable to make a decision, unless all practicable steps to help them to do so have been taken without success.
- **Principle 3:** A person is not to be treated as unable to make a decision merely because they make an unwise or eccentric decision.
- **Principle 4:** An act done, or a decision made, under this Act, for or on behalf of a person who lacks capacity, must be done, or made, in their best interests.
- **Principle 5:** Before the act is done, or the decision made, regard must be had as to whether the purpose for which it is needed can be effectively achieved in a way that is least restrictive of the person's rights and freedom of action.

Mental capacity must entail both the ability to make a decision in full awareness of its consequences, and also the mental capacity to carry it out (i.e. to put into effect the decision made).

The fact that a person is able to retain the information relevant to a decision for a short period only does not prevent him from being regarded as able to make the decision. The

question is: can the person retain the information in their mind long enough to make an effective decision?

Assessing a person's ability to make a decision:

1. Does the person understand the 'relevant information' about the decision to be made?
2. Can the person retain the information in their mind long enough to make an effective decision?
3. Can the person weigh up the information and use it to arrive at a decision?
4. Can the person communicate their decision (by speech, sign language or any other means)?

NB. If the answer is 'Yes' to all of these, the MCA does not apply. If the answer is 'No' to any one of them, the MCA applies

We should always strive to promote a person's 'interests'. However, our duty under the MCA is to act in a person's 'best interests'. Where there is conflict – applying the MCA – 'best interests' always take priority.

3.0 What is abuse?

Abuse is any action by another person, adult or child that causes significant harm to a child or adult at risk. It is the abuse of relationships, a misuse of power and/or a betrayal of trust. While it can be committed by strangers, it is most often committed by people known to the child or adult, and in many cases carried out by the person who should be protecting them. It can also be committed by peers, even other children.

The Government's Working Together to Safeguard Children document details four key types of abuse:

- Physical
- Sexual
- Emotional
- Neglect

It can be an actual act or an omission: for example, a lack of love, care and attention or protection. Neglect, whatever form it takes, can be as damaging as physical abuse. A child or adult at risk may experience more than one type of abuse. It can often happen over a period of time but can also be a one-off event. Increasingly it can happen online.

The results of abuse may have an immediate and harmful effect but may also be ongoing throughout a person's life. They are frequently more harmful than many people realize.

These broad categories can include other specific types of abuse, such as Bullying, Psychological Abuse, Racism, Forced Marriage, Honour-Based Violence, Sexual Exploitation, Modern Slavery, Trafficking, Radicalization and Female Genital Mutilation. These, together with their indicators are summarized in the '**Summary of Types of Abuse and Indicators' Document**'.

In general terms these categories also apply to Adults at Risk. Neglect could include self-neglect, and physical abuse could include Domestic Harm. There are also additional categories for this vulnerable group:

- Financial or Material Abuse
- Organizational Abuse
- Discriminatory Abuse

Factors within the person's environment, particularly substance abuse, mental illness or violence, as well as other factors such as disability, bullying, poverty, family separation, bereavement, behavioural issues, exclusion from education, social isolation, homelessness, episodes of missing or other similar factors increase vulnerability.

Children's Social Care have a legal duty to investigate and take any action to protect children where there are concerns that they are at risk of suffering significant harm. Investigations may often be carried out jointly with the police. Likewise, the Safeguarding Adults Team are responsible around adults at risk.

Many types of abuse are criminal offences and should be treated as such.

Staff are required to familiarize themselves with the indicators of abuse. The presence of an indicator is not proof that abuse has occurred, but may signify the possibility of significant harm and prompt careful assessment in consultation with the Safeguarding Lead.

Further information on the different types of abuse is also available at: <https://www.nspcc.org.uk> and <https://www.scie.org.uk/safeguarding/adults>

3.1 Responding to abuse

It can be very difficult for a child or adult to report that they are being abused, particularly while it is happening or if the person responsible is known to them. It is important that any allegation is taken seriously, and that everything is recorded factually and on the same day as the allegation is made. If a child or adult says or indicates that he or she is being abused, or information is obtained which gives concern that a child is being abused, you should follow the guidance below.

The 'Five Rs' summarize what needs to be done should a concern become evident.

RECOGNIZE:

There are several circumstances in which staff might have concerns that a person attending the Royal Opera House or involved in its related projects has been or is being abused:

- **Direct disclosure** – The child or adult may speak about abuse they have experienced either currently or historically.
- **Disclosure from a third party** – A parent, relative, carer or another child or adult may share concerns.
- **Observation** – Concerns may be raised through observing one or more indicators of abuse: for example, an injury for which there is no adequate explanation, or behavioural changes. Lack of some indicators does not mean that abuse has not occurred.
- **Colleague conduct** – There may be concern about the conduct of a colleague(s) when working with children, young people or adults at risk.

The concern or allegation could be about a Royal Opera House member of staff but also somebody not connected to the Royal Opera House.

It is important to be aware that a child/young person/adult can also be abused by another child/young person. Whatever the concern – whether you have been told something by a child or another person, whether you have seen or heard it, or whether you become aware of a breach of policy – YOU MUST SHARE IT. It does not matter how you have become aware or how the child or adult has come into contact with the Royal Opera House.

RESPOND:

- Recognize the signs of abuse or the concern.
- Listen to what is being said, without displaying shock or disbelief.
- Accept what is said and react calmly so as not to frighten the child or adult.
- Make a note of what has been said as soon as possible.
- Tell the child/adult it is not their fault and they were right to tell you – but only so far as is honest and reliable.
- It is important that you do not promise to keep it a secret as your professional responsibilities require you to report the matter in order to keep the child/adult safe. They can be reassured that the matter will be disclosed only to people who need to know about it.
- Question them only as far as is necessary for you to clarify what the concern is.
- Do not ask 'leading' questions (those which suggest the answer in the question). Such questions may invalidate the integrity of the disclosure. It is much better to use open questions such as 'Describe....' or 'Tell me about ...' or 'Explain...' or 'Who, What, When, Where, How'.
- Take what the child/adult says seriously, recognizing the difficulties inherent in interpreting what is said if they have a speech disability and/or English is not their first language.
- Explain what you have to do next and whom you have to talk to.
- Keep them safe. You may need the help of the police or Social Services to do this.

RECORD:

- It is important to record what happened. Records may be needed for reference long after events have faded from memory. A record must be detailed, accurate, factual, written as close to the event as possible, signed and dated.
- An 'Incident Report Form' is available on the ROH Intranet. It should be completed on the same day as the incident is reported, but initial notes can be made immediately on whatever media is available and to hand at the time.

- Do not destroy any original notes. They will need to be retained in case they are required by an Investigation or Court.
- Full reports should include:
 - Date and time of the report.
 - Name of the child/adult, their age and date of birth.
 - Home address and telephone number of the child.
 - Date and time of the incident/disclosure.
 - Name and role of the person to whom the concern was originally reported and their contact details.
 - Name and role of the person making the report (if this is different to the above) and their contact details.
 - The nature of the allegation. Include dates, times, any special factors and other relevant information.
 - A clear distinction between what is fact, opinion or hearsay.
 - A description of any visible bruising or other injuries.
 - Any indirect signs, such as behavioural changes.
 - Names of all parties who were involved in the incident, including any witnesses to an event.
 - The child's/adult's account of what has happened, if it can be given, and how any bruising or other injuries occurred. Be specific when noting the words used by the child/adult.
 - What was said or done and by whom.
 - If the child or adult was not the person who reported the incident, have they been spoken to? If so, what was said?
 - Are the parents/carers aware or have they been contacted? If so, what has been said?*
 - Has anyone been alleged to be the abuser? Record details.
 - Any further action.

****As abuse often happens within the home or from someone connected with the home, it is important to seek advice from Social Care or the police prior to contacting parents or carers.***

- Any Referral to the Social Care team can be made initially over the telephone but should be confirmed in writing as soon as possible, and the name of the contact who took the referral should be recorded as well as the advice given.
- Detail the reasons why any decision was made not to refer concerns to a statutory agency (if relevant).
- Make sure the report is factual. Interpretation or inference drawn from what was observed, said or alleged can be valid and useful but it should be clearly recorded as such.
- The record should always be signed by the person making the report.
- The report should be compiled irrespective of whether a referral is made or not.

REPORT:

- Share your concerns initially with the nominated Safeguarding Lead. However, the Safeguarding Manager or HR Manager will need to be informed as soon as possible in all cases. All concerns will be considered and a decision reached as to

whether the concern should be referred to Social Care services and/or the police.

- If the parent or carer is not aware of the disclosure, or they are the alleged abuser, wait for guidance from the police or children's services before informing them.
- If, for any reason, the Safeguarding Lead is not available, advice can be obtained from Social Care or police. If it is not an emergency, advice can be sought from the NSPCC or SafeCIC.

REFER:

- The Safeguarding Lead will usually be the initial decision-maker, but anyone can make a referral if necessary. Again, advice can be sought from agencies if in doubt.
- In cases of emergency, where a crime has been committed or action is needed to keep the person safe, then the police should be called without delay. The Safeguarding Lead can be informed as soon as possible after this if necessary.
- Potential outcomes, dependent on the seriousness of the concern, could be a referral to a statutory agency such as Social Services or the police.
- Generally, the referral should be made to Social Care Services where the concern was raised or the incident happened. However, if the concern is around a member of staff the local authority for the area where the staff member works should be informed. In the case of the Royal Opera House at Covent Garden, this will be the Westminster Council.
- Contact details for external agencies can be found on the internet, ROH Safeguarding Intranet site and, for the Borough of Westminster and in the Appendix.
- Referrals can be initially made verbally but must be followed up with a written report as soon as possible. Do not delay informing the police or Social Services simply in order to complete a written report, as this could hinder further enquiries or actions by investigating agencies.
- A referral should not be simply sent over (for example by fax or e-mail) and left without following up that it has been received.
- If a concern is allayed and a decision is made not to make a referral, then the Safeguarding Lead will still be required to record details of the concern and details as to why a referral was not made. This information may become relevant later if further concerns emerge.
- After a referral, it would be good practice for the Safeguarding Lead to consider carrying out a de-briefing to address communication, staff concerns, impact on staff and gaps in service.
- The Safeguarding Manager or HR Manager must be informed of any incident or referral in all cases, either at the time or, if outside office hours, as soon as possible.

3.2 Actions of the Safeguarding Lead:

On receipt of the concern or incident the nominated Safeguarding Lead ensures that the necessary compliance with safeguarding procedures has taken place. Consideration will be given to the seriousness of the allegation, the evidence provided to support the allegation at that point, whether a criminal offence may have been committed, the potential risk to the child or other children/ adult(s) and whether to refer to the police or Social Care services, or follow other courses of action such as record only, or monitor. If a child is with a school group or the concern arises at a school or college, then in all cases the school's or college's Designated Safeguarding Lead must be informed.

The Safeguarding Lead:

- Does not investigate the matter but gathers factual information.
- Ensures any evidence is preserved.
- Obtains signed and dated written details of the concern/allegation, from the person receiving it (but not the child/adult actually making the allegation).
- Approves and dates the written details.
- Records: information (times, dates and location of incident/s and names of potential witnesses).
- Records: who was contacted, discussions and decisions made and the reasons for those decisions.
- Reviews the information available and considers whether there is harm/risk of harm.
- If harm/risk of harm is identified, the Safeguarding Lead notifies Children's or Adults' services as soon as possible or where necessary the police.
- Ensures advice by police or Social Care is implemented.
- If the allegation or concern is about a member of staff working with children, then the LADO (Local Authority Designated Officer) should also be informed within 24 hours.
- If there is no harm/risk of harm and this is a discipline issue only, the Safeguarding Lead should take steps to ensure any conduct or behaviour issues are addressed through normal employment practices.
- If in doubt, discusses the case with the Children's Services, LADO, the police, NSPCC or the Safeguarding Manager/HR Manager at the Royal Opera House.
- Acts as a point of contact for other agencies until this role can be handed over to HR/ Safeguarding Manager

3.3 Allegations against Members of Staff

In all cases in which it is alleged that any member of staff, no matter who they are, has:

- a) Behaved in a way that has harmed, or may have harmed, a child or children, or adult(s) at risk or
- b) possibly committed a criminal offence against a child or children, or adult(s) at risk, or
- c) Behaved towards a child in a way that indicates s/he is unsuitable for such work, or
- d) Exploited a position of trust, power or responsibility, or

- e) Contravened the standards of safe practice for children/adults at risk, expected by the ROH or in guidance for working with children/adults

this should be referred to the Local Authority or the police as previously outlined. In the case of a child, it must be ensured that the Local Authority Designated Officer (LADO) is informed within 24 hours. In addition, the Head of Human Resources must also be informed. As with all cases, if it is an emergency or if a crime has been committed, or there is immediate risk, then the police should be informed immediately.

It is important that staff do not seek to interview the child/adult, influence the parents or carers, seek to stop the child/adult from informing the statutory agencies or try to suppress the concern. Such action is contrary to all the principles of safeguarding and could constitute a criminal offence.

These instructions include allegations of abuse that may be made some time after the event where the member of staff is still or may potentially still be working with children or adults at risk, and allegations where a person has abused a position of trust. If the alleged abuser is no longer working in such a position, the investigation may be progressed by the police alone; however, it would still be good practice to liaise with Social Care services or the LADO for child concerns initially.

Social Care Services or the LADO will advise on procedure, including risk management and suspension, support for the child/adult and, in consultation with the police and/or any other relevant agencies, what information should be shared with the parents/carers, or the member of staff who is the subject of the allegation, particularly if there is a criminal or Child Protection investigation.

If the decision is made to suspend an individual, it is extremely important for all members of the organization to understand fully that suspension is the neutral course of action taken in these cases, and no guilt should be attached to the fact that a person has been suspended.

If a Strategy Meeting is convened by Social Care services or the LADO, the Safeguarding Lead or Safeguarding Manager will attend. Information will be shared and a decision made as to whether the child has suffered significant harm and how the matter should progress.

The Royal Opera House is aware that we have a responsibility not only both to children and adults but also to the member of staff who has been accused. To be accused of abuse or inappropriate behaviour is an extremely traumatic experience for all concerned. The HR Department can arrange for support from an independent agency for members of staff.

Disciplinary enquiries will be carried out in line with HR policy. In all instances the Royal Opera House will seek to ensure that any staff member is treated fairly and honestly and that they are supported so that they understand the concerns expressed and processes involved. They will be kept informed of the progress and outcome of any investigation and the implications for any disciplinary or related process.

Subject to advice from Social Care services and the LADO, and subject to any consequent restrictions on the information that can be shared, the Royal Opera House will, as soon as possible, inform the accused person about the nature of the allegation, how enquiries will be conducted and the possible outcomes.

There may be up to three strands in the consideration of an allegation:

- disciplinary action in respect of the individual

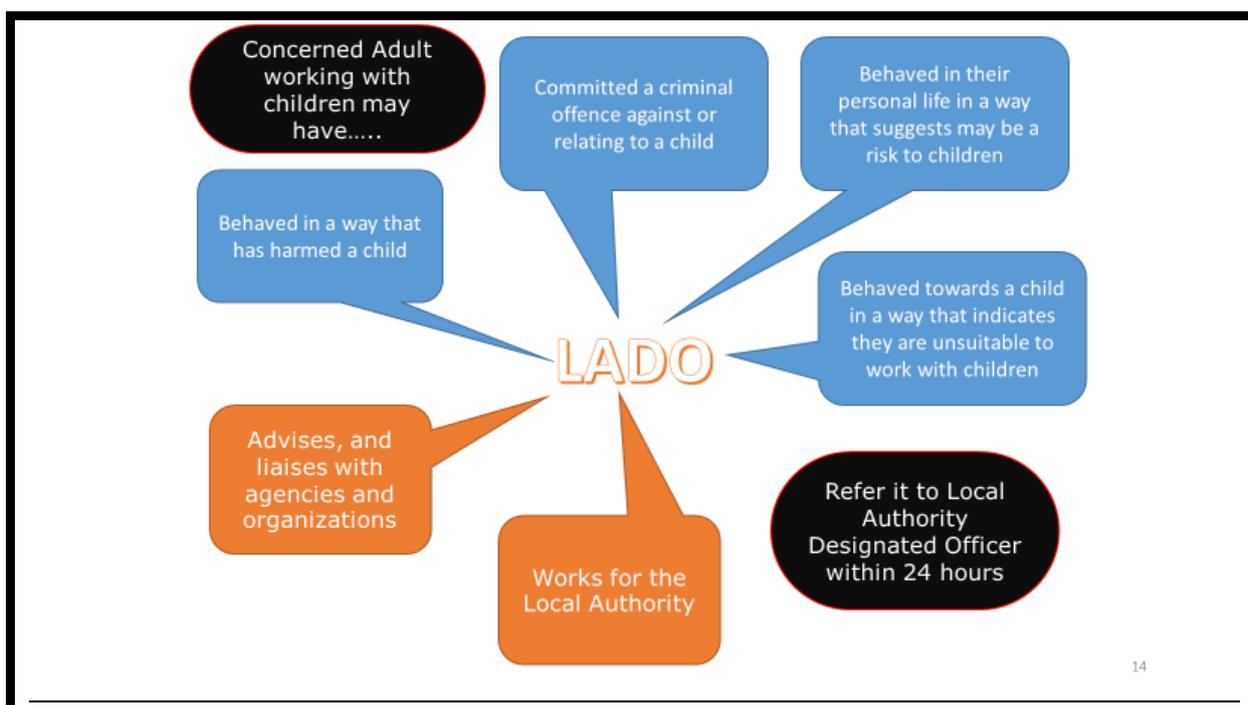
- a police investigation
- Social Care services' investigation as to whether the child is in need of protection or in need of services

The results of a Social Care services or the police child/adult protection investigation may well influence any disciplinary investigation, but not necessarily.

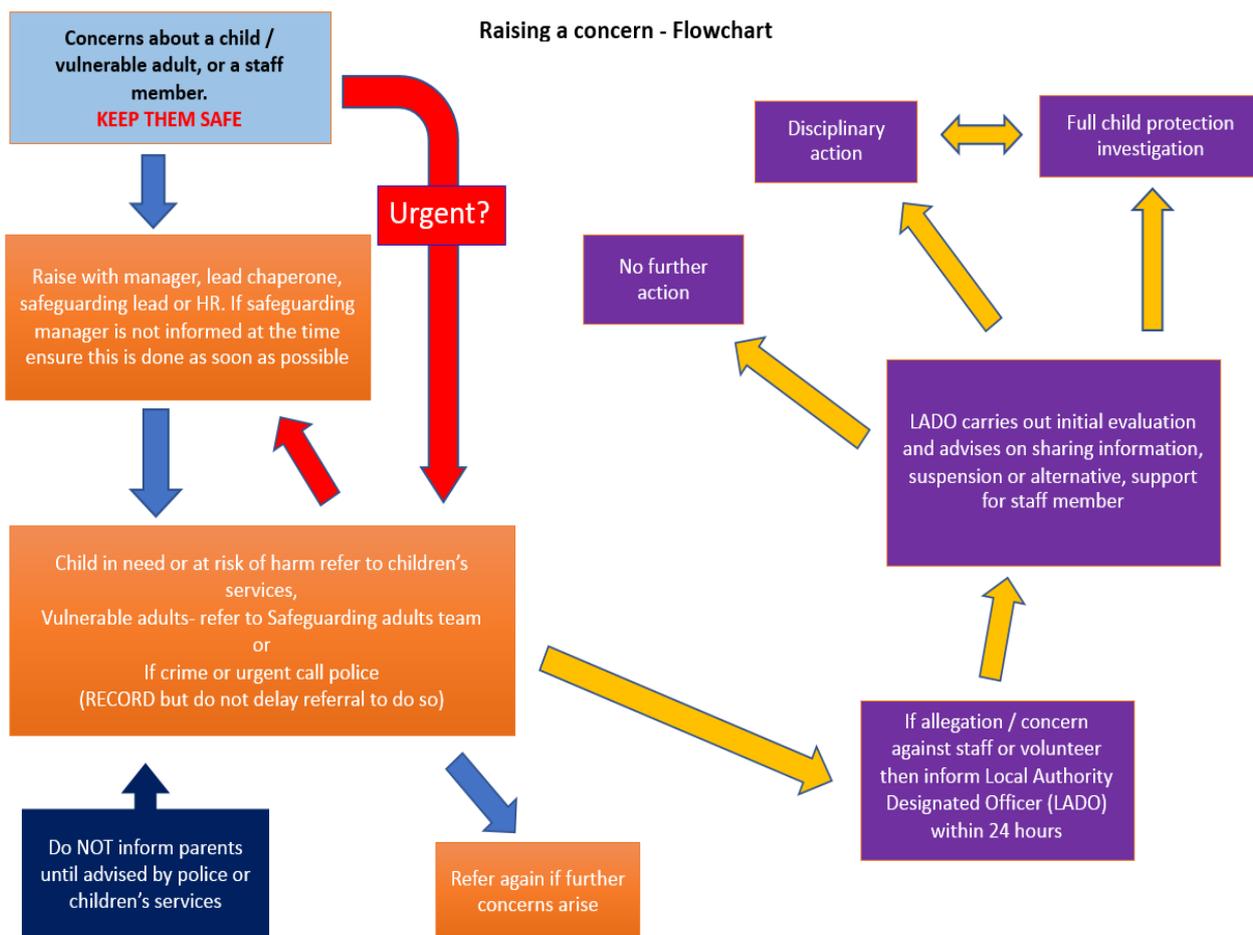
If the Royal Opera House removes an employee from working with children or adults at risk (or would have, had the person not left first) because the person is believed to pose a risk of harm to children or adults at risk, the ROH must make a referral to the Disclosure and Barring Service within three months. Social Care services or the LADO can advise on this.

The role of the LADO applies only to children. If the concern is around the practices of a person working with Adults at Risk, the Local Authority Safeguarding Adults team will need to be informed.

3.4 Diagram summarizing the role of Local Authority Designated Officer



3.5 Flow chart summarizing the pathway to making a referral



4.0 Records: Storage and retention of records

If concerns about a child or adult's welfare or safety are noted, it's vital all relevant details are recorded. This must be done regardless of whether the concerns are shared with the police or Social Care.

Information about concerns and referrals will be kept securely in the confidential area of the Safeguarding Intranet Site.

The Safeguarding Manager will collate these records. A file for each child/adult, rather than one 'concern log', will be created as soon as concerns have been raised, and kept until a child reaches the age of 25 or for ten years in other cases.

When there are concerns about behaviour of staff, comprehensive records will be made in line with HR policy and Data Protection policy. Records will be kept for ten years or until the individual retires, whichever is longer.

Records will include:

- what the allegations were;
- how the allegations were followed up;
- how things were resolved;
- any action taken;
- decisions reached about the person's suitability to work with vulnerable groups.

Keeping these records will enable accurate information to be provided:

- in response to future requests for a reference;
- if a future employer asks for clarification about information disclosed as part of a vetting and barring check; or if allegations resurface after a period of time.

4.1 Information sharing

The Royal Opera House has a responsibility to share relevant information about the protection of children or adults at risk. Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be disseminated only:

- when necessary and proportionate to the purpose, for example to protect the child or adult from significant harm.
- with only those who need to have it.
- if it is accurate and
- if it complies with the law.

It must be remembered that the Data Protection Act 2018 is not a barrier to information sharing but a framework to ensure information is shared appropriately.

It is good practice to make a record of why information is shared.

Members of staff who receive information about children, adults and their families in the course of their work should share that information only within appropriate professional contexts.

Staff can contact the HR Department for clarification.

5.0 Whistleblowing

The Royal Opera House operates a Whistleblowing Policy. The Royal Opera House encourages all members of staff to raise any concerns that they may have about the conduct of others in the organization in relation to any suspected instances of fraud, misconduct or wrongdoing. This policy sets out the Royal Opera House's position in these matters and lays out a procedure for individuals to raise any concerns and how those concerns will be dealt with. The procedure applies to all employees, casual staff, contractors and freelance staff.

If staff are concerned about the conduct of a colleague when working with children or adults at risk, this should be raised with their manager and the Safeguarding Lead. If the conduct casts doubt over the suitability of that person to work with children or adults at risk then action must be taken in accordance with this Safeguarding Policy, including referral to the LADO.

Although concerns should in the first instance be raised through management, as a further safeguard, if the concern persists, there are a number of alternative courses of action to facilitate whistleblowing independent of the organization.

The Royal Opera House uses 'Expolink', and independent whistleblowing service: 0800 374199

NSPCC offer whistleblowing advice on 0800 0280 285

Crimestoppers is a charity independent of the police where information about crime can be reported anonymously. They can be contacted online: crimestoppers-uk.org or by phone on 0800 555 111.

Also there is the Charity Commission: whistleblowing@charitycommission.gsi.gov.uk

6.0 Training

The Royal Opera House has developed staff training around safeguarding with the appointment of the Safeguarding Manager.

The Safeguarding Manager will deliver safeguarding awareness training to staff across the house. Staff who work with children and adults at risk or who have needed to undergo DBS checks will be prioritized, as well as new staff on induction.

Safeguarding Leads will need to attend Westminster Council's Level 3 safeguarding training and continue to attend refresher training after two years.

Chaperones receive safeguarding training as part of their chaperone licence and are expected to keep themselves up to date with legislation/procedures. As of the start of the 2018/2019 Season, they received further training input from the Royal Opera House on first aid, evacuation procedure, house familiarization, health and safety and safeguarding updates. Similar training will take place each season.

Contracted staff should take responsibility for their own training and development and seek further training as and when required. Assurance from contractors should be sought about this, including their safeguarding policies.

7.0 The 'Arena of Safety'

All staff should demonstrate appropriate attitudes and behaviour towards children and operate within the 'Arena of Safety'. If all staff are aware of the 'Arena of Safety' and behave appropriately, it contributes to making the Royal Opera House a safe organization for all, including children and adults at risk.

The 'Arena of Safety' is a place of good relationships, integrity and respect for others and yourself. It is a position where morale and confidence are enhanced and where both adults and children can feel safe. It is a place of appropriate attitudes, behaviour, lifestyle, regime and cultural practice. The Royal Opera House operates a code of conduct, which all staff must adhere to when working with children. (See appendix)

All staff working with children and adults at risk must, where they qualify, have the correct DBS clearance appropriate to their role.

7.1 Physical Contact

There are occasions when it is entirely appropriate and proper for staff to have physical contact with children or adults at risk, for example, to demonstrate techniques in how to use a piece of equipment, to adjust posture, support a child or adult at risk so they can perform an activity safely or prevent injury, or to enable fitting of a costume. A general culture of 'safe touch' should be adopted, where appropriate.

It is not possible to be specific about the appropriateness of each instance of physical contact, since an action that is appropriate with one person in one set of circumstances, may be inappropriate in another, or with a different person.

However, it is crucial that contact is only made in ways appropriate to the staff member's professional role, only when it is necessary in relation to a particular activity, in response to the child/adult at risk's needs at the time, of minimum duration and appropriate to their age, stage of development, gender, ethnicity and background.

It is good practice if all parties clearly understand at the outset what physical contact is necessary and appropriate in undertaking specific activities. Keeping parents/carers and children or adults at risk informed of the extent and nature of any physical contact may also prevent allegations of misconduct or abuse arising.

Where possible, contact should take place in a safe and open environment, i.e. one easily observed by others.

Physical contact should never be secretive, or for the gratification of the adult, or represent a misuse of authority.

Not all children or adults at risk feel comfortable about certain types of physical contact; some children are more comfortable with touch than others and/or may be more comfortable with touch from some adults than others. This should be recognized and, wherever possible, staff should seek the child or adult at risk's permission before initiating contact and should be sensitive to any signs, whether expressed verbally or non-verbally, that they may be uncomfortable or embarrassed. They should use a level of contact and/or form of communication which is acceptable to the child. Staff should exercise their professional judgement at all times.

Children or adults at risk with disabilities may require more physical contact to assist their everyday learning. The arrangements should be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny.

Extra caution may be required where it is known that a child or adult at risk has suffered previous abuse or neglect. Staff need to be aware that the child may associate physical contact with such experiences. They also should recognize that these children may seek out inappropriate physical contact. In such circumstances staff should deter the child or adult at risk sensitively and help them to understand the importance of personal boundaries.

Any incidents of physical contact that cause concern or fall outside of these protocols and guidance should be reported to a manager, chaperone or to the Safeguarding Lead. If a member of staff believes that an action by them or a colleague could be misinterpreted, or if an action is observed which is possibly abusive, the incident and circumstances should be immediately reported and recorded.

7.2 Personal Care

Children or adults at risk are entitled to respect and privacy at all times, and especially when in a state of undress, including, for example, when changing or going to the toilet. This means that staff should:

- Not change or go to the toilet in the presence or sight of children/adults at risk.
- Avoid any visually intrusive behaviour.
- Announce their intention of entering changing rooms and comply with any instructions given by a chaperone.
- Always consider the supervision needs of the child/ adult at risk and only remain in the room when their needs require this.

Children or adults at risk should be encouraged to act as independently as possible and to undertake as much of their own personal care as is possible and practical. However, there needs to be an appropriate level of supervision around toilets or changing rooms in order to safeguard children, satisfy health and safety considerations and ensure that bullying or other inappropriate behaviour does not occur. This supervision should be appropriate to the needs and age of the young people or adults at risk concerned and sensitive to the potential for embarrassment. In practice a 'presence' around the toilets in nearby proximity would generally be appropriate.

Staff should not assist with intimate or personal care tasks which the child/adult at risk is able to undertake independently. However, if additional support for children with additional needs (i.e. special personal care support) is required then this should be part of a pre-agreed plan with the parent or carer. When assistance around personal care is required, this should normally be undertaken by either the parent or carer or other similarly appropriate person.

In the exceptional event that staff including chaperones have no option but to provide personal care such in the case of an emergency, and when not to do so would not be in the interest of the child, this should be undertaken by one member of staff. However, they should try to ensure that another member of staff is in the vicinity who is aware of the task to be undertaken and that, wherever possible, they are within sight and hearing. A signed record should be kept of any care tasks undertaken, who was present, where and when they took place and the reasons why. A manager should be informed, as well as the parent or carer.

If a child or adult at risk has additional care needs, a written care plan pre-agreed with the parent or carer should be put in place. In such cases:

- Staff should be made aware of the tasks required to be undertaken and by whom.
- Staff should always explain to the child what is happening before a care procedure begins.
- Staff should consult with colleagues where any variation from an agreed procedure/care plan is necessary
- Staff should record the justification for any variations to the agreed procedure/care plan and share this information with the child and their parents/carers

7.3 A violation of the 'Arena of Safety'

A violation of the 'Arena of Safety' concerns inappropriate attitudes and behaviour that confuses the relationship and makes the vulnerable feel unsafe. Such behaviour also gives more weight to any allegation that may be subsequently made. It is the exploitation of a trusted relationship to satisfy personal needs. Focus of concern is normally physical or sexual, but it may also be emotional, financial, self-promoting etc.

It usually involves the following:

Role reversal, dividing and ruling, ruling rather than serving, not listening and being above criticism, secret behaviour, extraneous commitments, separating out and giving special attention, bullying, manipulation, indulgence in personal privilege, unacceptable power and control issues, loyalty being used to maintain silence and control.

If the 'Arena of Safety' is not being employed by individuals in practice, or there is a suspicion that a member of staff is acting inappropriately, and it is felt that it is not being taken account, a 'whistle-blowing' protocol exists. Anyone in the Royal Opera

House can give information on a confidential basis, outside of management structures, to the HR Department or the whistleblowing helpline. In certain circumstances it may not be appropriate for a member of Royal Opera House staff to investigate an alleged incident, in which case investigations must be left to appropriate professionals.

On occasion, the evidence needed to prosecute an alleged offender 'beyond reasonable doubt' is of such a high standard of proof that a prosecution will not take place and even if a prosecution goes ahead, that person may be acquitted. Employees need to be aware that regardless of whether a prosecution takes place, behaviour may still be in breach of the Royal Opera House standards of conduct, and the allegations subject to an internal disciplinary process, subject to the advice of Social Care Services

Appendix

Appendix 1 - Useful contacts:

Appendix 2 – Adults at risk – Mental capacity check list

Appendix 3 – Code of Conduct

Appendix 4 - Aide memoire: Do-s and Don't-s 'When a vulnerable person tells'

Appendix 5 - Aide memoire: Safeguarding - Good Practice advice

Appendix 6 – ROH Safeguarding Report form