



Safeguarding Policy: Children & Young People

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1. Introduction

Richmond Music Trust (RMT) fully recognises its responsibilities for safeguarding children. This policy applies to all employees, contractors or volunteers (permanent or temporary) of RMT and those people that perform work on behalf of RMT.

RMT believes that the welfare of children and young people (CYP) are paramount and that at all times a child or young person has a right to feel safe and protected from any situation or practice that results in them being harmed or at risk of harm.

This policy sets out the roles and responsibilities of RMT staff in working together with other professionals and agencies in promoting children's welfare and safeguarding them from abuse and neglect. It complies with the Care Quality Commission Requirements and includes updated information from the HM Government: Working Together to Safeguard Children (2018) Risk Management Standards and guidance issued by the local Safeguarding Children Board. The policy complements all professional or ethical rules, guidelines and codes of professional practice on child protection (e.g. Health Professions Council).

RMT recognises that CYP who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. The services provided by the RMT may be an important stabilising element in the lives of children at risk as it provides a regular secure and predictable experience. It is accepted that children suffering from abuse may have challenging behaviour or be defiant or they may be withdrawn. RMT will endeavour to support the pupil through:

- The content of the instrumental/vocal lesson or music therapy session.
- The ethos of the lesson/session which should promote a positive, supportive and secure environment and gives CYP a sense of being valued.
- Ensuring that CYP know when behaviour is unacceptable but making the pupil aware that they are valued and not to be blamed for any abuse which has occurred.
- Liaising where appropriate with other agencies that support the CYP such as Schools, Social Services, Child and Adult Mental Health Service, Education Welfare Service and Educational Psychology Service.

This policy sets out the principles of safeguarding CYP and gives guidance to staff on what to do if you are concerned for the welfare and protection of CYP. This should be read in conjunction with Local Safeguarding Board Child Protection Procedures which give further detailed information and guidance.

This policy has been developed in line with RMT's principles of Equality and Diversity and is underpinned by the following standards:

- The CYP's needs come first regardless of who is the primary RMT client;
- The CYP's welfare and safety is everyone's responsibility;
- Staff must work together, understand and appreciate other professionals' roles and responsibilities; and
- No one should be discriminated against on the grounds of age, race, religion or belief, marriage or civil partnership, pregnancy or maternity, sexual orientation, gender reassignment, sex or disability (the protected characteristics under the Equality Act 2010). In addition, RMT does not permit any discrimination on the basis of a person's culture, cultural background or socio-economic background.

Where English may not be a person's first language, interpreter services must be accessed in order to meet the communication needs of a parent/guardian or a child, with details recorded in client notes. In addition, appropriate arrangements must be made for individuals with other communication needs. This may include people who use particular methods to communicate, such as Makaton, or sign language; or those who have specific needs such as hearing induction loops.

2. Key Personnel

RMT Safeguarding Contact Details

Designated Safeguarding Lead (DSL)	Andreas Rosenboom (Head of Music Therapy) andreasr@richmondmusictrust.org.uk 020 8538 3866 01342 825031 (out-of-hours availability)
Deputy Designated Safeguarding Lead (DDSL)	Caroline Peirson (Chief Executive) carolinepeirson@richmondmusictrust.org.uk 020 8538 3866 07946 547855 (out-of-hours availability)

Local Authority Safeguarding Contact

London Borough of Richmond upon Thames (LBRUT)

LBRUT Single Point of Access (SPA)	020 8547 5008 (8.00 – 17.15) 020 8770 5000 (out of hours)
LBRUT Local Authority Designated Officer (LADO)	LADO@achievingforchildren.org.uk 07774 332675 020 8891 7370

3. Roles and responsibilities

- **RMT Board of Trustees**

- The RMT Board's Safeguarding sub-committee annually review the Safeguarding Policy and recommends any changes to the Board for approval. The sub-committee also responds to immediate safeguarding issues.
- The CEO and DSL are co-opted to the Safeguarding sub-committee and the RMT Board nominates its Chair as their point of contact on safeguarding issues.

- **Chief Executive (CEO)**

- The CEO has overall responsibility for the safeguarding arrangements of RMT and for the performance of RMT in supporting the work of the Local Safeguarding Children Boards/Partnerships. The CEO will be notified of any Child Safeguarding Practice Reviews and requirements for representation at the meetings of the Safeguarding Partners for the local authority area. This responsibility may be delegated to other senior managers as required.
- The CEO is responsible for ensuring that the DSL carries out their responsibilities as listed below and for ensuring that all staff receive the appropriate level of training commensurate with their role.

- **RMT's Designated Lead for Safeguarding Children**

- The Designated Safeguarding Lead (DSL) will provide an annual report to the RMT Board of Trustees. Further reports will be provided where appropriate e.g. Child Safeguarding Practice Reviews.
- The DSL is responsible for linking with the Safeguarding Partners for the local authority area. To share information and provide specialist advice to those networks in respect of services or information provided by RMT.
- The DSL will be responsible for ensuring a high quality service for Safeguarding CYP within RMT and will ensure that expert advice and support is available to all RMT professionals. All referrals to the Local Authority Safeguarding Team are recorded on a database.
- The DSL will facilitate and raise awareness of training available in accordance with the Safeguarding Training Strategy.
- The DSL will work together with the Local Safeguarding Partnerships (previously Local Safeguarding Boards) when a Child Safeguarding Practice Review is commissioned.
- The DSL should ensure staff have access to safeguarding supervision in cases where complexity, non-compliance, lack of progress, professional disagreement or other factors indicate it's appropriate.

- **All RMT staff**

- All staff must be aware of and follow the legislation and guidance regarding child protection and safeguarding children as stated in this Policy and the Local Safeguarding Children Board procedures.
- All staff must consider, at all times, what is in the best interests of the child.
- All staff should be alert to the possibility of child abuse or neglect. If staff members have concerns about the safety or welfare of a child, these should be referred to the DSL.

- If the DSL or the DDSL is not available, the local authority SPA can be contacted for advice and guidance (contact as above). However, all child safeguarding concerns must still be shared with the DSL.
- If staff feel a child is in immediate danger, staff must call 999 and inform the DSL.
- When tuition/therapy takes place in school, any concerns or issues raised by pupils must be reported to the School's DSL by the teacher/therapist, before leaving the school. The staff member should also then contact the RMT DSL.

4. Definitions

The following definitions reflect the Department of Health document *Working Together to Safeguard Children (2018)*.

- **Child Protection** refers to the activity that is undertaken to protect children who are suffering, or are at risk of suffering, significant harm.
- **Safeguarding and Promoting Welfare and Child Protection** - This is defined as protecting children from maltreatment, preventing impairment of health or development and ensuring children are growing up in circumstances consistent with the provision of safe and effective care.
- **Significant Harm** - The Children Act 1989 (Section 47) introduced the concept of 'significant harm' as the threshold that justifies compulsory intervention in family life in the best interests of the child and gives Local Authorities a duty to make enquiries to decide whether they should take action to safeguard and promote the welfare of a child suffering or likely to suffer significant harm.

Significant harm relates to four categories of abuse: physical, emotional, sexual abuse and neglect.

- **Children in Need** - Local Authorities have a duty to safeguard and promote the welfare of Children in Need. Children who are defined as being 'in need' under Section 17 of the Children Act 1989 are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development without the provision of services. This includes those children who are disabled.
- **Looked After Children** - The term "Looked After Children" (LAC) was introduced by the Children Act 1989 and refers to children who are subject to care orders or voluntarily accommodated. The Local Authority has responsibility for LAC.

LAC have often experienced abuse or neglect and will have additional health care needs. The Local Authority has a statutory responsibility to ensure the health care needs of children and young people are being assessed. Community health services work closely with local authorities to ensure that health care plans set out how identified health needs will be addressed.

For detailed information on LAC procedures, staff should refer to the specific protocol in their area and refer to the guidance produced by the child Safeguarding Partners for the local authority area accordingly.

- **Children and Young People (CYP)** – anyone under the age of 18.

Definitions of Child Protection categories and abuse – There are four categories of child abuse as defined Working Together to safeguard Children 2018.

- **Physical abuse** - Physical abuse may involve hitting, shaking, throwing, poisoning, burning or

scalding, drowning, suffocating, or otherwise causing physical harm to a child or failing to protect a child from that harm. 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 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, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact including both penetrative and non-penetrative acts such as kissing, touching or fondling the child's genitals or breasts, vaginal or anal intercourse or oral sex.

They may 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.

Child Sexual Exploitation (CSE) is a form of sexual abuse. A young person is forced or persuaded to take part in a sexual act (including sharing images) in exchange for something – this could include affection, gifts, drugs/alcohol, accommodation, friendship or money. The young person may be forced or threatened, or may believe they are in a consensual relationship with the other person.

- **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 and clothing; shelter, exclusion from home or abandonment; failing to protect a child from physical and emotional harm or danger; failure to ensure adequate supervision including the use of inadequate caretakers; or the failure to ensure access to appropriate medical care or treatment.
 - It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

5. The Legal Framework for Child Protection

- **The Children Act 2004** makes it clear that Safeguarding Children is everyone's responsibility. To be effective it requires staff members to acknowledge their individual responsibility for safeguarding and promoting the welfare of children.
- **The Children and Social Work Act 2017** outlines the duties that local authorities have towards Looked After Children and young people leaving care. It requires local authorities to publish details of the services they are providing to care leavers, and outlines their duty to provide information and

advice for the purpose of promoting the educational attainment of children adopted or placed in other long term arrangements. The Act also makes provision to replace Local Safeguarding Children Boards (LSCBs) with Safeguarding Partners for the local authority area. It sets out the Child Safeguarding Practice Review functions and provides for a central Child Safeguarding Practice Review Panel for nationally significant cases.

- **Working Together to Safeguard Children (2018)** states that:
 - *Everyone who works with children has a responsibility for keeping them safe.*
 - *Health professionals are in a strong position to identify welfare needs or safeguarding concerns regarding individual children and, where appropriate, provide support.*
 - *This includes understanding risk factors, communicating and sharing information effectively with children and families, liaising with other organisations and agencies, assessing needs and capacity, responding to those needs and contributing to multi-agency assessments and reviews.*
 - *For services to be effective they should be based on a clear understanding of the needs and views of children.*
- RMT staff must be aware of the risk factors for children living with a parent or guardian with mental illness, substance misuse, or domestic abuse; and their responsibilities to report and protect.
- **The Protection of Children in England: a Progress Report (March 2009)**, Lord Laming's report following the death of 'Baby P', emphasised the importance of training, partnership working and leadership from service managers.
- Where there are concerns of significant harm for a child/unborn baby, the importance of working in partnership with other relevant professionals is vital. Staff should share relevant information and attend meetings arranged to assess the risks to a child/unborn baby.
- [Keeping Children Safe in Education \(2024\)](#) – Statutory guidance for schools and colleges. It reiterates that safeguarding and promoting the welfare of CYO is everyone's responsibility. No single practitioner can have a full picture of a child's needs and circumstances so sharing information is key.

6. Disclosures of historical child sexual abuse

- The term 'historical disclosure' is commonly used to refer to disclosures of abuse that were perpetrated in the past. It is normally used when the victim is no longer in circumstances where they consider themselves at risk of the perpetrator and more commonly used when adults disclose abuse experienced during childhood.
- The professional to whom the disclosure is made should:
 - Clarify whether there are any children who may currently be at risk from the alleged perpetrator.
 - If it has been ascertained that the alleged perpetrator has or may have contact with a known child/children, a referral should be made to Children's Services.
 - If there are concerns that the alleged perpetrator has contact with children but the names of the children are not identifiable, the police should be contacted to enable further investigation.
 - If there are concerns that the adult making the disclosure is at risk, consideration to refer to adult social services and police will be required.
 - Advise and support the adult that they are able to make a formal complaint to the police.

- Provide the victim with information about relevant support services.
- Contact the RMT DSL, or DDSL if the DSL is not available, for further advice and support for safeguarding children.

7. Staff Recruitment

- RMT ensures safe recruitment in checking the suitability of staff and volunteers to work with CYP.
- RMT is required to comply with the Disclosure and Barring Service (DBS) checks developed by the Home Office in consultation with the Department for Education and the Department of Health and Social Care. The purpose of the DBS is to ensure that unsuitable people do not work with children or vulnerable adults on a paid or voluntary basis.
- All RMT staff working with children or vulnerable adults will undergo an enhanced DBS check. Procedures are contained within the DBS Policy.
- As part of RMT’s safer recruitment process and in accordance with guidance published in Keeping Children Safe in Education 2023 the social media presence of any short listed applicant will be reviewed prior to employment.
- All job descriptions for new staff contain a statement regarding staff responsibility for adhering to RMT policies on safeguarding children and adults.

8. Training

- All training will comply with the standards and requirements set by the Department of Health Intercollegiate Document *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff* (January 2019) and Working Together to Safeguard Children 2018, in addition to any applicable training strategies published by Safeguarding Partners for the local authority area.
- All RMT staff who have contact with children and young people are required to receive appropriate safeguarding and child protection training. Staff receive training at Induction, and in addition must access online training within one month of commencing in post. There are a number of different levels of training dependent on the RMT staff role, specialism and contact with service users.
- The training needs analysis chart below details RMT training requirements:

Core Practice	Level	Staff Group	Delivery Method	Frequency of Update
Safeguarding Children	2	All staff whose employment involves contact with CYP	E-learning	New staff as per induction Other Staff – 2 yearly
	3	All RMT therapists (including those who supervise clinicians) CEO DDSL	E-learning or face-to-face	2 yearly update
	4	DSL	1 day face-to-face training	2 yearly update

9. Consent, Confidentiality and Information sharing (including making a referral)

- The welfare of the child is paramount and staff have a duty to pass on information relating to suspected child abuse to Children's Social Care (Section 47 of the Children Act 1989). Staff obtain consent from the parent/guardian or child (where appropriate) in order to share information. However, consent is not required where:
 - Seeking permission is likely to increase risk to a child.
 - Permission has been refused but sufficient professional concern remains to justify disclosure.
 - Seeking permission is likely to impede a criminal investigation.
- RMT staff must weigh the harm that is likely to arise from not sharing the information against the possible harm, both to the person and to the overall trust between teachers/therapists and CYP of all ages, arising from releasing that information. If a CYP with capacity, or a parent/carer, objects to information being disclosed, the member of staff should consider their reasons, and weigh the possible consequences of not sharing the information against the harm that sharing the information might cause. If a CYP is at risk of, or is suffering, abuse or neglect, it will usually be in their best interests to share information with the appropriate agency. If there is any doubt, the RMT staff member should seek advice from the DSL.
- If it is necessary to share information without consent, the member of staff should explain why they have done so to the people the information relates to, unless doing this would put the child, young person or anyone else at increased risk. The member of staff should also record their decision.

10. Referrals to the Single Point of Access (SPA)

- Concerns about a pupil or a disclosure should be discussed with the DSL who will help decide whether a referral to the SPA is appropriate. If a referral is needed the DSL should make it.
- All referrals to the SPA must be made in writing. You may telephone your referral to the SPA but a written copy of the referral on the appropriate referral form must be made and a copy retained in the child's record.
- If a child is in immediate danger, staff should call 999 and complete a SPA referral to record the details of the call.
- All referral forms and related correspondence (for example, responses from children's social care) will be stored confidentially as part of the CYP's record.
- If a current or historical allegation is raised in relation to an adult who is (or has been) working with children in a position of trust (such as a clinician, teacher, foster carer or volunteer), the matter must be reported immediately to the DSL. This must be raised as a referral to the SPA if the referrer has current details of the person subject to the allegations and the person is known to have access to children who can be identified in the referral (by name, age and address – or by organisation and location if this is a group of children at risk).
- Where a concern is raised about a RMT employee whether working with children or adults, the DSL must be informed immediately. They will ensure appropriate liaison with the LADO and the RMT CEO.

- The online tool [Report Child Abuse to Your Local Council](#) directs to the relevant local authority children's social care contact number.

11. Whistleblowing

- RMT has a whistleblowing policy which is available as a separate document. We recognise the CYP cannot be expected to raise concerns in an environment where staff fail to do so.
- All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues, poor or unsafe practice and potential failures in RMT's safeguarding arrangements.
- In the first instance concerns should be raised with the DSL, the CEO or the Chairman of the RMT Board. If it becomes necessary to consult outside of RMT, they should speak to the LADO for further guidance and support.
- All concerns will be treated in confidence and every effort will be made not to reveal the whistleblower's identity if this is requested.
- The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally.
Staff can call: 0800 028 0285 or email: help@nspcc.org.uk

12. Online Provision

- All online RMT provision is subject to an additional agreement which includes safeguarding guidelines, which must be read and agreed by the parent/carer in writing before tuition/therapy can start.
- All RMT teachers/therapists are required to read and follow additional guidelines set out in the RMT online safeguarding agreement relevant to the service they are providing.

13. Photography and Videography

- RMT will always seek consent from pupils and parents for photographs/video to be taken or published.
- If RMT employs a professional photographer to photograph/video CYP, they will be supervised at all times.
- RMT will ensure that pupils do not take photographs or video images of other students without their express permission and the permission of a member of staff.
- Where schools are involved in RMT events, the correct permissions will be sought directly from the school/s.
- All RMT images/recordings of CYP will be stored securely.

Music Therapy Only:

14. Referral Forms

- All music therapists will have a completed referral form available for any CYP accessing music therapy. This will have been completed by the referrer and provides details and background information about the CYP. The referral form also gives consent for the CYP to access music therapy. The referral form is stored with the CYP's clinical records.
- If the therapist becomes aware that the CYP is living in a household where there is parental mental illness, along with substance misuse and/or domestic abuse, the therapist has a duty to pro-actively assess the risks to the CYP, and this must be documented in the clinical records. If the therapist comes to the conclusion that the child is or may be at risk of significant harm the DSL of RMT needs to be notified immediately and a potential referral to the SPA to be considered.

15. Supervision

- RMT is committed to promoting the welfare of our clients and protecting them from harm in all localities where services are provided and ensuring they receive safe, effective care in accordance with Care Quality Commission (CQC) Regulations; Outcome 7 and Ofsted regulations.
- All therapists are required to undergo supervision in accordance with RMT's Supervision Policy. Supervision regarding safeguarding concerns must routinely take place where there are safeguarding cases to ensure the analysis of information is considered and that actions identified are implemented.
- Clinical Supervision offers a formal process of professional support and learning for therapists. It will focus on the 'how' of safeguarding practice; it provides a framework for examining and reflecting on a case from different perspectives. It also facilitates the analysis of the risk and protective (resilience) factors involved, discussing cases at varying levels of concern from confirmed abuse/high risk indicators, to the cases with very early potential indicators in order to ensure safe practice (*Working Together 2018*).
- All staff working with CYP where there are identified safeguarding concerns will be offered additional safeguarding supervision and it is the line manager's responsibility to identify where additional support is necessary for staff e.g. during a Child Safeguarding Practice Review.
- A record of supervision attendance should be maintained by staff and made available for audit purposes.

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