



Safeguarding Policy (2025)

1. Introduction

Safeguarding is at the heart of all our work with children, young people and Adults at Risk.

2. Scope of the policy

The policy is to be used by any member of staff working directly with children and young people, and Adults at Risk.

The policy applies to anyone with whom we are in contact in the course of our work, who is a child, a young person, or Adult at Risk. Where the policy or procedure refers to a 'child' or 'young person' we mean anyone who has not yet reached the age of 18 years. Where the policy refers to an 'Adult at Risk', we mean anyone who is 18 years or older and who is vulnerable according to the definition in section 4 of this document.

This policy is reviewed, endorsed and approved by the Board of Trustees annually, or when legislation changes.

3. Purpose of this Policy and Procedure

This policy and procedure sets out how Music Therapy Works implements safeguarding for children, young people, and Adults at Risk with whom we come into contact in the course of our work.

Music Therapy Works is committed to devising and implementing policies so that everyone within the organisation accepts their responsibilities for safeguarding children, young people and Adults at Risk from abuse and neglect. This means following procedures to protect them and reporting any concerns about their welfare to the appropriate authorities. This policy and procedure helps us to achieve this by:

- Supporting us to safeguard children, young people and Adults at Risk in practice, by defining abuse and informing us what to do
- Ensuring we all work to the same policy and procedure
- Making sure we are accountable for what we do
- Being clear what roles and responsibilities we all have in safeguarding
- Saying what staff can expect from the organisation to help them work effectively

4. Who is a Child, Young Person, Adult at Risk?

Child/Young Person

A child or young person means someone who is under 18 years of age, that is, has not reached their 18th birthday.

For Music Therapy Works, this could refer to the child/young person we are working with directly, or to another person, with whom we are in contact in the course of our work.

Adult at Risk

This policy applies to any 'Adult at Risk', defined by the following:

Any person aged eighteen or over who:

- Is or may be in need of community care services by reason of mental or other disability, age or illness; and
- Is or may be unable to take care of him, her, or themselves, or unable to protect him, her or themselves against significant harm or exploitation.

Music Therapy Works will sometimes be working with an Adult at Risk where a child/young person has reached 18 years and support is continuing, usually short term. Also Music Therapy Works will come across adults at risk in the course of their parent support work. There may be occasions when we come across adults at risk within the household of or associating with a child/young person or parent we are working with and we will adopt the Think Family approach, working with adult agencies to meet their needs.

Music Therapy Works also works directly with Adults at Risk as clients. This includes, but is not limited to, adults with physical disabilities, Learning Disabilities, brain injuries, mental health conditions or terminal illness. It also includes the elderly, who may be vulnerable as a result of physical frailty or dementia. Many of these clients will receive music therapy in residential institutions such as care homes. Refugees, people who have been bereaved, people of no fixed abode and victims of domestic violence are other examples of Adults at Risk with whom Music Therapy Works may work.

In all instances, our approach to safeguarding Adults at Risk we are in contact with follows the same principles, and safeguarding processes as we do for safeguarding children.

5. Objectives of Policy

We will have the following objectives in place:

1. Safe organisational ethos
2. Safe environment
3. Safe processes for working with our clients / service users
4. Safe collection and use of information, and ways of communicating
5. Safe staff

Principles

In support of these objectives, we are committed to the following principles.

1. To achieve a safe organisational ethos, we will:
 - promote the safety of children, young people and adults at risk in all our work
 - support the spirit and practice of Music Therapy Works's safeguarding ethos in all that we personally do

- have in place quality assurance processes that help us to ensure we are all safeguarding in practice
 - treat all children, young people and adults fairly in being able to access services which meet their needs, regardless of gender, ethnicity, disability, sexuality or beliefs
2. To achieve a safe environment, we will:
- ensure the welfare and safety of children, young people and Adults at Risk is paramount in all our activities
 - take all reasonable steps to protect our clients / service users from harm
 - practice with respect for clients' rights, wishes and feelings
 - work with our clients to ensure we regularly assess and review safety risks which arise from premises, activities and equipment
3. To achieve safe processes, we will:
- take all suspicions and allegations of abuse, from inside or outside the organisation, seriously, and respond to them promptly and appropriately
 - be clear about everyone's roles and responsibilities
4. To achieve safe information, we will:
- communicate promptly and clearly with our purchasers and with external agencies, where necessary within Music Therapy Works
 - maintain notes, reports and other information securely in line with HCPC and MTW's own requirements
5. To achieve safe staff, we will:
- recruit therapists, staff and trustees with regard to their suitability for work with children and vulnerable adults, including use of enhanced Disclosure and Barring Service checks
 - provide therapists with guidance and training in their safeguarding role, and ensure they have access to MTW's policies and procedures
 - be clear with everyone what their individual role and responsibility is in safeguarding

6. What is Child Abuse or Neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Abuse means a child's rights and needs are not being met as defined in The Children's Act 2004 and the United Nations Convention on the Rights of the Child (1989). Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. Abuse may occur through the actions of an adult or adults, or another child or children.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces or causes ill health to a child whom they are looking after. This situation is called Induced Fabrication Illness by a Carer.

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. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Witnessing the harm of another person, such as in the case of domestic violence, is a form of emotional abuse. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

Sexual Abuse & Sexual Exploitation

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including sexual exploitation, whether or not the child is aware of what is happening, and whether it is for money or reward or not. The activities may involve physical contact, including penetrative contact (e.g. rape and buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in seeing or receiving or sending sexually suggestive emails or text-messages, or inappropriate behaviour in Internet chat rooms, involving children looking at, or in the production of, pornographic material of watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

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 as a result of maternal substance abuse during pregnancy. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, failure to ensure adequate supervision including the use of inadequate care-givers, 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.

Abuse of Disabled Children

Disabled children are at increased risk of abuse and those with multiple disabilities are at even more significant risk both of abuse and neglect. Parents of disabled children may experience multiple stresses. This group of children may be particularly vulnerable to abuse for a number of reasons including:

- Having fewer social contacts than other children;
- Receiving intimate personal care from a larger number of carers;

- Having an impaired capacity to understand what they are experiencing is abuse or to challenge the abuser;
- Having communication difficulties resulting in difficulties in telling people what is happening;
- Being reluctant to complain for fear of losing services;
- Being particularly vulnerable to bullying or intimidation;
- Being more vulnerable to abuse by peers than other children.

Disability is defined as:

A major physical impairment, severe illness and/or a moderate to severe learning difficulty; An ongoing high level of dependency on others for personal care and the meeting of other basic needs.

Bullying

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (eg hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (eg isolating an individual from the activities and social acceptance of their peer group). There is increasing use of new technologies as a tool for bullying and such incidents should be taken seriously.

Self-Harming Behaviour

Children and young people who harm or attempt to harm themselves should be taken seriously. The self-harming behaviour in itself may cause impairment of the child's health or development and in some circumstances present significant harm or the risk of significant harm.

Self-harming behaviour may also arise alongside eating disorders and/or drug misuse.

Female Genital Mutilation (FGM)

Female genital mutilation is a collective term for procedures that include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious physical and mental health consequences both at the time and in later life. The procedure is typically performed on girls of 4 -13 years but may be performed on new born babies or on young women. FGM can result in death.

FGM is a criminal offence (Prohibition of Female Circumcision Act 2003). Under the act it is an offence to arrange, procure, aid or abet female genital mutilation. Parents/carers may be liable under this act.

It is also an offence to allow the procedure to be undertaken in another country.

Where agencies become aware that a girl is at risk of FGM a referral should be made to Children's Social Care.

Domestic Violence as Abuse

Domestic Violence is defined by the Home Office as: 'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. This includes issues of concern to black and minority ethnic (BAME) communities such as so called 'honour killings'.'

The term domestic violence is used to include any form of physical, sexual or emotional abuse between people in a close relationship. It can take a number of forms such as physical assault, sexual abuse, rape, threats and intimidation. It may be accompanied by other kinds of intimidation such as degradation, mental and verbal abuse, humiliation, deprivation, systematic criticism and belittling.

The term domestic violence includes the term domestic abuse.

Forced Marriage

A forced marriage is one that is conducted without the full consent of both parties and where duress is a factor. Forced marriage can amount to sexual and emotional abuse and put children or adults at risk of physical abuse. In circumstances where there are concerns that someone is at imminent risk of a forced marriage urgent referrals should be made to Children's Adults' Social Care.

In the case of a young person at risk of forced marriage it is likely that an initial discussion with the parent, carer or other community member may significantly increase the level of risk to the young person.

Internet Harm

Sexual exploitation (see above) also includes non-contact activities, such as involving children in seeing or receiving or sending sexually suggestive emails or text-messages, or inappropriate behaviour in Internet chat rooms, involving children looking at, or in the production of, pornographic material of watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Trafficking

Children can be trafficked into, within and out of UK for many reasons and all different types of exploitation. Trafficking is a form of child abuse and needs an appropriate safeguarding response. Any child who is recruited, transported, transferred, harboured or received for exploitative reasons is considered to be a victim of trafficking, whether or not they have been forced or deceived. This is because it is not considered possible for children in this situation to give informed consent. Even when a child understands what has happened, they may still appear to submit willingly to what they believe to be the will of their parents or accompanying adult. It is important these children are protected too.

Children are trafficked for many reasons, including sexual exploitation, domestic servitude, labour, benefit fraud, forced marriage, begging and involvement in criminal activity such as pick pocketing, theft and working on cannabis farms. They are likely to be subjected to other forms of abuse, as a means of coercing and controlling them.

Trafficking is carried out by individual adults and organised crime groups.

Sexual activity with child/young person under the age of 18, or living away from home

Consensual sexual activity involving a young person under 18 years is not abusive, but it may be, and the Derby and Derbyshire Safeguarding Procedure offers guidance where this might be so. A child's or young person's ability to consent can be impaired due to lack of freedom, capacity or choice; for example because of an age/power imbalance; because it is leading into sexual exploitation; because one person is in a position of trust with the other (e.g. a teacher); where one person is vulnerable because of disability or capacity; where the child/young person is in the care of another away from home. No child under the age of 13 or under is able to consent to any sexual activity according to the Sexual Offences Act (2003).

7. What is abuse of an Adult at Risk?

Abuse is a violation of a person's rights or dignity by someone else. It can be done by anyone including relatives and family members, professional staff, paid care workers, volunteers, other users of services, neighbours, friends and associates or strangers. There are many kinds of abuse including:

Physical

This could be hitting, slapping, pushing and kicking.

Sexual

This includes rape and sexual assault or sexual acts to which the adult at risk:

- has not consented
- could not consent
- was pressured into consenting

Emotional/Psychological

This could be:

- emotional abuse
- threats of harm or abandonment
- depriving the person of contact
- humiliating
- blaming
- controlling
- intimidating
- coercing
- harassing
- verbally abusing
- isolating
- withdrawing a person from services or support networks

Financial or material

This includes:

- theft
- fraud
- exploitation
- pressure in connection with wills, property, inheritance or financial transactions misusing or misappropriating property, possessions or benefits

Neglect or acts of omission

This includes:

- ignoring medical or physical care needs
- failing to provide access to appropriate health care, social care or education services
- misusing medication
- inadequate nutrition or heating

Discriminatory

This includes:

- racist behaviour
- sexist behaviour
- harassment based on a person's ethnicity, race, culture, sexual orientation, age or disability
- other forms of harassment, slurs or similar treatment

Procedures:

In there is an immediate risk of harm dial 999 and contact the police.
The police non emergency number is 101

Children and Young People

All staff and volunteers working for MTW have a responsibility to report concerns both to the immediate multi-agency team around the child. i.e to Designated Safeguarding Lead in the school, or other designated Child Protection Officer onsite (i.e. the DSL / DST or DDSL) or to the local MASH, or the LADO – and to the MTW Designated Safeguarding Lead (Kate Fawcett, Clinical Lead) or in the event she is unavailable to the Chief Executive Officer (Doug Bott) or to the MTW Chair of Trustees (Sandra Bristoll).

What should you do if you suspect a young person is being abused

- Ensure all intervention is within the HCPC framework and BAMT professional guidelines
- React calmly.

- Where a disclosure has been made, reassure the child that they were right to tell and that they are not to blame and take what the child says seriously.
- Be careful not to put words into the child's mouth, the easiest way of doing this is by asking questions but
- Ask open questions
- Do not promise confidentiality.
- Inform the child/ young person what you will do next.
- Make a full and written record of what has been said as soon as possible and don't delay in passing on the information.

The report should include

- The child's known details including name, date of birth, address and contact numbers.
- Whether or not the person making the report is expressing their own concerns or those of someone else.
- The nature of the allegation, including dates, times, specific factors and any other relevant information.
- Make a clear distinction between what is fact, opinion or hearsay.
- A description of any visible bruising or other injuries. Also any indirect signs, such as behavioural changes.
- Details of witnesses to the incidents.
- The child's account if it can be given, of what has happened and how any bruising or others injuries occurred.
- Accounts from others, including colleagues and parents.

Referral

In the first instance concerns should be reported to the head teacher / Designated Senior Teacher on site / LADO (in an education institution), the on-site manager at other institutions – as dictated by the on-site management structure.

In the event that MTW needs to make a referral the referral should be made to the appropriate Multi Agency Safeguarding Hub (MASH) or the LADO.

The MTW CEO or Clinical Lead must be informed immediately of all referrals.

In Birmingham:

Birmingham Safeguarding Children Partnership: <https://lscpbirmingham.org.uk/>

Birmingham schools now use the Children's Advice and Support Service (CASS) as a first port of call and the MASH team is one of its partners: <https://bhamforwardsteps.co.uk/childrens-advice-support-service/>

Music Therapists have been advised to access CASS if they needed to access a safeguarding team beyond school.

If you have any concerns about the safety and/or welfare of a child or young person telephone the Children's Advice & Support Service (CASS) on 0121 303 1888 or via secure email; CASS@birminghamchildrenstrust.co.uk Outside of normal office hours please call 0121 675 4806 for the Emergency Duty Team

In Worcestershire:

If it is necessary to make a direct referral to child services in an emergency please contact the Family Front Door: <https://www.worcestershire.gov.uk/children-social-care/family-front-door/family-front-door>

Staff are available Monday to Thursday from 9.00am to 5.00pm and Fridays from 9.00am to 4.30pm: telephone: 01905 822666

For assistance out of office hours (weekdays and all day at weekends and bank holidays): telephone: 01905 768020

Please note that you will be required to follow up your verbal child protection referral in writing as per the West Midlands Safeguarding Children Procedures

In other areas:

Search for the local MASH or child safeguarding board via the internet, or ask an MTW manager or senior therapist for assistance in locating the correct agency.

Adults at Risk

All staff and volunteers working for MTW have a responsibility to report concerns both to the immediate multi-agency team around the adult, ie. the on-site manager in the care home and to the MTW Designated Safeguarding Lead (Kate Fawcett, Clinical Lead), or in the event she is unavailable to the Chief Executive Officer (Doug Bott) or to the MTW Chair of Trustees (Sandra Bristoll).

What should you do if you suspect an adult at risk is being abused

Ensure all intervention is within the HCPC framework and BAMT professional guidelines:

- React calmly.
- Where a disclosure has been made, reassure the adult that they were right to tell and that they are not to blame and take what they say seriously.
- Be careful not to put words into the adult's mouth, the easiest way of doing this is by asking questions but
- Ask open questions
- Do not promise confidentiality.
- Inform the adult what you will do next.

- Make a full and written record of what has been said as soon as possible and don't delay in passing on the information.

The report should include:

- The adult's known details including name, date of birth, address and contact numbers.
- Whether or not the person making the report is expressing their own concerns or those of someone else.
- The nature of the allegation, including dates, times, specific factors and any other relevant information.
- Make a clear distinction between what is fact, opinion or hearsay.
- A description of any visible bruising or other injuries. Also any indirect signs, such as behavioural changes.
- Details of witnesses to the incidents.
- The adult's account if it can be given, of what has happened and how any bruising or others injuries occurred.
- Accounts from others, including relatives and care staff.

Referral

In the first instance concerns regarding the potential abuse of an adult at risk should be reported to the on-site manager – as dictated by the on-site safeguarding and management structure. In parallel, MTW employees must also raise their concerns immediately with the MTW Designated Safeguarding Lead (Clinical Lead: Kate Fawcett). The local access centre will then be contacted. Details for Birmingham and Worcestershire are given here in order that the appropriate pathway can be found through the internet by searching for the local county adult safeguarding board.

In Birmingham:

Follow the link to the online form, or use the contact details below

https://www.birmingham.gov.uk/info/20018/adult_social_care_and_health/111/report_possible_abuse_or_neglect_of_an_adult_with_care_and_support_needs

Email: ACAP@birmingham.gov.uk

Telephone: 0121 303 1234

In Worcestershire:

Visit the page given here or use the contact details below

<http://www.worcestershire.gov.uk/safeguardingadults>

- to report a safeguarding concern please call 01905 768053
- if you would like safeguarding advice please phone the Adult Safeguarding Team on 01905 843189 (note this number does not accept referrals)

In other areas:

Search online for the local adult safeguarding board or ask the MTW Designated Safeguarding Lead or CEO for assistance in locating the correct agency.

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