# 30. Suffolk Music Therapy Services (SMTS) Safeguarding Children, Young People and Adults Policy

Recent updates:

16/10/26 p5 changes to reflect the new Keeping Children Safe in Education Sept 2026. All staff are now required to read at least Part One of KCSiE – Sept 2026.

16/10/26 p14 'When working with a private referral' heading and information added re following the Safeguarding Referral Flow chart. 'Case management companies' also added into the heading and information regarding what to do when working in other organisations.

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# Safeguarding Children, Young People and Adults Policy

## Organisation Name: Suffolk Music Therapy Services

# Context

Suffolk Music Therapy Services is a limited company which provides professional music therapy services in organisations including care homes, schools, hospitals, hospices, care facilities and in individuals' homes. It operates within the UK. Much of the work is in regulated settings (Ofsted and CQC settings). SMTS employs 17 regulated music therapy professionals (Health and Care Professionals Council).

Company Registration Number: 07257892

# Statements and Aims

## Policy Statement

We recognise that the welfare of all children, young people and adults at risk, is paramount and that *all* have equal rights of protection. We have a duty of care when they are in our charge, and we will do everything we can to provide a safe and caring environment whilst they attend our activities and music therapy sessions. Additionally, no one should come to any harm through their contact with our organisation and, as part of that commitment, we do everything we can to ensure everyone feels safe and protected from any form of harm, abuse and neglect regardless of their role.

## Equal Opportunities Statement

We recognise that anyone can become subject to discrimination, harassment or victimisation because of:

- age
- culture
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity,
- race
- religion or belief
- sex
- sexual orientation

Comments and actions that contribute to discrimination, harassment or victimisation are not acceptable and will be challenged. Such incidents will be recorded and shared with parents and carers, and the relevant agencies when necessary and appropriate.

**We will:**

- ✓ treat everyone with respect and celebrate their achievements,
- ✓ carefully recruit and select all staff whether paid or unpaid,
- ✓ respond to concerns and allegations appropriately.

**When there are concerns** about the welfare of any, child, young person or adult at risk, all responsible adults in our organisation are expected to share those concerns, without delay, with the Lead for Safeguarding (or the Deputy, if the Lead is unavailable).

**Our policy** is approved by our senior management and will be reviewed and updated annually. We will publish and promote this policy to all staff, paid or unpaid, through induction, training and supervision. We endeavour to disseminate, as appropriate, this policy to all who come into contact with our organisation e.g., children, young people, adults at risk, their parents, carers, families and others, such as organisational partners.

## Policy Aim

As members of SAFEcic, we aim at all times to attain best safeguarding practice throughout all our activities with children, young people, adults at risk, their parents, carers and/or families. We endeavour to provide a safe and friendly environment and celebrate all achievements. We will achieve this by adhering strictly to this policy, guidance and risk assessments. Our organisation holds current Public Liability Insurance which covers all our activities.

## Keeping Children Safe in Education – Sept 2026

This policy covers the necessary requirements from Keeping Children Safe in Education – September 2026.

Keeping Children Safe in Education is statutory guidance that schools and colleges in England must have regard to when carrying out their duties to safeguard and promote the welfare of children. It is essential that everybody working in a school or college understands their safeguarding responsibilities. Suffolk Music Therapy Services requires that those staff who work directly with children read at least Part One of the guidance. The full version of KCSIE can be found here:

**Keeping Children Safe in Education (2026)**
https://assets.publishing.service.gov.uk/media/6ac3c09c11ed58342ad8e4ac/Keeping_children_safe_in_education_2026.pdf

**Keeping Children Safe in Education (2026) Part One – to be read in full by all staff.**
https://assets.publishing.service.gov.uk/media/6a9088e19a177a1decf97b01/Keeping_children_safe_in_education_2026_Part_one.pdf

# Safeguarding Personnel

## Lead and Deputy for Safeguarding

The responsibility of managing the safeguarding of children, young people and adults at risk can be both demanding and challenging, and therefore must be appointed at managerial level to personnel who are available whenever operational, which includes cover for sickness and holidays.

Our Designated Safeguarding Lead is:

| | |
|---|---|
| Name: | Jenny Travasso |
| Job Role: | Designated Safeguarding Lead (DSL) and Online Safety Lead– Director and Administrator |
| Contact Details: | 07730136041 jenny@suffolkmusictherapyservices.co.uk |

Our Deputy Designated Safeguarding Leads are:

Name: Anita Thomas
Job Role: Deputy Designated Safeguarding Lead (DDSL) – Senior Music Therapist
Contact Details: 07540285834 anita@suffolkmusictherapyservices.co.uk

Name: Laura Pressney
Job Role: Deputy Designated Safeguarding Lead (DDSL) – Senior Music Therapist
Contact Details: 07912 074443 laura@suffolkmusictherapyservices.co.uk

Their role is to oversee and ensure that our safeguarding policy, which includes Online Safety, is fully implemented and that we attain SAFEcic standards.

Their responsibilities are:

- ✓ monitoring and recording concerns
- ✓ making referrals to social care, or police, or Channel progamme where there is a radicalisation concern, as relevant, without delay
- ✓ liaison with other agencies and act as a point of contact with other safeguarding partners
- ✓ arranging training for all staff
- ✓ ensure each member of staff has access to, and understands, SMTS's safeguarding policy and procedures and those of the local organisations in which they are working in
- ✓ providing advice and support to other staff on child welfare, safeguarding and child and adult protection matters
- ✓ To ensure the Safeguarding Child, Young People and Adult policy is reviewed and updated annually
- ✓ Ensure that the Safeguarding Child, Young People and Adult policy is available publicly and parents/carers know that referrals about suspected abuse or neglect may be made

The Designated Safeguarding Lead takes lead responsibility for safeguarding and child and adult protection, including online safety and understanding the filtering and monitoring systems and processes in place.

The Deputy for Safeguarding should be available to support or cover for the Lead. She will also handle any complaints or allegations against the Lead for Safeguarding if appropriate. It is important that the Lead and Deputy for Safeguarding are unconnected.

Designated Safeguarding Lead and Deputy Designated Safeguarding Leads undertake Safeguarding Lead training through Safecic every 2 years. They also undertake Prevent awareness training. There will always be a named designated Lead providing cover and the team will be made known of this.

## Line of accountability for safeguarding

The Clinical Director – Ray Travasso- takes strategic responsibility for the organisation's safeguarding arrangements. He has up to date and relevant training with the ability to develop knowledge, skills and expertise in safeguarding.

# Why do we need a Safeguarding Policy?

All organisations that work or come into contact with children, young people and/or adults at risk need to have safeguarding policies and procedures in place.
Government guidance is clear that all organisations working with children, young people, adults at risk, parents, carers and/or families have responsibilities for safeguarding. It is important to remember that children, young people and adults at risk can also abuse and that such incidents fall into the remit of this policy.
To undertake these responsibilities, we:

- have directors committed to safeguarding
- are clear about peoples' responsibilities and accountability
- have a culture of listening to children, young people and adults at risk
- undertake safer recruitment practices for all staff and volunteers working with children & young people and adults at risk
- have procedures for safeguarding children and young people and adults at risk
- have procedures for dealing with allegations against, and concerns about, any staff
- make sure staff, paid & unpaid, have mandatory induction & further safeguarding training, supervision, reviews & support
- have agreements about working with other organisations and agencies

# Definitions

## Definition of a child/young person

There is no single law that defines the age of a child across the UK. The UN Convention on the Rights of the Child, ratified by the UK government in 1991, states that a child "means every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier" (Article1, Convention on the Rights of the Child, 1989).
A child is anyone who has not yet reached their 18th birthday (16 in Scotland).

## Definition of an adult at risk

There is no single law that defines an adult at risk across the UK. An adult at risk is a person over the age of 18 years (16 in Scotland) and is:

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

# Related Policies

## Data Protection

We will treat any personal information by which an individual can be identified, for example, name, address, and email, in accordance with the provisions of Data Protection Act 2018 (DPA 2018), and the UK General Data Protection Regulation (UK GDPR) and will not share information with any third party, except where required by law. This should be read in conjunction with SMTS Data Protection Policy.

## Confidentiality

This policy is in line with government guidance about confidentiality and these details will be made available to all staff, children, young children, adults at risk, parents and carers. We fully endorse the principal of the welfare of children, young people and adults at risk, overriding any obligations of confidence we may hold to others. No one working, or involved, with our organisation can promise absolute confidentiality. Individual cases will only be shared or discussed on a "need to know" basis. This should be read in conjunction with SMTS Confidential information and Data Protection Policies.

## Whistleblowing

Whistleblowing is when someone raises a concern externally about a person or practice within the organisation, which will affect others in an illegal and or harmful way.
Our organisation promotes the sharing of any concerns regarding the safeguarding of children, young people and adults at risk as soon as possible with the Lead or Deputy for Safeguarding. If individuals reporting their concerns within our organisation do not feel they have been acted upon then we support their right to report these concerns to the Local Authority Designated Office (LADO) (England and Wales only) social care services, the police, and /or the relevant Regulatory Authority e.g. Ofsted, CQC, Charity Commission. This should be read in conjunction with SMTS Whistleblowing Policy. They can also contact the **NSPCC dedicated helplines** and the charity **Protect** for advice and support.

All media enquiries will be handled by Ray Travasso – Clinical Director.

## Information Sharing

Timely and accurate written records play an essential role in safeguarding individuals, who may have suffered, are suffering or at significant risk of suffering harm. It is important that records are shared at the appropriate time when necessary. Within our organisation the decision to share written information, and with whom, will be undertaken by the Lead or the Deputy for safeguarding.

## Safer Recruitment

Our organisation is committed to safe recruitment in line with the relevant legislation and guidance from government for recruiting all staff, paid or unpaid. We do this by:

- advertising vacancies with a clear commitment required to safeguarding
- assigning all posts detailed job descriptions
- obtaining full personal details via an application form (not CVs) with particular relevance to previous work with children, young people and adults at risk
- when a candidate is selected for interview the relevant criminal declaration form will be sent for completion as set out by the Rehabilitation of Offenders Act 1974, as amended
- always taking up two written references, one from the most recent employer/supervisor or education establishment
- undertaking all interviews face to face, based on the job description
- ensuring at least one person on each interview panel will have undertaken Safer Recruitment training, in line with safe recruitment guidelines.
- having sound procedures and recording for interviewing to ensure we are satisfied, and can evidence that the applicant is appropriate and suitable
- Ensuring membership with BAMT (British Association for Music Therapists) and HCPC (Health and Care Professions Council)

Any appointment will only be confirmed subject to:

- ✓ a satisfactory ID and criminal records check at the appropriate level, including Certificate of Good Conduct for foreign nationals and the International Child Protection Certificate (ICPC) for anyone who has lived in the UK and also travelled overseas
- ✓ a follow up of written references by telephone if relevant to the vacant post
- ✓ a check of essential qualifications
- ✓ confirmation of the Right to Work in the UK for employed personnel.
- ✓ fitness to work as relevant.
- ✓ Satisfactory self-disclosure declaration completed.

This should be read in conjunction with SMTS Recruitment Policy.

# Induction and Training

We have a clear induction and training strategy with clear job descriptions and responsibilities and all relevant procedures. All new staff, paid and unpaid, will receive induction training as soon as possible and sign to record they have:

- received and understood this policy.
- been given any relevant resources
- understood the commitment to safeguarding training

When needed, staff will receive further safeguarding training, at the appropriate level, as soon as possible. We also agree a probationary period of 3 months with clear goals and then provide management supervision, at regular intervals of 4 months with Ray Travasso – clinical director. We provide clinical supervision monthly and appraisals annually. Updated safeguarding training is normally required every 2 years (online) or three years (face to face). Staff working directly with at risk groups will also undertake the training for PREVENT Deradicalisation and the online government training for FGM

# Working Practices

## Consent

When consent is required for any care, activity or intervention we will, unless it is an emergency, obtain consent from the individual if of sufficient age and or understanding. Consent will be requested from a parent/carer or relative for a child, young person or an adult at risk.

Where relevant, we will ensure we fulfil our obligations under Child Care Law in terms of parental responsibility and Mental Capacity Legislation on supporting, where possible, the individual's right to make their own decisions. Any decisions made should be the least restrictive and recorded.

## Lone and One to One Working

We will avoid lone working, one to one working with children and adults at risk whenever possible to protect both individuals. Due to the nature of Music Therapy work and confidentiality involved, sometimes lone working is unavoidable. Employees should be aware when working in a one to one situation, of considering whether it is necessary, and whether windows can overlook where they are working. A risk assessment will always be undertaken to ensure:

- ✓ the music therapy provided is suitable for one to one working,
- ✓ the lone worker has been recruited, trained and supervised to undertake this particular role,

- ✓ that health and safety issues have been identified and recommendations followed,
- ✓ safeguards are in place to protect individual's rights to safe working practice,
- ✓ safeguards are in place in relation to strategies for emergency situations,
- ✓ accurate and relevant written recording is maintained following any care and activity, signed and dated.

This should be read in conjunction with SMTS Lone worker policy, SMTS Lone worker Health and Safety Risk Assessment, and SMTS Assessment for Working in the Home and Community, and all SMTS Safeguarding Risk Assessments.

## Home Visits

Home visits will only be made when booked by SMTS for music therapy sessions. Employees should not make home visits for any other reasons, and at all times these should be planned visits with a carer present.

Each home visit will be carefully planned and recorded and include:

- who is being visited
- the purpose of the visit
- who will carry out the visit
- the time expected to carry out the visit
- who will also be present during the visit
- members of staff paid or unpaid, and others
- any physical contact which may be required, and will be undertaken in line with the code of conduct within this policy.

All home visits will be made in a polite and friendly manner. Personal relationships or showing favouritism must not happen.

Any safeguarding concerns raised and any untoward incidences, such as no access or a child being at home alone, should be followed up, recorded and managed in line with this safeguarding policy.

This should be read in conjunction with SMTS Safeguarding Risk Assessment for home visits.

## Young People who work in our Organisation

No young people under 18 work in our organisation. All young people who undertake volunteer work within SMTS are to be included within this policy, and their safeguarding as individuals given the same importance as all young people we come into contact with. Any disclosures, observations of possible harm or disturbing behaviour must be reported to the Lead or Deputy immediately. Any young people volunteering at SMTS will be closely supervised by a music therapist.

They will also require an induction programme that includes their commitment to safeguarding, within the remit of the safeguarding policy, and in line with all staff induction.

In addition, information on the young person's contacts recorded as relevant, e.g.; parents, carers, school representative, and any supervisors, with emergency contact numbers.

## Codes of Conduct

We aim to provide a safe environment free from discrimination, upholding and promoting equality, diversity and inclusion. We undertake to:

- ✓ treat all children and young people and adults at risk with respect and dignity
- ✓ ensure that their welfare and safety is paramount at all times
- ✓ maintain professional boundaries both face to face and online

- ✓ always use the organisation's official email system, social media etc when contacting the at risk groups we work with
- ✓ always listen to individuals and take account of their wishes and feeling
- ✓ always act in a professional way and not accept bullying, swearing or other disruptive behaviour
- ✓ liaise openly with parents and carers
- ✓ only use physical contact if absolutely necessary
- ✓ avoid being alone with children, young people and adults at risk whenever possible
- ✓ listen to, and act upon, any disclosures, allegations, or concerns of abuse
- ✓ participate in approved safeguarding training at appropriate levels
- ✓ ensure restraint is only used as part of an agreed plan by staff trained in the use of the particular restraint or as an emergency action to protect from harm. All use of restraint will be reported and recorded by the member of staff concerned to the Lead or Deputy for safeguarding and to the relevant manager.
- ✓ follow our safeguarding policy at all times
- ✓ adhere to the Health and Care Professions Code of Conduct (HCPC) at all times

# Recognising Abuse in Children Young People and Adults at Risk

The following list is for guidance only. It is important to be observant, listen to what is being said and record. e.g. is what you are observing and being told about an injury consistent with the injury?

- Abuse related to faith or belief
- Alcohol and Substance misuse
- Bullying, harassment and sexual harassment
- Breast Ironing
- Carrying offensive weapons
- Child criminal and sexual exploitation including County Lines
- Child on child abuse, including sexual violence and upskirting
- Concealed pregnancy
- Criminal exploitation
- Discriminatory
- Domestic violence, including "honour" based abuse
- Emotional
- Exploitive use of technology
- Female Genital Mutilation (FGM)
- Financial or material abuse
- Forced marriage
- Gangs
- Gambling
- Hate and "mate" crime
- Hazing and initiation rites
- Hoarding
- Modern slavery
- Neglect and acts of omission
- Online safety
- Organisational or institutional
- Psychological
- Physical
- Radicalisation
- Self-neglect
- Sexual
- Sextortion
- Trafficking
- Upskirting

# Handling Disclosures

When a disclosure is made by a child, young person or adult at risk it is important to remember to:

- take what you are being told seriously
- stay calm and reassure
- do not investigate
- do not delay

and always

- seek advice from the Lead or Deputy for Safeguarding
- make a careful recording of anything you are told or observe, date and sign.

A disclosure may come from someone telling you:

- they have or are being abused
- they have concerns about someone else
- they are themselves abusing or likely to abuse someone else

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# Responding to Concerns

## Safeguarding Referral Flowchart

We ensure and emphasise that everyone in our organisation understand and know how to share any concerns immediately with the Lead or Deputy for Safeguarding. Everyone, including both the Lead and Deputy for Safeguarding will deal with concerns using the following:

### Step One:

**If you are worried a child, young person or adult at risk has been abused because:**

- you have seen something
- someone says they have been abused
- somebody else has told you they are concerned
- there has been an allegation against a colleague
- there has been an anonymous allegation
- an adult has disclosed that they were abused as a child
- a child, young person or adult say they are abusing someone else.

### Step Two:

Check this safeguarding policy for guidance. Talk to the Lead or Deputy for Safeguarding without delay. If they are implicated, then talk to your **Senior Lead**

### Step Three:

The Lead, Deputy or Senior Lead should refer the concern to the relevant adult's or children's social care service and/or the Police and follow up the referral in writing within 24 hours.

**For England and Wales**, in cases of allegations against a "person of trust" with a "duty of care" towards a child, the Local Authority Designated Officer (LADO) will co-ordinate the next procedural steps.

Under "whistle blowing", anyone can refer directly to the Police, social care services , the LADO for personnel child abuse allegations(England & Wales only) , **relevant regulatory authorities,** or the NSPCC (child concerns only)and also the charity Protect for support when they are concerned the organisation is not managing safeguarding concerns appropriately.

**Any consultations should not delay a referral.**

**In an emergency do not delay: dial 999**

CONSULT, MONITOR AND RECORD
*Sign/Date/Time*
*Include name and job role*

When the concern is about the welfare of a child or adult at risk from schools, colleges, health providers, GP practices, prisons or social care settings, you should refer to that organisation's Lead for Safeguarding in the first instance. Inform the Lead or Deputy of your organisation that you have referred a concern.

## When working with a private referral.

When working with a private referral in the community, the above flow chart should be adhered to at all times. The Lead/Deputy Designated Safeguarding Leads must be informed immediately. The Lead, Deputy or Senior Lead should refer the concern to the relevant adult's or children's social care service and/or the Police and follow up the referral in writing within 24 hours.

## When working in a local organisation (i.e.; school/care home/hospital/case management company)

In the event of any safeguarding concerns arising whilst working in a local school/organisation (i.e.; care home, hospital, hospice, case management company), their safeguarding policy and procedures will apply. This is written in the service level agreements that SMTS and the school/organisations have agreed and signed. This will include if an individual makes a safeguarding disclosure or if a therapist believes that the individual is at risk of harm. All safeguarding concerns must be reported to the Designated Safeguarding Lead at the school/organisation in which the staff are working in and also inform SMTS's Safeguarding Lead or Deputy for supervision and management purposes. The school/organisation's record of safeguarding concerns form must be submitted to the designated safeguarding lead at the organisation within 24 hours of the incident. A copy must also be passed to the SMTS Safeguarding Lead.

It is the responsibility of the safeguarding lead at the school/organisation to refer to Social Care Services (SCS) and/or police if there is a concern. They will follow this up in writing within 24 hours. If an individual is at imminent risk, then the safeguarding lead must not delay and they must contact SCS immediately or police in an emergency. If the safeguarding lead is unavailable or the local organisation does not appear to be responsive to concerns, then the SMTS member of staff must contact SCS themselves. Anyone is able to make a SCS referral.
Staff must ensure when working in a new school/organisation that they know who the Designated Safeguarding Lead is, read and understand the local Safeguarding Policy, and know where to find it.
If unsure about any situation staff must always remember to monitor, record and consult the Safeguarding Lead and/or Social Care Services for further advice.

# Record Keeping

At all times when required, and especially where there is a safeguarding concern, we are committed to keeping records which are:

- recorded on a safeguarding incident form
- of sufficient details of child, young person or adult at risk to identify individual who is subject of concern and any significant others
- accurate and factual/based on fact, as a true record of:
  - what has been monitored/observed
  - what has been said and by whom
  - what has given cause for concern
  - what action has and/or will be taken including the reason for those actions
  - the reason stated for no action being taken and by whom
- non judgmental
- timely within 24 hours
- signed and dated by the writer and co- signed by the Lead or Deputy
- shared as appropriate by the Lead or Deputy for Safeguarding
- stored safely and securely by the Lead or Deputy for Safeguarding

## Handling Allegations / Dealing with Complaints / Disciplinary & Grievance Procedures

Our policies and procedures are in line with the statutory guidance, the relevant Regulatory Authorities, professional guidelines, our disciplinary, complaints and grievance procedures. These will be made available to everyone.

Where a complaint or allegation has been made with regards to any inappropriate behaviour or poor practice, the Lead or Deputy will, in all cases, discuss the situation with social care services (the LADO (Local Authority Designated Officer) with regards to children England and Wales only) and / or the police before making an open decision about the best way forward.

In the case where the Lead is implicated, the Deputy should be informed. In the exceptional circumstances that both are involved, the person concerned will inform the Senior Lead. If there is a belief that the concern has not been taken seriously or acted upon then any one can "Whistleblow".

With regards to disciplinary and grievance procedures, we will take no steps until we have fully discussed and agreed a strategy with social care services and / or the police, (the LADO, with regards to children England and Wales only). Any investigation will override the need to implement any such procedures. Our management are responsible for making referrals to the relevant:

- criminal records service
- Regulatory Authority
- Professional body – Health and Care Professions Council

## Bullying and Harassment

Bullying and harassment can take many forms and include:

- physical violence including threats, verbal assaults and taunts, the destruction of property, extortion, unwanted sexual interest or contact
- indirect forms of bullying including ignoring a person and the withdrawal of friendship, malicious gossip and spreading rumours, abusive or oppressive graffiti, the use of social media, electronic messages and websites.
- it is often motivated by prejudice against certain groups for example on the grounds of race, religion, gender and disability

Whether directed at children, young people, adults at risk, staff, volunteers, parent and carers, bullying and harassment, physical and/or emotional abuse will not be tolerated. All such behaviour will be treated as a safeguarding concern when aimed at children, young people and or adults at risk. If children, young people and/or adults at risk are engaging in bullying or harassment it is also a safeguarding concern and should be reported to the Lead or Deputy for safeguarding.

We will:

- provide a culture of equality and respect for all with zero tolerance to any form of bullying or harassment
- report all incidents of bullying or harassment observed or disclosed, to the Lead or Deputy who will take the appropriate action
- take immediate steps to stop the behaviour and mitigate the effects of bullying and harassment
- record all incidents with observations and witness statements, and action taken, signed, timed and dated

# Online Safety

Online Safety Lead: Jenny Travasso 07730136041 jenny@suffolkmusictherapyservices.co.uk

Roles and Responsibilities: To keep uptodate with current legislation.

To amend policies as required and cascade all necessary information to the team.

Organise Online Safety training for all staff

To carry out roles and responsibilities of Designated Safeguarding Lead as outlined above under "Safeguarding Personnel" heading.

## Why do we need to include Online Safety?

Modern digital technology has made access to information and communication increasingly easy for everyone. This is especially so for those who cannot always go out to socialise and rely on websites for social networking, watching films, downloading music, buying lottery tickets, shopping etc. Government guidance is clear, that all organisations working with children, young people adults at risk, families, parents and carers have responsibilities. It is also important to remember, children, young people and adults at risk can also abuse and such incidents fall into the remit of this policy

## Online Safety Code of Conduct:

We expect everyone in our organisation to agree and sign up to our Online Safety code of conduct to:

1. use the internet and other forms of communication in a sensible and polite way.
2. only access websites, send messages or access and use other resources that will not hurt or upset anybody.
3. seek permission if they want to use personal information or take photographs of other people.
4. report any concerns to the Lead or Deputy
5. not maintain confidentiality if there is a concern about the welfare of a child, young person or adult at risk.

## What are the Risks?

There are many potential risks including:

- accessing inappropriate or illegal websites.
- receiving unwanted or upsetting texts, e-mail messages or images.
- being "groomed" by another with a view to meeting the child, young person or adult at risk for their own illegal purposes including sex, drugs or crime.
- sharing nudes or semi nudes.
- viewing or sending unacceptable material such as inciting hatred or violence.
- sending bullying messages or posting malicious details about others.
- ignoring copyright law by downloading e.g. music, videos, homework cheat materials etc.
- overspending on shopping and gambling sites.
- being at risk of identity fraud for money transactions.
- inappropriate relationships or prostitution.

## What else might be of concern?

**A child, young person or adult at risk who:**

- is becoming secretive about where they are going to or who they are meeting.
- will not let you see what they are accessing online.
- is using a webcam in a closed area, away from other people.
- is accessing the web or using a mobile for long periods and at all hours
- clears the computer history every time they use it.
- receives unexpected money or gifts from people you don't know.
- does not appear to have the money they should have.

**A person who:**

- befriends a child, young person or adult at risk on the internet or by text messaging.
- has links to children, young people and/or adults at risk on their social media pages especially if they work in a position of care such as a sports coach or care worker.
- is secretive about what they are doing and who they are meeting.

# Social media

The Online Safety Act 2023 and associated government guidance A Guide to the Online Safety Bill now makes social media companies more responsible for their users' safety on their platforms. This means children and adults will be protected online by making social media platforms:

- remove illegal content quickly or prevent it from appearing in the first place. This includes removing content promoting self-harm
- prevent children from accessing harmful and age-inappropriate content
- enforce age limits and age-checking measures
- ensure the risks and dangers posed to children on the largest social media platforms are more transparent, including by publishing risk assessments
- **provide parents and children with clear and accessible ways to report problems online when they do arise**

Such content should be reported to the service provider and if they do not respond appropriately the matter can be reported to Ofcom.

**IT IS IMPORTANT TO FOLLOW THE STEPS BELOW FIRST WHENEVER ANYONE IS AT RISK OF HARM**

## What do I do if I am concerned?

If you have any concerns, speak to the Lead or Deputy for Safeguarding.
Remember:

- do not delay.
- do not investigate.
- seek advice from the Lead or Deputy
- make careful recording of anything you observe or are told

Suffolk Music Therapy Services
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**Online Safety Referral Flowchart – Child and Adult**

Is a crime in progress or is anyone in immediate danger?

Yes → **Dial 999 Immediately**

No ↓

Inform the Lead or Deputy for Safeguarding who will take the following steps, if not available, you must take action:

Is the concern about child sexual content anywhere in the world?

Yes ↓

IWF Internet Watch Foundation

Contact the IWF
(Internet Watch Foundation)
www.iwf.org.uk

No →

Is the concern about a person communicating with a child or adult for sexual reasons?

Yes, Child ↓

CEOP

Contact CEOP
(Child Exploitation and Online Protection)
www.ceop.police.uk

Yes, Adult ↓

No →

Is the concern about a known person, non-sexual harassment or other potential crime?

Yes ↓

CALL YOUR LOCAL POLICE 101 IN AN EMERGENCY ALWAYS CALL 999

Contact the local police

Record the concern and the Lead/Deputy for Safeguarding will liaise,
await response, advise you and review Online Safety arrangements as necessary.

## Minimising the Risks

We will:

- talk to children, young people and adults at risk about what they are accessing online.
- ensure everyone uses PCs, iPads and other technology in a general space where we can monitor what is going on.
- explain the risks of giving out personal details online.
- talk about how people can be anyone they want to be online, e.g. by using misleading emails, photographs of other people, telling lies about their age, hobbies, school.
- encourage children, young people and adults at risk to think carefully about what photographs or videos they use online. They can be used and tampered with by other people, or they may not be appropriate.
- advise children, young people and adults at risk to only text, chat or webcam to people they know in real life.
- talk about how to identify SPAM messages or junk mail and how to delete them. This also applies to messages from people they do not know, or opening attachments.
- discuss how people hide their identities online and the importance of never meeting new online "friends" in real life.
- make sure children, young people and adults at risk understand they can always talk to us, or their parents and/or carers, about anything that makes them feel uncomfortable.
  - look on the internet together for information about how to deal with or report problems. e.g. The National Crime Agency's CEOP Education
- talk about how/when information or images get on to the internet, they can never be erased.

**Other useful resources can be found at** Ofcom

# Safeguarding Practical Guidance

## Audio, Photography & Filming Guidance

Music therapy sessions are routinely recorded on audio or camera. Therapists must ensure that parental/carer consent is sought prior to recording or photography. There is a clear purpose for recording. This helps music therapists to do the most effective work by enabling them to review and analyse sessions in detail. This then helps the therapist to assess the benefits for their client and plan further music therapy sessions. Recording is recognised as an essential component of good music therapy practice. Recordings may be used for professional supervision and may be shared with other members of staff and the individual's parents/carers where appropriate. They are stored securely and used for no other purpose without written consent. Photos and filming should only be taken within the context of music therapy activities.

It is vital to remember that photography and filming can be used and distributed inappropriately including on the Internet. It is therefore important to be clear about:

- explaining to parents and carers why caution is necessary
- the purpose of photos e.g. parent's and carer's own record, media and publicity etc
- the content required when using a professional photographer
- informing parents and seeking their consent for any publication or media use
- publishing only limited details alongside individual's photos in newspapers etc
- taking photographs openly and away from changing areas
- the suitability of clothing e.g. swimsuits
- any group photos being taken only during the activity or on the premises
- all those taking photos signing a registration form, which includes the reason, use and storage of all photographs and films

The above guidance applies to any photographic and filming equipment including camera phones, digital or video cameras, which and who's equipment is used should also be recorded on the registration form.

## Transport

We do not provide or organise transport for clients.

## Activities, Events and Visiting Speakers

We will always ensure visitors and activities undertaken are risk assessed and we are committed to:

- ensuring that those who run activities have the expertise, knowledge and skills to do so properly
- completing a risk assessment which involves identifying risks and the means of reducing or eliminating those risks for all activities or events
- risk assessing any changes being made to activities or events involving children, young people and adults at risk
- having a written plan in place if the event or activity has to be cancelled
- having a written plan in place in case of emergency including contact numbers
- implementing the required actions identified by the risk assessment process and reviewing the effectiveness of these on a regular basis

## The Late Pick Up of a Child, Young Person or Adult at Risk

If attempts to contact the parent and nominated emergency contact fail, then the supervising adult should wait with the child, young person or adult at risk with other staff, volunteers or parents wherever possible. Staff, paid and unpaid, should avoid:

- taking the child, young person or adult at risk home or to another location
- waiting alone with the child, young person or adult at risk in a vehicle or at the venue
- sending the child young person or adult at risk home with another person, without parental consent
- leaving the child young person or adult at risk alone.

If all attempts to make contact fail, it may be advisable to contact the police for advice.

## Child, Young Person or Adult goes Missing

If a child, young person or adult at risk goes missing from the therapy setting it should be reported to the police. Use 999 where there is a concern that they cannot be found or are vulnerable.

A missing person may be assessed as 'at risk' if they fit one or more of the following categories.

- is under 16
- has expressed feelings of suicide
- has dementia
- has been acting totally out of character
- has mental health issues
- is under increased stress
- has an illness or a physical disability
- has a learning disability
- is in need of regular medication/care

The Lead or Deputy for Safeguarding should be informed as soon as possible, and all details and actions recorded dated timed and signed.

## First Aid

Our organisation undertakes to ensure there is always a trained First Aider or a parent/carer on site at our workplaces (such as schools or care homes), and that they have appropriate first aid cover. When on a home visit, the parent/carer will be responsible for first aid. In an emergency staff should dial 999.

All incidents will be reported and recorded in the Incident and Accident Books at the venue and with SMTS (Incident form found on therapist's SMTS OneDrive in the useful documents folder).

## Buildings and Venues

Safeguarding risk assessments will be carried out by our organisation or by the host's venue management, such as schools.

The safeguarding risk assessment should cover:

- access especially how people enter and leave the building
- signing in protocol
- use of keys
- toilets and changing rooms
- any outside space
- car parks
- any other relevant issues

# Recommendations

In order to attain the highest standards of safeguarding practice, everybody needs to be vigilant in adhering to this policy and also assessing the risks of their own work and activities. These risk assessments will be carried out annually by the Lead and/or Deputy. However, it is the responsibility of everyone to draw attention to practices and procedures that they are unhappy or uncomfortable with.

It is only through adopting SMTS policies and practices that we can all be confident we have done everything we can to safeguard the children, young people and adults at risk in our care.

# Policy Date

This policy was agreed and disseminated on 16th October 2026 and will be reviewed annually or when there are substantial organisational changes.

| | |
|---|---|
| **Policy Review Date:** | **16th October 2027** |
| **Signed:** | ***J Travasso*** |
| **Designated Lead for Safeguarding and Online Safety:** | **J Travasso** |
| **Deputy for Safeguarding:** | **A Thomas** |
| | **L Pressney** |
| **Clinical Director:** | **R Travasso** |

**Date:** **16th October 2026**

**Date of next review:** **October 2027**

This Policy is modelled on  template V1.15 ©SAFEcic 2025 with the addition of updating KCSiE 2026 as their most recent policy is awaiting review and has not yet been updated.

# Appendix: - Safeguarding Incident Reporting Form

## SMTS Safeguarding Incident Form

***NB*** *This form should only be filled in with information* ***already*** *known by the music therapist and the Lead, Deputy or Alternate Senior Lead who has managed the referral. Be careful not to ask leading questions and be clear about what is fact and what is opinion in your recording.*

| | |
|---|---|
| **Name of child or adult at risk (including any names known)** | |
| **Date of Birth** | |
| **Address** | |
| **Name of parent or carer and contact details** | |
| **Any special needs known; including medical, disability, language etc** | |
| **Nature of concern:** | |
| **Name and details of any other children or adults at risk in the family** | |
| **Name and details of any other significant adults in family** | |
| **Action taken** | **Detail here agency contacted, who was spoken to and any timescales/actions given** |

| | |
|---|---|
| ***Lead, Deputy or Alternate Senior Lead only***<br>**Record the action taken and the reason for taking it**<br>**OR**<br>**Why no action has been taken at this time** | **Time & Date** |
| **Name, job role & signature of the concerned person** | **Time & Date** |
| **Name & signature of Lead, Deputy or Alternate Senior Lead** | |
| **Name of organisation, address and phone numbers/e-mails for the contacts above:** | |