



Policies and Procedures

Document 28 - Safeguarding

Date of Last Review: February 2024

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1) The Policy

- i)* Musica Kirklees is committed to the safeguarding of all children, young people and vulnerable adults with whom it has contact. The Children Act 1989 (and amended 2004) makes it clear that the welfare of the child is paramount and that everyone involved in the care of children has a responsibility for the protection of those children from harm. It is also essential that we honour the trust of those who allow us to care for their children.
- ii)* Safeguarding is everyone's responsibility therefore this policy applies to the Board of Directors, volunteers, all teaching and non teaching staff within Musica Kirklees.
- iii)* The purpose of the policy is to protect children and young people who access tuition/centres/central ensembles through Musica Kirklees.
- iv)* The purpose of this policy is to provide staff with the information about safeguarding.
- v)* Musica Kirklees believes that a child or young person should never experience abuse of any kind.

Legal framework

- i)* This policy has been drawn up on the basis of law and guidance that seeks to protect children, which includes:
 - The Children Act 1989 (and amended 2004)
 - Relevant government guidance on safeguarding - Working Together to Safeguard Children (issued 2023)
 - Keeping Children Safe in Education Part 1 (issued 2023)

Musica Kirklees recognises that

- i)* The welfare of the child/young person is of the utmost importance.
- ii)* All children/young people regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse.
- iii)* Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.
- iv)* working in partnership with children, young people, their parents/carer and other agencies is essential in promoting young people's welfare.

We will seek to keep children and young people safe by:

- i)* valuing, listening to and respecting children and young people.
- ii)* adopting child protection practices through procedures and a code of conduct for all staff.
- iii)* provide support and training in safeguarding for staff.
- iv)* ensuring all necessary checks are made when recruiting staff.
- v)* sharing concerns with agencies who need to know and involving parents and children appropriately.

We will review this policy on an annual basis

- i)* This policy was last reviewed in February 2024.

The Procedure

2) Roles and Responsibilities

- i)* All adults working within Musica Kirklees have a responsibility to protect children and staff should always maintain an attitude of 'it could happen here'.
- ii)* Mr N Dolling is the Designated Safeguarding Lead (DSL).
- iii)* Mrs N Bell, Ms G Eady, Mrs J Isaacs, Mr A Kingham and Mr P Simons are Deputy Designated Safeguarding Leads (DDSL).
- iv)* The Trustee on the Musica Kirklees Board designated to oversee Safeguarding is Mr A Harris.
- v)* The DSL/DDSLs holds responsibility for ensuring that the safety of all students at all times is of the upmost importance.
- vi)* The DSL/DDSLs takes their statutory responsibility seriously.
- vii)* The DSL/DDSLs will ensure that any weaknesses in Musica Kirklees' arrangements for safeguarding and promoting the welfare of students are addressed immediately by the regular monitoring of procedures.
- viii)* The DSL/DDSL will collaborate fully with the Kirklees Safeguarding Children Board.

3) Kirklees Safeguarding

- i)* Children's Services Duty and Advice Team – 24 hour reporting for professionals is 01484 414960.
- ii)* If you have an **immediate** concern for a child's safety, call the police on 999.
- iii)* For members of the public (9 am – 5 pm office hours) – 01484 456848
- iv)* For members of the public, outside of 9 am – 5 pm office hours – please call the relevant services.
- v)* If a child is contacting the service, 01484 456848 or Child Line 0800 1111 (calls are free)
- vi)* Full safeguarding procedures can be viewed on www.kirkleessafeguardingchildren.co.uk

4) Safer recruitment

- i)* When recruiting, Musica Kirklees will follow its safer recruitment policy (see Policy and Procedures document 24).

5) Training and support

- i)* It is vital that all our Musica Kirklees staff are sufficiently trained and confident in their safeguarding responsibilities. Musica Kirklees has a clear plan of what training it expects members of staff to undertake and checks that this has been undertaken.
- ii)* Musica Kirklees will include as part of the induction process the appropriate training to equip new staff with a basic awareness of child abuse and neglect.
- iii)* The Designated Safeguarding Lead and Deputy Designated Safeguarding Leads will undertake the KSCB classroom-based course 'Working Together to Safeguard Children'. This course includes information about safeguarding children procedures in Kirklees and the child protection process including how to make a referral.
- iv)* It is also recommended that the DSL consider undertaking KSCB training in 'Safer Recruitment', 'Roles and Responsibilities of the DSL' and 'Making a positive contribution to Child Protection Conferences and Core Groups'.
- v)* The Safeguarding document will be reviewed annually and staff will be directed to the Policy.
- vi)* Refresher training sessions will be delivered to Musica Kirklees staff at three yearly intervals.
- vii)* Where there are concerns about child protection, support will be available for members of staff from the DSL/SMT/Area Managers.
- viii)* All staff should have access to advice and guidance on the boundaries of appropriate behaviour and conduct in the staff handbook. More specific guidelines are given within document number 26 – Professional Conduct Policy and Procedures.
- ix)* All staff working in maintained schools/academies or PRU's have to read the document Keeping Children Safe in Education Part 1. As part of their safeguarding policy they may provide each teacher visiting their school with a copy and ask you to comply with this in order to adhere to their Policy.

6) The Categories of Abuse/Signs & Indicators

- i)* The term 'child abuse' is used to describe various ways that a child can be harmed or mistreated. Abuse can happen anywhere and at any time but research indicates that the perpetrators of abuse are likely to be known and trusted by the child.
- ii)* Child abuse is generally split into four categories – physical, neglect, sexual and emotional.

7) Physical Abuse

Physical Abuse is a form of significant harm which may involve hitting, kicking, shaking, throwing, squeezing, suffocating, drowning, burning or biting the child. Giving the child alcohol, drugs or poison are also forms of physical abuse. Physical harm may also be caused when a parent fabricates the symptoms of, or deliberately induces, illness in a child.

8) Recognising Physical Abuse

- i)* Whilst some injuries may appear insignificant, repeated minor injuries especially in young children may be symptomatic of physical abuse.
- ii)* Refusal to discuss injuries.
- iii)* Untreated injuries.
- iv)* Admission that the child was punished which appears to be excessive.
- v)* Shrinking away from physical contact.
- vi)* Fear of parents being contacted or a fear of returning home.
- vii)* Fear of undressing.
- viii)* Fear of medical help.
- ix)* Aggression/bullying.
- x)* Absconding.
- xi)* Sudden changes in behaviour.
- xii)* Deterioration in work.
- xiii)* inexplicable fear of adults or over compliance
- xiv)* isolation from peers

9) Types of Physical Abuse

Bruising

Children can have accidental bruising but it is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non accidental unless there is evidence or a satisfactory explanation provided:

- i)* Any bruising to a pre-crawling or pre-walking baby.
- ii)* Bruising in or around the mouth, particularly in small babies, for example 3 to 4 small round or oval bruises on one side of the face and one on the other, which may indicate force feeding.
- iii)* Two simultaneous bruised eyes, without bruising to the forehead (rarely accidental, though a single bruised eye can be accidental or abusive).
- iv)* Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas.
- v)* Variation in colour possibly indicating injuries caused at different times – it is now recognised in research that it is difficult to age bruises apart from the fact that they may start to go yellow at the edges after 48 hours.
- vi)* The outline of an object used (eg belt mark, hand print or hair brush).
- vii)* Linear bruising at any site, particularly on the buttocks, back or face.
- viii)* Bruising or tears around, or behind the earlobe/s indicated injury by pulling or twisting.
- ix)* Bruising around the face.
- x)* Grasp marks to the upper arms, forearms, leg or chest of small children.
- xi)* Petechial haemorrhages (pinpoint blood spots under the skin). These are commonly associated with slapping, smothering/suffocation, strangling and squeezing.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the parent/carer being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture. There are grounds for concern if:-

- i)* the history provided is vague, non-existent or inconsistent with the fracture type.
- ii)* there are associated old fractures.
- iii)* medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movements.
- iv)* there is an unexplained fracture in the first year of life.
- v)* non mobile children sustain fractures.

Rib fractures

These are only caused in major trauma such as a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures

These are uncommon in ordinary falls (from three feet or less). The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over two to three hours. All skull fractures should be taken seriously.

Subdural haematoma

This is usually seen in young children. It may be associated with retinal haemorrhages and fractures particularly skull and rib fractures. The cause is usually a severe shaking injury in association with an impact blow. There may or may not be a fractured skull. The baby may present in the Emergency Department with sudden difficulty in breathing, sudden collapse, fits or as an unwell baby – drowsy, vomiting and later an enlarging head.

Joints

A tender, swollen "hot" joint with normal X ray appearance may be due to infection in the bone or trauma – there may be both. A further X ray will usually be required in 10 to 14 days. This would require treatment where there is an infection.

Mouth injuries

Tears to the frenulum (tissue attached upper lip to gum) often indicates force feeding of a baby. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate. Blunt trauma to the mouth causes swelling and damage to the inner aspect of the lips.

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

Internal injuries

There may be internal injury (eg perforation) with no apparent external signs of bruising to the abdomen wall.

Poisoning/Intoxication

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self-harm even in young children. There may be symptoms of drug or alcohol intoxication.

Bite marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. Those over 3 cm in diameter are more likely to have been caused by an adult or older child. A medical opinion should be sought where there is any doubt over the origin of the bite, preferably within the first 24 hours.

Bald patches

Covering of limbs

There may be unaccountable covering of limbs, even in very hot weather.

Burns and scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds – an experienced medical opinion is required. Any burn with a clear outline may be suspicious for example:-

- i)* Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine or impetigo in which case they will heal quickly with treatment.
- ii)* Linear burns from hot metal rods or electrical fire elements.
- iii)* Burns of uniform depth over a large area.
- iv)* Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks).
- v)* old scars indicating previous burns/scalds which did not have appropriate treating or adequate explanation.
- vi)* scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- i)* a responsible adult checks the temperature of the bath before the child gets in.
- ii)* a child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- iii)* a child getting into too hot water of his/her accord will struggle to get out and there will be splash marks.

10) Emotional Abuse

Emotional abuse is a form of significant harm which involves 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 in so far as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. 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 (including cyber-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.

11) Recognising Emotional Abuse

Emotional abuse may be difficult to recognise as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:-

- i)* delayed physical, mental and emotional development
- ii)* abnormal attachment between a child and parent/carer (eg anxious, indiscriminate or no attachment).
- iii)* indiscriminate attachment or failure to attach.
- iv)* aggressive behaviour towards others.
- v)* a child scapegoated within the family.
- vi)* frozen watchfulness, particularly in pre-school children.
- vii)* low self-esteem and lack of confidence.
- viii)* withdrawn or seen as a 'loner' difficulty relating to others.
- ix)* self-harming, drug or solvent abuse.
- x)* over reaction to mistakes, continual self-deprecation.
- xi)* inappropriate emotional responses, ie fantasies.

- xii)* neurotic behaviour: rocking, banging head, regressions, tic and twitches.
- xiii)* fear of parents being contacted.
- xiv)* running away/going missing.
- xv)* compulsive stealing.
- xvi)* masturbation, appetite disorders – anorexia nervosa, bulimia
- xvii)* soiling, smearing faeces, enuresis

12) Sexual Abuse

Sexual abuse is a form of significant harm which involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse as can other children.

13) Recognising Sexual Abuse

Children of both genders and of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family. Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:-

- i)* aggressive behaviour including inappropriate sexualised conduct (for example sexual harassment or molestation).
- ii)* sexual knowledge inappropriate for the child's age.
- iii)* sexually explicit behaviour, play or conversation, inappropriate to the child's age.
- iv)* continual and inappropriate or excessive masturbation.
- v)* attention-seeking behaviour - self-harm, self-mutilation, substance abuse and suicide attempts.

- vi)* running away from home/reluctance to go home.
- vii)* poor concentration and learning problems.
- viii)* loss of self-esteem.
- ix)* refusal to communicate.
- x)* an anxious unwillingness to remove clothes for eg sports activities or swimming (but this may be related to cultural norms or physical difficulties).
- xi)* thrush, persistent complaints of stomach disorders or pains.
- xii)* unusually compliant.
- xiii)* regressive behaviour – enuresis, soiling
- xiv)* frequent or open masturbation, touching others inappropriately

Some physical indicators associated with this form of abuse are:-

- i)* pain or itching in the genital area.
- ii)* recurrent pain on passing urine or faeces.
- iii)* blood on underclothes.
- iv)* pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father.
- v)* physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted infection, presence of semen on vagina, anus, external genitalia or clothing.
- vi)* thrush, persistent complaints of stomach disorders or pains.

14) 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 and development. Neglect may occur during pregnancy as a result of maternal substance misuse.

Once a child is born, neglect may involve a parent or carer failing to:-

- i)* provide adequate food and clothing, shelter (including exclusion from home or abandonment).
- ii)* protect a child from physical and emotional harm or danger.
- iii)* ensure adequate supervision (including the use of inadequate care-givers).
- iv)* ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

15) Recognising Neglect

The growth and development of a child may suffer when the child receives insufficient food, love, warmth, care and concern, praise, encouragement and stimulation. Apart from the child's neglected appearance, other signs may include:

- i)* hunger.
- ii)* failure to achieve developmental milestones for example, growth and weight.
- iii)* red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold.
- iv)* swollen limbs with sores that are slow to heal, usually associated with cold injury.
- v)* child dirty or unkempt.
- vi)* pallid complexion
- vii)* recurrent diarrhoea.
- viii)* dry sparse hair.
- ix)* abnormal voracious appetite at school or nursery.
- x)* stealing or scavenging compulsively

- xi)* a child seen to be listless, apathetic and unresponsive with no apparent medical cause.
- xii)* unresponsiveness.
- xiii)* indiscrimination in relationships with adults (may be attention seeking).
- xiv)* untreated illnesses/injuries.
- xv)* failure to develop socially and intellectually.
- xvi)* neurotic behaviour.
- xvii)* poorly or inappropriately dressed for the weather.
- xviii)* poor school attendance or often late for school.
- xix)* poor concentration.

A clear distinction needs to be made between organic and non-organic failure to thrive. This will always require a medical diagnosis. Non organic failure to thrive is the term used when a child does not put on weight and grow and there is no underlying medical cause for this. In failure to thrive situations, effective communication between involved professionals and families is essential if children are to be adequately protected. In all circumstances where failure to thrive is thought to be due to a lack of appropriate care then child protection procedures must be followed.

16) Parent/carer response to an injury

Research and experience indicate that the following responses from parents may suggest a cause for concern:

- i)* an unexpected delay in seeking treatment is needed.
- ii)* an unawareness or denial of any injury, pain or loss of function (for example, a fractured limb).
- iii)* incompatible explanations are offered, and several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development.
- iv)* reluctance to give information or failure to mention other known relevant injuries.
- v)* frequent presentation of minor injuries.
- vi)* unrealistic expectations or constant complaints about the child.
- vii)* alcohol misuse or other drug/substance misuse.
- viii)* parents request the removal of the child from home.
- ix)* violence between adults in the household.

17) Children with Special Educational Needs and Disabilities

When working with children with disabilities staff will be aware that additional possible indicators of abuse and/or neglect may also include:

- i)* a bruise in a site that might not be of concern to an ambulant child such as the shin, might be of concern to a non-mobile child.
- ii)* not getting enough help with feeding leading to malnourishment.
- iii)* poor toileting arrangements.
- iv)* lack of stimulation.
- v)* unjustified and/or excessive use of restraint.
- vi)* rough handling, extreme behaviour modification e.g., deprivation of liquid medication, food or clothing, disabling wheelchair batteries.
- vii)* unwillingness to try to learn a child's means of communication.
- viii)* ill-fitting equipment e.g., callipers, sleep boards, inappropriate splinting.
- ix)* misappropriation of a child's finances.
- x)* invasive procedures.

18) What to do if a child or vulnerable adult confides in you

- i)* Keep calm.
- ii)* Listen and do not make any judgements.
- iii)* Make the child aware that they will need to speak with somebody else – you are unable to promise confidentiality.
- iv)* Do not ask leading questions or push for further information.
- v)* Write down exactly what the child has said as soon as possible and then transfer onto a safeguarding concerns log within 48 hours.
- vi)* Speak as soon as is possible to the Designated Safeguarding Lead.
- vii)* Do not discuss the case with anyone else apart from the Designated Safeguarding Lead and the school's Designated Safeguarding Lead (if you teach the student in the child's school). Further advice will then be sought from the appropriate individuals at Kirklees Safeguarding.
- viii)* If there are any concerns about the immediate safety of a young person then the police must be contacted without delay.

19) What to do if abuse is suspected

You have a legal duty to report any suspicion of abuse. If a member of staff has a genuine concern regarding a child, the process will be slightly different dependant on where you see that child.

Attending lessons or ensembles in school

- i)* If you have concerns regarding a child who you teach at a school during the school day, or in a rehearsal which has been arranged by the school, you should speak with the DSL in the school who will then follow their policy and procedures for referring the incident. Any concerns should be made prior to leaving that school for the day. The school may require you to put this into writing. You should then discuss the concern with your Designated Safeguarding Lead with Musica Kirklees and complete the Musica Kirklees "Safeguarding Concerns Log".
- ii)* If the school does not deem it necessary to refer the incident to Kirklees Safeguarding, this process can be completed with the Musica Kirklees DSL.

Attendance at Centres/Central Class lessons/Central Ensembles

- i)* If you have concerns regarding a student who attend a Musica Kirklees Centre or instrumental/vocal lessons at a venue that is not the school that the student attends during the school day, you should discuss the concern with your Designated Safeguarding Lead. You should complete the safeguarding concerns log and then either you or the Designated Safeguarding Lead should report the concern to Kirklees Safeguarding.
- ii)* The procedure within the flowchart (section 21) should be followed.

In either of the above circumstances, if you are unhappy with the response you receive or you believe that the child or young person remains at risk of harm, you can report your concerns again directly to the Duty and Advice Team at Kirklees Safeguarding Children Partnership.

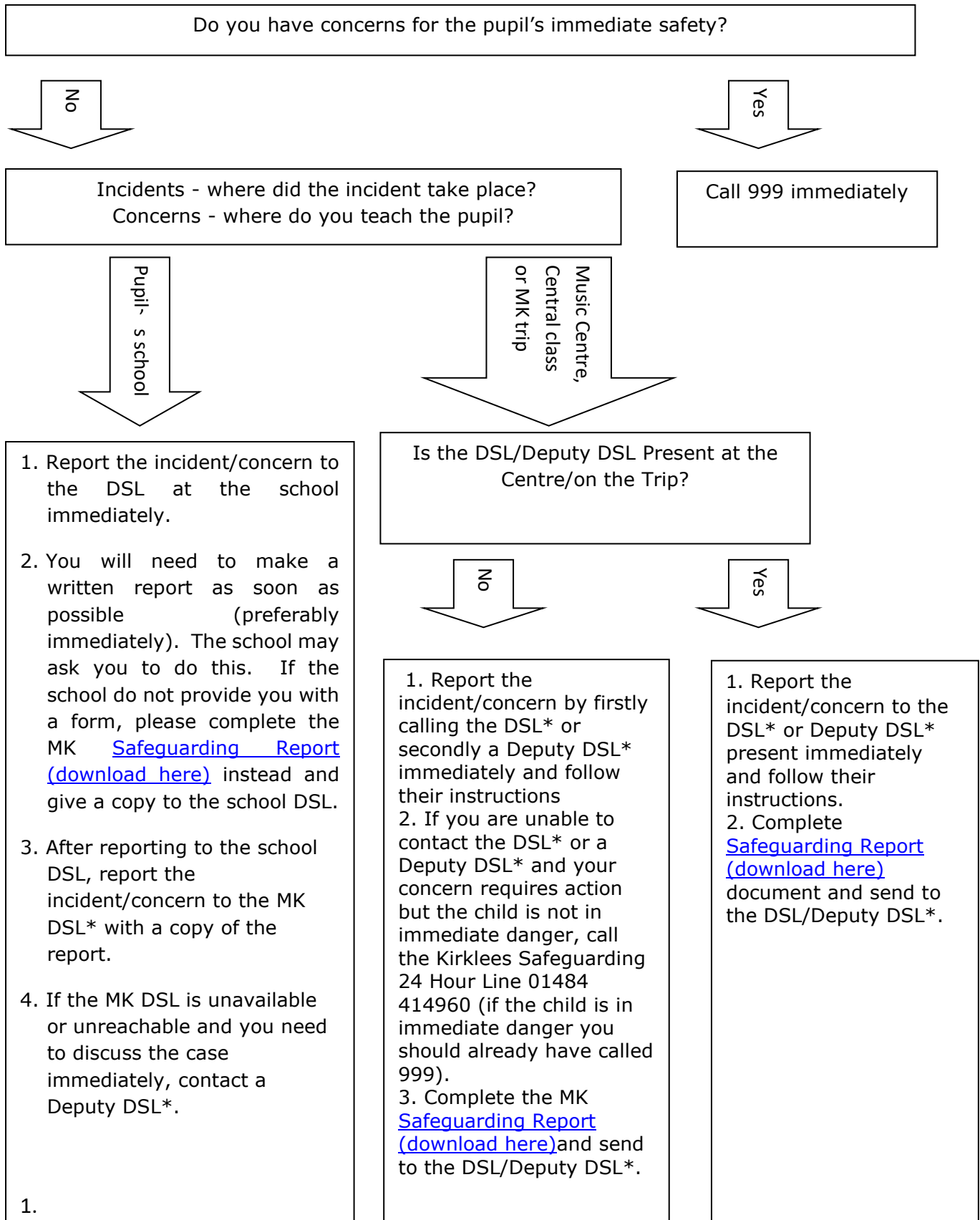
Wherever possible, we will aim to discuss concerns about children with their parents or carers and inform them if we intend to make a referral to the Duty and Advice Team. There may be instances where it is deemed inappropriate to speak to a parent or carer – this would happen if it is judged that this would increase the risk to the child.

If there are any concerns about the immediate safety of a young person then the police must be contacted without delay.

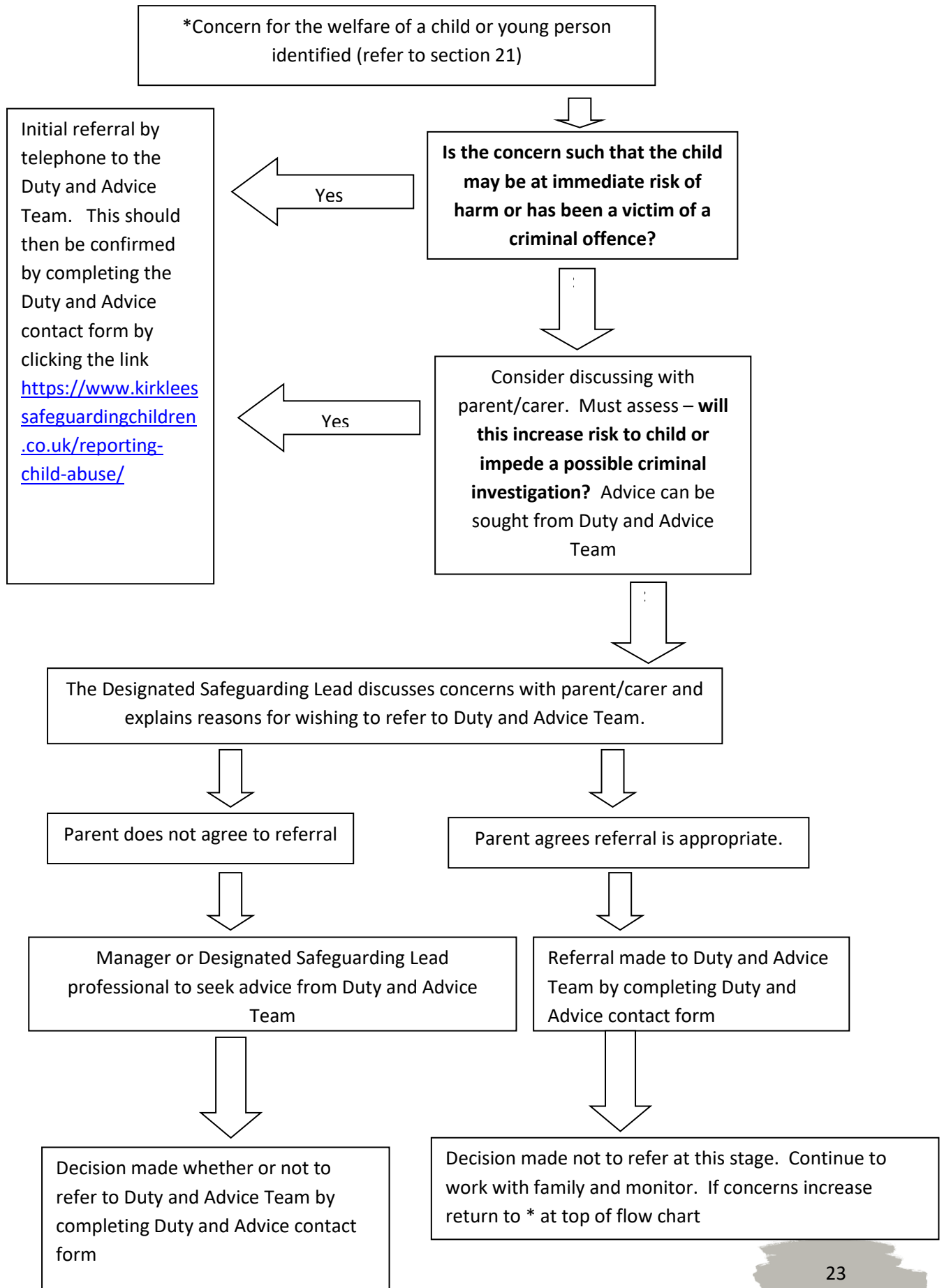
20) Professional Confidentiality

- i)* A member of Musica Kirklees staff must never guarantee confidentiality to a child/young person or vulnerable adult where there is a concern regarding safeguarding.
- ii)* Children can be reassured that only the people who “need to know” will be informed and that the information will not become common knowledge.
- iii)* Operation Encompass is a process used within Kirklees to inform schools when the police attend an incident of domestic violence or abuse, in the home of a pupil since the previous school day. The sharing of such information is on a need to know basis. It is expected that a school will share this information with Musica Kirklees staff who are working closely with a pupil who may have witnessed a domestic abuse incident within the home.
- iv)* Child Protection Plan. A Child Protection Plan can vary and it would be the responsibility of the assigned Social Worker and their knowledge of what Musica Kirklees provides as to whether they would include Musica Kirklees in the multi-agency working. If a member of Musica Kirklees staff is aware that a child they are working with is on a Child Protection Plan, best practise would be to encourage the Musica Kirklees member of staff and explain what they do and how they might help support the child and contribute to the plan.
- v)* The GDPR & The Data Protection Act 2018 does not prevent or limit the sharing of information for the purposes of keeping children and young people safe.

21) Flowchart for Safeguarding reporting of incidents or concerns: What to do immediately & emergency numbers (for non-DSL/DDSL staff)



22) Flowchart for the DSL/DDSL reporting to Kirklees Safeguarding Children Partnership



23) Recording Information

- i)* If a member of staff has any concerns regarding safeguarding, records of this must be kept in writing by completing a "Safeguarding Concerns Log" (see section 25).
- ii)* The form should be completed within 48 hours of the concern arising.
- iii)* Any information given by the child concerned should be recorded accurately using the exact language given by the child.
- iv)* The Designated Safeguarding Lead will meet with the member of staff to discuss the way forward with this concern.
- v)* A copy of the safeguarding concerns log will be classed as confidential and kept in a locked cabinet.

24) Supporting pupils who are at risk

- i)* Musica Kirklees recognises that children who have been exposed to any form of child abuse may experience challenging behaviour issues.
- ii)* Children may see their instrumental/vocal lesson or ensemble/choir as one of the only stable and secure environments they have in their life.
- iii)* For any child in this situation, Musica Kirklees will endeavour to support pupils through:
 - encouraging self esteem.
 - promoting a positive, supportive and secure environment.
 - liaising with other agencies and professionals that are currently supporting pupils and their families ensuring a 'joined up' approach.

25) Safeguarding Concerns Log



Name of child:	Date of Birth:
Date of completing form:	Time of completing form:
Your name:	Your position:
Your signature:	Your organisation: Musica Kirklees
Reasons for recording incident:	
Record the following as factually as possible:	
Who:	
What:	
Where:	
When:	
Offer an opinion where relevant (how and why this may have happened):	
Substantiate the opinion. Make a note of any actions taken, including the names and role of anyone to whom information was passed.	
Please complete in full and pass onto the designated safeguarding lead within 48 hours of the concern arising.	

Follow up actions	
Date	Action

26) Allegations against staff

- i)* Any suspicion that a child/vulnerable adult has been abused by a member of staff or a volunteer must be reported to the Designated Safeguarding Lead, who will take such steps as considered necessary to ensure the safety of the child/vulnerable adult in question and any other child/vulnerable adult who may be at risk.
- ii)* A referral to the LADO (Local Authority Designated Officer) must be made within 24 hours if there is information about a person indicating they have:

 - behaved in a way that has harmed a child, or may have harmed a child.
 - possibly committed a criminal offence against or related to a child.
 - behaved towards a child or children in a way that indicates they may pose a risk of harm to children.
- iii)* If there is an allegation with regard to someone who works with children about children they care for in another capacity then this potentially has implications for their professional role and must be also referred to the LADO.
- iv)* Where there is a complaint against a member of staff, there may be three types of investigation

 - A criminal investigation.
 - A child protection investigation.
 - A disciplinary or misconduct investigation.
- v)* The LADO will ensure that enquiries are managed appropriately and that information is shared between the police, social care and the employer.
- vi)* The LADO will discuss with the employer how the person who the allegation is about will be supported and managed whilst enquiries are being undertaken and how children will be kept safe whilst enquiries are ongoing.
- vii)* If it is evidenced that someone is unsafe to work with children the LADO will ensure required actions have been taken including, when necessary, referring to the Independent Safeguarding Authority. Anyone with concerns about a person's suitability to work with children should contact the LADO for advice and guidance using the online contact form [Contact LADO](https://kirklees-self.achieveservice.com/service/Working_with_children_and_families>Contact LADO.</p><p><i>viii)</i> Early advice and guidance can be sought from the LADO by clicking on <a href=)

- ix)* The referral form can be accessed using the online referral form https://my.kirklees.gov.uk/service/Working_with_children_and_families_LADO_referral
- x)* In the event of an allegation against a member of staff, the Principal of Musica Kirklees may suspend that member of staff pending an initial investigation. Musica Kirklees will co-operate fully with any external investigation.
- xi)* The Principal or another member of the SMT will inform the Board of Directors.
- xii)* If the Designated Safeguarding Lead is the subject of the suspicion/allegation, the concern must be made the chair of the Board of Directions who will refer the allegation to Kirklees Safeguarding Children Board.
- xiii)* Instrumental/vocal teachers are particularly vulnerable to accusations of misconduct or indecent behaviour as they often teach pupils individually. Please refer to Policy & Procedures document number 26 - Professional Conduct.

27) Safeguarding Children and Young People Whistle Blowing Policy and Procedures

- i)* This applies to everyone who is employed by Musica Kirklees.
- ii)* For full policy details, refer to Policy and Procedures document 25 with regard to the Whistle-blowing policy and procedure.

28) Professional Conduct Policy

- i)* Musica Kirklees has a professional conduct policy – these are guidelines which staff should adopt in relation to safeguarding.
- ii)* For full policy details, refer to the Professional Conduct Policy and Procedures document 26.

29) Useful Contact Details

Below is a list of useful telephone numbers

Name of Contact	Telephone number
Musica Kirklees	01484 426426
Kirklees 24 hour reporting for professionals	01484 414960
Helpline for the public and children (9 am – 5 pm)	01484 456848
Local Authority Designated Officer (LADO)	01484 221126
NSPCC helpline	0808 800 5000
Childline	0800 1111