



Mid-Cornwall Music Therapy

ASGSF-FUNDED MUSIC THERAPY

Information for Schools, SENCOs & Designated Safeguarding Leads

Mid Cornwall Music Therapy

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PURPOSE OF THIS INFORMATION SHEET

This information is for schools supporting a young person receiving music therapy funded through the **Adoption and Special Guardianship Support Fund (ASGSF)**.

It is intended to support effective communication between the music therapist, school, young person, family/carers and other professionals involved in their care and education.

Music therapy is a clinical intervention. The therapist remains responsible for professional music therapy practice, clinical records, therapeutic boundaries and professional decision-making.

The school remains responsible for its own safeguarding, supervision, attendance, health and safety and educational responsibilities.

1. SCHOOL-BASED SESSIONS

Sessions will normally take place during the school day in an appropriate, private space provided by the school.

The school is asked to:

- provide a suitable room where possible;
- support the young person to attend sessions safely and promptly;
- identify an appropriate member of staff for practical liaison;
- inform the therapist of relevant changes affecting attendance or safety; and
- follow its own safeguarding and health and safety procedures.

School staff would not normally sit in or participate in therapy sessions unless this has been specifically agreed as therapeutically appropriate.

2. ROLE OF THE SENCO

The SENCO may act as the main school contact for practical and therapeutic coordination.

This may include:

- helping ensure that music therapy forms part of the young person's wider support arrangements;
- sharing relevant information about educational needs, reasonable adjustments and support already in place;
- supporting communication between the therapist and appropriate school staff;
- helping identify an appropriate therapy space and practical arrangements;
- contributing to reviews where appropriate; and
- helping coordinate information from relevant professionals.

The therapist will not replace the SENCO's role or make decisions about educational provision.

3. ROLE OF THE DESIGNATED SAFEGUARDING LEAD

The school's **Designated Safeguarding Lead (DSL)** remains the appropriate school lead for safeguarding concerns arising within the school or involving a child attending the school.

The therapist will:

- follow the school's safeguarding procedures;
- report relevant safeguarding concerns to the DSL or deputy DSL where appropriate;
- seek safeguarding advice where necessary;
- make appropriate factual records; and
- share relevant information with other safeguarding professionals where necessary.

The therapist may also make a safeguarding referral or contact children's social care or the police where circumstances require this.

School staff should similarly pass any safeguarding concern relating to the young person to the DSL in accordance with the school's procedures.

4. CONFIDENTIALITY AND INFORMATION SHARING

Music therapy provides the young person with a confidential therapeutic space. However, **confidentiality is not absolute**.

Information may be shared where necessary for:

- safeguarding;
- preventing serious harm;
- the young person's welfare;
- appropriate multi-agency working;
- legal or professional responsibilities; or
- another lawful purpose.

Information will normally be shared on a **need-to-know basis** and only to the extent necessary.

Data protection should not be treated as a barrier to necessary safeguarding information sharing. KCSIE 2026 states that information should be shared and recorded when necessary to protect a child.

5. WHEN PARENTS/CARERS MAY NOT BE INFORMED FIRST

The normal approach is to work openly with the young person, parents/carers and relevant professionals where it is safe and appropriate to do so.

However, **parents or carers may not always be informed before information is shared where doing so could increase risk, compromise a safeguarding assessment or investigation, or otherwise be contrary to the young person's welfare or best interests.**

In such circumstances, the therapist may seek advice from the DSL, children's social care, police or another appropriate safeguarding professional and share information without first informing the parent/carer.

Where appropriate, the therapist will document the concern, information shared, decisions made and reasons for those decisions.

This reflects current safeguarding and information-sharing guidance.

6. ATTENDANCE AND MISSED SESSIONS

Regular attendance supports therapeutic continuity and the development of a therapeutic relationship.

The school is asked to provide as much notice as possible if:

- the young person is absent from school;
- the young person is unavailable for their session;
- school activities prevent the session taking place; or
- there is a change to the school timetable or arrangements.

Where a session cannot take place, cancellation and funding arrangements will be managed in accordance with the relevant ASGSF/funding agreement.

7. ILLNESS AND HEALTH INFORMATION

The school should inform the therapist of relevant information that may affect the young person's safe participation in therapy.

This may include significant changes in:

- physical or mental health;
- medication where relevant to safe practice;
- risk;
- behaviour;
- mobility or accessibility;
- communication needs; or
- other circumstances that may affect the session.

Only information relevant to safe and effective therapy needs to be shared.

8. THERAPEUTIC INFORMATION AND REPORTING

The therapist may provide appropriate feedback or reports to support the agreed therapeutic and funding arrangements.

Clinical information will be handled sensitively.

Therapy reports will generally focus on:

- the reason for referral;
- therapeutic aims;
- engagement and participation;
- therapeutic progress and outcomes;
- relevant observations;
- recommendations; and
- future support or transition where appropriate.

Reports will not normally provide a detailed account of everything discussed or expressed during therapy.

9. REVIEWS AND MULTI-AGENCY WORKING

Where appropriate, the therapist may contribute to:

- SEN reviews;
- EHCP-related discussions;
- Team Around the Child/Family meetings;
- professional meetings;
- safeguarding meetings; and
- ASGSF reviews or funding-related processes.

The level of information shared will depend on the purpose of the meeting and what is relevant and appropriate.

10. RECORD KEEPING

The therapist maintains professional music therapy records separately from the school's educational records.

Records may include:

- assessment information;
- session notes;
- attendance;
- therapeutic observations;
- outcomes and reviews;
- safeguarding information;
- professional correspondence; and
- reports.

Records are stored securely and handled in accordance with professional, legal and data protection requirements.

The school should retain its own records in accordance with its own policies and statutory responsibilities.

11. ENDING THERAPY

Where possible, therapy should end in a planned and therapeutically appropriate way.

The therapist may discuss with the school:

- progress towards therapeutic aims;
- outcomes;
- the young person's experience of ending;
- ongoing support needs;
- transition arrangements; and
- whether further intervention or referral may be appropriate.

Where therapy is funded through ASGSF, the ending will also take account of the agreed funding period and therapeutic plan.

12. WORKING TOGETHER

Effective music therapy in school works best when there is clear communication between the therapist and school while maintaining appropriate professional boundaries.

Please contact me if there are significant changes in the young person's circumstances, concerns about attendance, practical difficulties with sessions, or questions about the therapy.

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KEY PRINCIPLE

The young person's safety, welfare and therapeutic needs remain central.

Music therapy, school provision, safeguarding and wider professional support should work alongside one another while each professional retains responsibility for their own role.

This information sheet should be read alongside the school's safeguarding policy, the therapist's Safeguarding Children and Young People Policy, relevant ASGSF/funding arrangements and applicable statutory guidance.

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