SAFEGUARDING POLICY AND PROCEDURES

Version	6.1 – proposed replacement for version 5.0; for approval
Effective date	On formal approval and completion of the essential arrangements in Appendix F
Date for review	Annually, and immediately following a serious incident or material legal, guidance or partnership change
Policy owner	Chief Executive; operational lead: Designated Safeguarding Lead (DSL); independent governance oversight
Reference points	Working Together to Safeguard Children 2026; Keeping Children Safe in Education 2026; Children Acts 1989/2004; Care Act 2014; Mental Capacity Act 2005; UK GDPR/Data Protection Act 2018; OfS condition E6; Prevent duty guidance; BIMM safeguarding and partnership requirements. See section 18.
Audience/handling notes	All NHAM staff, governors, students, visiting professionals, contractors, volunteers and partners. Public policy; safeguarding case records are strictly restricted.
Dissemination and implementation plan	Publish accessible policy and contact routes; integrate with induction, staff training, student handbook, venue/placement arrangements and NHAM's harassment and sexual misconduct information page. Test reporting routes before approval.
Linked Policies, Procedures and Forms	Sexual Misconduct; Student Disciplinary; Staff Disciplinary; Whistleblowing; Complaints and Appeals; Equality; Data Protection; Health and Safety; Risk Management; attendance and online safety arrangements. Appendices A–F provide operational tools.
Date approved	[Insert date, approving body and recorded resolution]

Approval must confirm NHAM's legal status, delivery arrangements and applicable BIMM partnership responsibilities. Complete the contact directory and Appendix F before publication.

Contents and immediate action

Main policy	1 Purpose and scope 2 Legal framework and applicability 3 Roles, accountability and BIMM 4 Recognition and prevention 5 Receiving and reporting concerns 6 Child protection and early help 7 Adults at risk 8 Allegations and low-level concerns 9 Harassment and sexual misconduct 10 Safer recruitment 11 Staff conduct and boundaries 12 Under-18s, attendance and industry activity 13 Online safety and Prevent 14 Information sharing and records 15 Training, support and oversight 16 Reviews, complaints and escalation 17 Contact directory 18 Source register
Operational appendices	A Safeguarding concern record B DSL action and referral record C Allegation / low-level concern record D Individual and activity safeguarding plan E Harassment and sexual misconduct case procedure F Approval and implementation checklist

If someone may be unsafe now

- Immediate danger, serious injury or urgent threat: call 999. Get appropriate medical help. Stay with the person if safe; do not confront an alleged perpetrator.
- Report immediately to the DSL or deputy. If unavailable, implicated or failing to act, contact children's social care, adult safeguarding or police directly. Internal reporting must never delay protection.
- Listen, reassure and explain that information must be shared with people who can help. Do not promise secrecy, investigate, ask leading questions or ask the person to repeat their account to multiple staff.
- Make a factual record as soon as possible, using the person's own words. Record actions, times, safe contact arrangements and any immediate risk. Send securely to the appropriate unconflicted recipient.
- Concerns about someone working with children: contact the unconflicted allegations case manager; contact the LADO within one working day where the harm threshold is met, or for advice where uncertain. Child protection and police referrals run alongside this route.

The external routes in section 17 can be used immediately. No form, consent discussion, management meeting, fee status decision or BIMM approval may postpone a necessary referral.

1 Purpose and scope

NHAM is committed to preventing abuse, identifying concerns early and acting to protect children and adults at risk. Every person has a right to learn and work without abuse, exploitation, harassment or retaliation. Safeguarding is everyone's responsibility; the welfare of the child is paramount in child protection decisions.

This policy applies to all NHAM provision and activity, including teaching, recruitment, admissions, assessment, online learning, studios, performances, trips, placements, auditions, industry networking and activity delivered by partners. It covers conduct on and off site, historical disclosures and conduct outside work where this indicates a risk to people at NHAM.

It applies to employees, governors/directors, agency workers, visiting artists, tutors, contractors and volunteers, and sets expectations for students and external organisations. A student under 18 is a child, including on a higher education course. Reaching 18 does not automatically close an existing safeguarding case.

1.1 Key definitions

Child safeguarding includes help and support as soon as problems emerge, protection from maltreatment, prevention of impairment of health or development, safe and effective care and action to secure the best outcomes. Child protection is the activity undertaken to protect particular children suspected of suffering, or likely to suffer, significant harm.

An adult at risk for the Care Act safeguarding enquiry duty is a person aged 18 or over who has needs for care and support, is experiencing or at risk of abuse or neglect, and as a result of those needs is unable to protect themselves. A disability, diagnosis, age or student status alone does not determine this threshold.

Safeguarding concerns outside those thresholds still require a proportionate response: welfare support, emergency assistance, crime reporting, harassment procedures or other relevant action. Staff must not turn someone away because they used the wrong label or reporting channel.

1.2 Principles

- Listen to the person, consider their wishes and explain decisions in accessible language; do not promise outcomes or absolute confidentiality.
- Use a trauma-informed, non-judgmental approach and reasonable adjustments. Recognise barriers linked to disability, communication, race, sex, sexuality, care experience, poverty or fear of losing an industry opportunity.
- Protect reporting people, witnesses and respondents from retaliation; assess risk without assuming an allegation is proved.
- Work with statutory agencies and BIMM, record reasons and follow up. A referral does not end NHAM's responsibility for day-to-day safety.

2 Legal framework and applicability

Working Together to Safeguard Children 2026 provides the multi-agency framework for protecting children in England, including the contribution of education providers. NHAM will cooperate with local safeguarding arrangements, children's social care and police. Children Act 1989 section 17 support and section 47 enquiries are local authority functions; NHAM identifies concerns, refers, supplies information and implements agreed actions.

KCSIE 2026 is statutory guidance for the schools and colleges within its defined scope. HE provision is not brought within that scope solely by admitting under-18s. NHAM adopts the relevant KCSIE standards in this policy as mandatory institutional requirements. Before approval, the governing body must record whether NHAM's legal category or any additional provision makes KCSIE directly statutory for it.

The Care Act 2014 governs local authority adult safeguarding duties. The Mental Capacity Act 2005 applies from age 16, subject to its provisions. Equality Act 2010 duties, health and safety law, employment law, the Sexual Offences Act 2003, safeguarding barring legislation and data protection law apply as relevant to NHAM's functions.

2.1 OfS and BIMM responsibilities

OfS condition E6 has applied since 1 August 2025 to registered providers and covers HE courses provided by or on behalf of them, including award-only arrangements. NHAM must support BIMM's compliance for partnership provision and meet any direct obligations attaching to NHAM's own registration status. The Chief Executive must record that status and the contractual allocation of reporting, investigation and regulatory notification responsibilities.

E6 requires more than a safeguarding policy. NHAM must maintain a prominent, accessible single comprehensive source of information on harassment and sexual misconduct, including staff–student relationships, procedures, support and historical policy versions. Sections 9 and 11 and Appendix E must be integrated with the published disciplinary and complaints procedures and BIMM arrangements before adoption. NHAM must follow the procedures it publishes in practice.

2.2 Current changes requiring operational checks

The September 2026 change to regulated activity removed the supervision exemption for relevant activities with children. NHAM must reassess role eligibility and checks using current DBS guidance; supervised status alone is not an exemption.

The child safeguarding information-sharing duty in Children Act 2004 section 16LA commenced on 30 September 2026. The governing body and data protection lead must record whether NHAM is within its organisational scope, including relevant contracted functions. NHAM will follow the principles of timely, necessary and proportionate sharing in all cases.

The Crime and Policing Act 2026 provides for a child sexual abuse reporting duty. Its applicable commencement and implementation requirements must be checked and incorporated when operative. Staff must already report suspected child sexual abuse immediately under this policy; action must not await legislative implementation.

3 Roles, accountability and BIMM

3.1 Governing body and Chief Executive

The governing body owns safeguarding assurance and approves this policy annually. It appoints a safeguarding governor and an independent recipient for allegations involving the Chief Executive. It ensures a suitably senior DSL, trained deputies, protected time, secure systems, external advice, training and sufficient resources. It scrutinises patterns, overdue actions and whether students can actually obtain help.

The Chief Executive implements the policy and normally acts as allegations case manager for staff concerns, without investigating before required LADO/police advice. Where conflicted, the independent governance recipient takes over. A person implicated in a concern must not control its referral, records, investigation, decision or appeal.

3.2 DSL and deputies

The DSL holds lead operational responsibility for safeguarding, child protection and liaison with local agencies and BIMM. This responsibility cannot simply be delegated away. Trained deputies act during absence. NHAM must provide accessible safeguarding cover whenever organised activity takes place, including evenings, trips and placements, with clear out-of-hours arrangements.

The DSL receives and triages concerns, makes and follows up referrals, keeps secure records, contributes to assessments and child protection plans, supports staff and students, oversees under-18 risk arrangements and monitors the effectiveness of online safety controls. They maintain local referral knowledge and escalate unresolved professional disagreement.

The DSL agrees support and safety arrangements with the person where possible, records why information is shared or withheld and ensures case closure has a clear rationale and review plan. The DSL is not a substitute for a social worker, clinician or police investigator.

3.3 All staff and associated adults

All staff must know the immediate action route, read this policy and KCSIE Part One, complete required training and report concerns promptly. They must not assume that someone else has acted. Recruitment staff check eligibility and suitability; IT leads implement agreed online safeguards; activity leads risk-assess delivery. Students and external parties may report to any staff member or directly through section 17.

3.4 Working with BIMM

Notify the agreed BIMM safeguarding/partnership lead promptly when a concern materially affects BIMM students, provision, staff or partnership assurance. Share necessary information securely and agree in writing who manages safety, investigation, support, communications and follow-up. Do not await BIMM permission before statutory referral.

NHAM remains responsible for its own staff and local safeguarding response. The published BIMM student disciplinary procedure excludes franchise students from its scope; do not assume that procedure automatically governs NHAM cases. Confirm the applicable NHAM/BIMM route for each course and publish it. Each institution must assess its own regulatory notification duties. BIMM must confirm the contact and escalation arrangements in Appendix F.

4 Recognition and prevention

A concern can arise from a disclosure, observation, attendance pattern, online activity, information from another person or several apparently small incidents. Lack of a disclosure does not establish safety. Staff must be professionally curious and report patterns, including conduct presented as banter, initiation, networking or industry practice.

Child abuse includes physical abuse, emotional abuse, sexual abuse and neglect. Risks may include domestic abuse, child-on-child harm, sexual and criminal exploitation, trafficking, grooming, coercion, forced marriage, female genital mutilation, honour-based abuse, radicalisation and abuse facilitated by technology. Children can be victims of domestic abuse through seeing, hearing or experiencing its effects.

Adult abuse may include physical, sexual, psychological, financial or material abuse; discriminatory or organisational abuse; domestic abuse; modern slavery; neglect or acts of omission; and self-neglect. Exploitation can include withholding wages, student finance, accommodation, passports or access to professional opportunities.

4.1 Particular barriers and context

Disabled students and those with special educational needs may face communication barriers, dependence on others or diagnostic overshadowing. Staff must not attribute injury, distress or behaviour to disability without considering abuse. Provide interpreters and communication support independent of anyone implicated.

Care-experienced students, young carers, students living away from home and those experiencing homelessness or insecure immigration or financial circumstances may need additional support. These circumstances do not themselves prove abuse. Ask what would make reporting and participation safer.

In music education, risk may arise through one-to-one studio work, powerful industry contacts, promises of placements or representation, late-night venues, alcohol, travel and sexualised communications. Reputation, celebrity, commercial value or a claimed consensual relationship does not exempt anyone from safeguarding scrutiny.

4.2 Specific action points

- Forced marriage or honour-based abuse: do not mediate with family or contact relatives without specialist safeguarding advice; this may increase danger.
- FGM: report risk or disclosure immediately to the DSL and appropriate statutory service. Do not examine a child. A personal mandatory police-reporting duty applies only to specified professionals/settings and circumstances; do not assume every HE tutor is within it. Those within scope must fulfil it themselves.
- Child-on-child sexual abuse: treat as a safeguarding concern even if described as consensual, a joke or normal adolescent behaviour. Assess coercion, age, power, capacity and risk to others; support all children involved.
- Historical abuse: assess current access to children or adults at risk and refer where appropriate. The age of the event does not remove present safeguarding duties.

5 Receiving and reporting concerns

5.1 What the receiving person must do

- Make the setting safe and private enough to listen, without creating an unsafe isolated situation. Obtain emergency help where needed.
- Listen calmly. Say that raising the concern was the right thing to do and that abuse is not their fault. Do not express disbelief, blame or promise secrecy.
- Use minimal open questions only to clarify immediate safety and what is being reported. Do not interview witnesses, test credibility, confront another person or ask for a written statement as a condition of help.
- Explain who needs to know and why. Ask what contact method is safe and whether contacting home or another person could increase danger.
- Record promptly: date/time, exact words where possible, observations, who was present and action taken. Distinguish fact, reported information and opinion. Record any injury described or observed without examining or photographing intimate areas.
- Pass the concern immediately to the DSL/deputy through the restricted route, confirming receipt. Use the independent allegations route if a staff member or leader is implicated. Complete Appendix A as soon as practicable; do not wait for it before urgent action.

5.2 Reporting options and accessibility

A report may be verbal, written, anonymous, made by a friend or other third party, or raised through a complaint or welfare conversation. No prescribed wording or form is required. Staff receiving it must arrange the correct route and avoid requiring repeated disclosure.

Anonymous information must be assessed on its substance and any available evidence. Explain that anonymity may limit investigation and feedback. Confidential reports identify the reporter to NHAM but restrict access; anonymity and confidentiality are different.

Offer reasonable adjustments, an independent interpreter, a support person, accessible formats and an alternative recipient where needed. Do not use an alleged perpetrator, conflicted friend or family member as an interpreter. Agree safe times and channels for follow-up.

5.3 When the normal route cannot be used

Anyone may refer directly to statutory safeguarding services. If the DSL or deputy is unavailable, implicated or does not act appropriately, contact an unconflicted senior recipient and/or the relevant statutory service. Record what was done and inform an appropriate unconflicted leader when safe.

A report must never be rejected because the alleged conduct occurred off site, online, during a placement, outside normal hours or before enrolment. The DSL assesses NHAM’s current responsibilities and the appropriate external route.

6 Child protection and early help procedure

6.1 Immediate assessment and referral

The DSL/deputy assesses immediate danger on receipt, considering the child's wishes, age, disability, home and online circumstances, access by an alleged perpetrator, other children and any existing social worker. Where there is concern that a child is suffering or is likely to suffer significant harm, refer immediately to children's social care; contact police where a crime or immediate danger requires it. Proof is not required.

Normally use the authority where the child lives. If residence is unclear, the child is away from home or immediate protection is required, contact the service for their present location and agree transfer. Borough boundaries must not delay action. Use the emergency duty team out of hours.

Explain referral to the child and involve parents/carers where safe and appropriate. Do not seek parental consent or notify home where this could increase danger, cause evidence loss or obstruct enquiries. Obtain social care/police advice where uncertain. Refusal of consent does not prevent a necessary child protection referral.

6.2 Record, confirm and follow up

Give factual information, current location, safe contact details, the child's account, immediate risks, relevant vulnerabilities, people with access and actions already taken. Record the receiving officer, time, reference, advice and agreed next step. Follow the receiving authority's secure written referral requirements promptly.

Children's social care should decide next steps and acknowledge a referral within one working day. The DSL must chase if no response is received, sooner where risk requires. If a referral is declined but concerns remain, ask for reasons, provide additional information and use the local professional disagreement/escalation process. Escalate to police/emergency services if safety deteriorates.

Attend requested strategy discussions, assessments, child protection conferences and core groups; provide a factual report and implement allocated actions. Maintain educational support and a named safe contact. Record the plan and review after each material change. Do not conduct NHAM enquiries that could prejudice statutory investigations.

6.3 Early help and children in need

Where needs do not presently indicate significant harm, discuss early help and section 17 support with the child, family where safe, and relevant services. Seek consent for voluntary help as appropriate, identify a lead professional and agree a dated plan. Do not use early help to defer a child protection referral or close a concern solely because help is refused.

Review progress and escalating patterns. A child with repeated unexplained absence, exploitation indicators, unmet basic needs or unsafe accommodation may require a fresh referral. Staff must report new information even when a case is already open.

Prepare transitions between providers and from childhood to adulthood, transferring necessary safeguarding records securely to an identified recipient with confirmation of receipt. Check ongoing risks and adult support eligibility before the eighteenth birthday.

7 Adults at risk procedure

The DSL assesses whether the Care Act section 42 criteria may be met: care and support needs; abuse or neglect or risk of it; and inability to protect because of those needs. The local authority decides whether its enquiry duty is engaged. NHAM should seek advice or refer where the criteria may be met, without waiting for a diagnosis or a completed internal investigation.

7.1 Person-led response and consent

Ask the adult what has happened, what they want to happen and what would help them feel safe. Explain available support, referral options and confidentiality limits. Ordinarily seek consent to an adult safeguarding referral and record the discussion. Consider whether coercion, dependence or intimidation affects the apparent decision.

If an adult with capacity declines referral, consider whether there is a lawful basis to share without consent, for example a serious risk to others, a child at risk, coercion, a serious crime or a legal duty. Seek senior safeguarding/data protection advice without delaying emergency protection. Record the specific grounds, necessity, proportionality and reasons; neither always overriding nor always deferring to refusal is acceptable.

7.2 Capacity

Presume capacity and provide support to make decisions. Capacity is decision-specific and time-specific. An unwise decision, disability, distress or diagnosis alone does not establish incapacity. Where there is reason to doubt capacity, arrange a competent assessment for the relevant decision; consider the ability to understand, retain, use/weigh and communicate the relevant information.

Where capacity is lacking, act within the Mental Capacity Act framework, including best interests and the least restrictive practicable option. Consult appropriate professionals and consider advocacy. Do not treat parental consent as automatic authority for decisions about an adult. For 16- and 17-year-olds, use child protection routes alongside applicable capacity law.

7.3 Referral and continuing support

Contact adult safeguarding in the relevant local authority and police/medical services where necessary. Record the adult's desired outcomes, consent or grounds for sharing, care and support needs, alleged abuse, risks to others and immediate actions. Agree ownership and review dates; chase urgent concerns and escalate disagreement.

Arrange proportionate academic, practical and welfare support while respecting autonomy. Domestic abuse, sexual violence, mental health crisis or exploitation may warrant help even if the Care Act threshold is not met. Do not close a welfare or misconduct response merely because adult safeguarding declines an enquiry.

A health emergency requires urgent medical action. Safeguarding staff do not diagnose or provide treatment. After a crisis, agree a safe return/support plan with the student and relevant professionals, using only necessary information.

8 Allegations and low-level concerns

8.1 Allegations meeting the harm threshold

Use this procedure where a person working with children has harmed or may have harmed a child; possibly committed a criminal offence against or related to a child; behaved towards children in a way indicating a risk of harm; or behaved in a way indicating they may be unsuitable to work with children. This includes conduct outside work and transferable risk.

Report immediately to the Chief Executive/allegations case manager; if implicated, report directly to the independent governance recipient. If both are conflicted or unavailable, contact the LADO directly. The case manager must contact the relevant local authority designated officer within one working day and sooner where urgent. Make child protection/police referrals in parallel as required.

Before investigating, interviewing or informing the person accused, obtain LADO/police advice on next steps and communications. Gather only enough basic information to establish the nature of the allegation and immediate safety. Preserve evidence. Agree agency leadership, employer actions, notifications, support and review arrangements.

8.2 Fair management and outcomes

Consider alternatives to suspension and document the risk assessment. Any suspension or restriction is precautionary, proportionate, time-limited and reviewed; it is not a finding of guilt. Protect children and provide separate support to the person accused. Explain confidentiality and communication arrangements, subject to agency advice.

Manage agency workers, contractors and volunteers with their employer/engager; removal from a timetable alone does not resolve the allegation. Resignation, dismissal, retirement or a settlement must not prevent completion of safeguarding action or a required DBS referral.

Record the outcome accurately using the applicable categories: substantiated, malicious, false, unsubstantiated or unfounded. Lack of proof is not evidence of malice. Apply disciplinary procedures fairly and consider DBS referral where the statutory conditions are met, including where a person would have been removed from regulated activity had they not left. Consider other professional regulator referrals where applicable.

8.3 Low-level concerns

A low-level concern is conduct inconsistent with the staff code that does not presently meet the harm threshold; it is not necessarily insignificant. Examples include favouritism, inappropriate private messages, unnecessary isolation or humiliating language. Staff should report promptly, including self-reports, to the case manager; use the independent route where conflicted.

Record the concern, context, response and reasons. The case manager checks earlier concerns for patterns, consults the DSL and seeks LADO advice if unsure of the threshold. Act proportionately through supervision, training or formal procedures. Reassess immediately if new information suggests the harm threshold is met. Concerns involving adults at risk require appropriate adult safeguarding/police action too.

9 Harassment and sexual misconduct

NHAM prohibits harassment and sexual misconduct affecting students, including conduct by staff, students, visiting professionals and third parties. Harassment includes conduct within Equality Act 2010 section 26 and Protection from Harassment Act 1997 sections 1 and 7. Sexual misconduct includes unwanted or attempted unwanted sexual conduct, including sexual assault, rape and sexual harassment.

Consent must be freely given, informed and capable of being withdrawn; silence, previous contact or an existing relationship does not establish consent to a particular act. Intoxication, coercion, power and capacity are relevant. Staff must not make criminal determinations or tell a student that an allegation cannot be reported.

9.1 Reporting, prevention and support

Use any route in section 5 or the published harassment and sexual misconduct reporting route. The DSL screens for child/adult safeguarding and immediate safety; the case manager arranges the formal misconduct route in Appendix E. A person can obtain support without making a formal complaint or reporting to police. Safeguarding duties may nevertheless require action.

Provide separate support contacts for the reporting person and respondent and offer witnesses support. Discuss counselling/health services, independent specialist sexual violence support, academic adjustments, accommodation/travel concerns and protection from unwanted contact. Explain available external services without promising services NHAM has not commissioned.

Prevention must include student induction and periodic learning on consent, boundaries, reporting, bystander action and online conduct; staff training; safe placement and event controls; monitoring of patterns; and action on identified risks. NHAM must evaluate effectiveness, not rely solely on publishing this document.

9.2 Fairness, lawful speech and confidentiality

Investigations must be impartial, evidence-based and accessible, with a fair opportunity to respond, clear reasons, proportionate outcomes and an independent appeal. Appendix E sets the required procedure. Child safeguarding and criminal referrals must not wait for a disciplinary finding.

Give significant weight to freedom of speech within the law and academic freedom. Apply the E6 rebuttable presumption concerning course materials and statements connected with teaching, research or academic discussion. Lawful disagreement, controversial music or course content is not automatically harassment; assess context and the legal definitions. This does not excuse threats, unlawful harassment or abuse.

NHAM must not use non-disclosure agreements to restrict disclosure about harassment or sexual misconduct in agreements formed or varied within E6's applicable scope. No agreement may prevent protected disclosures, reports to police/regulators, or access to support. Share case information only as necessary for safety, fair procedures and legal obligations.

Publish this section, Appendix E, support routes, disciplinary/appeal links, staff–student relationship rules and historical versions together through the E6 single comprehensive source. The Chief Executive is accountable for reconciling linked procedures and removing contradictory provisions before adoption.

10 Safer recruitment and suitability

Recruitment and engagement decisions must identify the actual duties, contact with children, frequency, supervision and setting before choosing checks. The recruitment lead records the statutory basis and eligibility for each DBS level and barred-list check. Do not request an ineligible check or assume every visitor requires an enhanced certificate.

Use current regulated activity rules, including the change effective 1 September 2026. Relevant frequent teaching, training, instruction, care or supervision of children may be regulated activity even when supervised. Check the precise role against current DBS guidance and seek specialist advice where needed.

10.1 Before appointment or engagement

- Include safeguarding expectations in advertisements, role descriptions and contracts. Use a structured application and scrutinise employment history and unexplained gaps.
- Verify identity, right to work and relevant qualifications; obtain and authenticate appropriate references directly from referees, including suitability to work with children. Do not rely solely on an applicant-provided testimonial.
- Use a trained recruitment panel member; assess safeguarding attitudes and boundaries at interview. Consider proportionate, lawful online due diligence and give candidates an opportunity to respond to relevant concerns.
- Complete the legally appropriate DBS and barred-list checks before regulated activity begins, and overseas checks where relevant and available. Record risk decisions where overseas information is limited; a UK DBS check is not a complete overseas history.
- Check relevant prohibitions, professional restrictions and disqualification requirements where the role is within scope. Check ongoing agency/contractor suitability through written assurance and identity confirmation.
- Do not allow a barred person to undertake regulated activity. Where any pre-start check is outstanding, obtain lawful, documented senior authorisation and safeguards; never use a risk assessment to override a statutory prohibition or required barred-list check.

10.2 Ongoing assurance

Maintain a secure central recruitment-check register covering roles, check type, dates, checker, identity verification, eligibility, outstanding actions and agency assurance. Restrict access and avoid storing unnecessary certificate detail. Verify visitors, control access and supervise activity according to its assessed risk.

Induct staff before contact with students, review boundaries during probation and supervision, and require disclosure of relevant changes affecting suitability, subject to lawful employment requirements. Review role changes and additional under-18 contact for new checking requirements.

Use the staff allegation process when concerns arise after appointment. Where legal DBS referral conditions are met, make the referral promptly even if the individual leaves. Do not substitute a favourable reference, settlement or transfer for safeguarding action.

11 Staff conduct and professional boundaries

All adults acting for NHAM must maintain professional boundaries and use their position to support learning and safety. These rules apply online, off site, during events and after normal teaching hours. Breaches may lead to investigation and action under the relevant employment, contract or disciplinary procedure.

- No sexual or intimate relationship with an under-18 student. Relevant position-of-trust offences may apply even where the young person is over the general age of consent; seek legal/police advice rather than assuming legality.
- NHAM prohibits intimate personal relationships between a staff member and a student for whom they have direct academic or professional responsibility, including teaching, assessment, supervision, pastoral support, admissions or allocation of placements/opportunities. Intimate includes romantic, sexual or emotionally intimate relationships. Students will not be penalised for participating in such a relationship and will be protected from retaliation. Professional compassion and appropriate pastoral support are not prohibited emotional intimacy.
- Disclose any pre-existing or developing relationship or conflict immediately to an unconflicted senior manager. NHAM must remove the relevant responsibility, implement an independently approved protection plan and monitor it. A student must not bear the disadvantage or lose opportunities. Disclosure does not authorise a prohibited relationship.
- Do not exchange personal favours, sexual attention, money or gifts for grades, opportunities or access. Record and obtain approval for gifts or other benefits that could create favouritism or dependence.
- Use approved institutional communication channels. Do not use personal direct messages, disappearing messages or secret accounts for student contact. Any necessary exceptional contact must be authorised, recorded and transferred to the institutional record.
- Plan one-to-one meetings so location, purpose and timing are known and appropriate visibility is available. Respect confidential support needs without creating secrecy or unnecessary isolation.
- Touch must be necessary, appropriate, explained and consented to where practicable; never sexual, punitive or used to enforce compliance. Offer alternatives for demonstrations and respect refusal.
- Do not arrange private transport, accommodation, private tuition or social meetings with under-18 students outside authorised arrangements. Use documented risk assessment and emergency authorisation where unavoidable.
- Do not supply alcohol or illicit substances to under-18s, attend duties impaired, engage in sexualised jokes, humiliating behaviour or discriminatory abuse, or encourage students to keep professional interactions secret.
- Obtain appropriate authorisation and consent for images, recordings and publicity. Use approved devices/storage and protect identifying details and location information. Never use a safeguarding disclosure as publicity.

Report concerns about your own conduct or an accidental boundary breach promptly. Managers must distinguish an honest report requiring support or correction from deliberate misconduct, while addressing any risk. Retaliation against a student or staff reporter is prohibited.

12 Under-18s, attendance and industry activity

12.1 Admissions and individual arrangements

Admissions must identify age at enrolment and throughout the course, apply the relevant NHAM/BIMM admissions rules, and alert the DSL before an under-18 starts. Keep a restricted, accurate under-18 register available to staff who need it. Do not publicly label students or circulate personal vulnerability details.

Agree an individual safeguarding plan covering safe contacts, emergency contacts, travel, attendance, support, online access, course content and any existing social worker or care arrangements. Explain the adult learning environment to the student and parents/carers where safe, without asking them to waive safeguarding rights. Obtain consent for activities where required; parental consent does not make an unsafe activity acceptable.

12.2 Absence, missing students and transitions

Record attendance promptly. For an unexplained absence involving an under-18, begin a same-session check and notify the DSL the same day; act immediately where known risk or unusual circumstances suggest danger. Use the agreed safe contact plan. Do not automatically contact a parent who may be implicated in abuse.

If whereabouts or safety cannot be established, the DSL considers police, children's social care, emergency contacts and relevant partners according to risk. There is no requirement to wait 24 hours before reporting a missing person. Repeated absence must trigger a review for exploitation, unmet needs or other harm, not just an attendance sanction.

For adults, make proportionate welfare checks reflecting known risk and consent; escalate urgent danger. Plan transfers, withdrawal and return after an incident with the student and appropriate agencies. A disciplinary exclusion or withdrawal must not abruptly terminate safeguarding referrals or necessary information sharing.

12.3 Studios, events, trips and placements

The activity lead completes Appendix D before activity begins. Check host suitability, named safeguarding contacts, staff checks where eligible, transport, accommodation, lone working, venue access, alcohol, late-night activity, online contact and emergency arrangements. Clarify NHAM/host responsibilities in writing and tell students how to bypass the host when reporting.

Set age-appropriate supervision and arrangements for toilets/changing, overnight stays and separation from unapproved adults. Obtain required permissions and check child performance licensing/chaperone requirements where applicable. Do not assume an industry partner's prestige or existing relationship establishes suitability.

Give students a safe route to leave an activity and report concerns without losing marks or opportunities. Authorise changes to itineraries or supervisors; maintain a contactable safeguarding lead during the activity. Suspend an unsafe placement or event promptly, arrange academic alternatives and refer concerns where necessary.

13 Online safety and Prevent

13.1 Online safeguarding

Online risks include harmful content, unwanted contact, abusive conduct and commercial exploitation. Apply safeguarding expectations to teaching platforms, recordings, group chats, gaming, livestreams and AI-generated or manipulated sexual content. Teach students how to report and block harmful contact and obtain support.

The DSL and IT lead must assess filtering and monitoring for NHAM-controlled systems and devices, including shared venues, remote learning and access by under-18s. Record responsibilities, test effectiveness, review at least annually and after significant incidents, and ensure a trained person responds to alerts. Explain monitoring transparently and avoid disproportionate interference with lawful learning.

Personal devices and third-party networks may not be under NHAM technical control. Address the residual risk through education, acceptable-use rules, activity design, venue agreements and reporting arrangements rather than claiming universal filtering.

13.2 Sexual images and digital evidence

If a concern involves sexual images of a child, do not ask to see, copy, download, print or forward them and do not ask the child to send them. Do not investigate a device yourself. Record the disclosure and relevant non-image information and refer immediately to the DSL, who obtains police/specialist advice and follows current UKCIS guidance.

Do not promise deletion or instruct actions that could destroy evidence before advice. Preserve relevant non-illegal material lawfully, such as message dates or URLs, without circulating abusive content. Support the affected child and assess coercion, distribution, adult involvement and risk to others. AI-generated imagery can also require safeguarding and criminal advice.

13.3 Prevent and radicalisation

The Chief Executive must record whether NHAM is a specified authority directly subject to the Prevent duty and its obligations under the BIMM agreement. NHAM applies a proportionate safeguarding approach to concerns about susceptibility to being drawn into terrorism and follows current Prevent guidance where applicable.

Staff report specific concerning behaviour or information to the DSL/Prevent lead, not assumptions based on religion, ethnicity, political opinion, disability or lawful protest. The lead considers context, immediate risk and local specialist advice and uses the appropriate Prevent/police referral route. Emergency threats go to 999.

Channel support is voluntary and consent requirements for that support must not be confused with the lawful basis for a safeguarding referral. Record decisions, support needs and review. Protect lawful speech and academic freedom and do not use Prevent as a general disciplinary label for unpopular views.

14 Information sharing and records

14.1 Sharing decisions

Data protection law does not prohibit necessary safeguarding information sharing. Identify an appropriate UK GDPR lawful basis and, where required, a special-category or criminal-offence processing condition under the Data Protection Act 2018. Consent is not the default or only basis for child protection sharing. Seek data protection advice where needed without delaying urgent protection.

Where the Children Act 2004 section 16LA duty applies, follow the statutory requirements for sharing relevant information that may facilitate safeguarding functions, including proactive sharing and requests. Assess the statutory exceptions, including where sharing would be more detrimental to the child's wellbeing than not sharing. Record the decision and reasons.

In every case consider purpose, necessity, relevance, accuracy, proportionality, recipient identity and secure transfer. Tell the person what is being shared where safe and practicable. Record reasons for sharing without consent, withholding information or delaying notification. Do not disclose an entire case file where a focused account is sufficient.

14.2 Case records and access

Maintain a separate restricted safeguarding record, including the initial account, chronology, risk assessment, decisions and reasons, referrals, agency advice, support, communications, reviews and closure. Record the child/adult's wishes and what was done in response. Correct errors transparently; preserve the original record and audit trail.

Use an access-controlled system with backup and access logs. Keep safeguarding records separate from routine academic records, general email groups and open shared drives. Transfer securely to a named authorised recipient and confirm receipt. Data access requests must be assessed by the data protection lead with safeguarding and third-party rights considered; do not promise automatic disclosure to parents.

14.3 Retention and disposal

The data protection lead and DSL must approve a documented schedule specifying purpose, category, retention period, review date and secure disposal. Apply legal holds and safeguarding/public inquiry preservation requirements before deleting anything. Review necessity rather than retaining every record indefinitely.

NHAM adopts KCSIE's staff allegation retention standard: qualifying allegation records retained at least to normal pension age or ten years from the allegation, whichever is longer. False or malicious allegations are removed from personnel records unless the individual consents to retention, subject to applicable legal preservation requirements. Keep a separate lawful safeguarding audit record where necessary and document the basis.

Low-level concern records are retained at least until the individual leaves, with any longer retention justified. References must follow KCSIE outcome rules; do not include false, unfounded, unsubstantiated or malicious allegations. The schedule must separately address child/adult case files, training, recruitment checks and misconduct records. DBS certificates should not normally be retained longer than six months after the recruitment decision; retain the appropriate check record instead.

15 Training, support and oversight

15.1 Minimum NHAM training requirements

All staff and regular associated adults	Safeguarding induction before student contact, this policy, KCSIE Part One, staff code, reporting routes, online safety and relevant Prevent awareness. Updates at least annually and whenever risk or guidance changes. Check understanding, not attendance alone.
DSL and deputies	Role-specific child protection and multi-agency training refreshed at least every two years, with knowledge and skills updated at least annually. Include adult safeguarding, capacity, information sharing, child-on-child abuse, sexual violence and local referral practice.
Governors and senior leaders	Induction and regular updates on assurance, resources, allegations, legal scope, E6 and partnership responsibilities. Annual review of their understanding and the evidence of implementation.
Recruiters, case managers and investigators	Role-specific safer recruitment, allegations management, fair investigation, trauma-informed practice, bias, evidence, confidentiality and legal referral duties. Refresher training reflecting role and changes.
Students	Accessible induction and recurring information on safeguarding, consent, boundaries, reporting, support, online safety and retaliation. Provide age-appropriate information and check whether students know how to obtain help.

15.2 Support and supervision

Provide DSL/deputy supervision, access to specialist advice and arrangements for workload and absence. Staff handling distressing material should have access to support. Do not assign a conflicted person as the student's support contact or investigator.

Review safety and support with affected people during and after a case. Consider educational continuity and reasonable adjustments. Explain the limits of information that can be shared about others without using confidentiality as a reason to provide no meaningful update.

15.3 Assurance

The DSL reports anonymised safeguarding themes to governance at least termly and urgently where there is serious risk or system failure. Include under-18 arrangements, referrals and follow-up, staff allegations, low-level patterns, training/checks, response times, support and overdue actions. Protect identities, especially in small cohorts.

Conduct an annual audit and test the reporting routes, out-of-hours cover, case access and placement arrangements. Seek student and staff feedback safely. Review serious incidents and near misses with agencies/BIMM as appropriate, assign improvements and verify completion. The governing body must receive evidence that published promises are being delivered.

16 Reviews, complaints and escalation

A person who believes a safeguarding concern has not been addressed may contact the DSL, Chief Executive or independent governance recipient, bypassing anyone implicated. They may contact children's social care, adult safeguarding, LADO, police or an appropriate regulator directly; no internal process must be exhausted first.

The DSL must use the local safeguarding partnership's professional disagreement process when agency decisions leave unresolved risk. Record attempts, advice and escalation. Continue proportionate safety measures while the disagreement is resolved.

Complaints about NHAM's handling follow the published complaints route with an independent reviewer. Academic appeals and disciplinary appeals retain their applicable procedures and deadlines. The case manager explains the relevant NHAM/BIMM stage and eligible external review, including the OIA where applicable; safeguarding is not a substitute for these rights.

Retaliation, intimidation, obstructing a referral or pressuring someone to withdraw a concern is prohibited and may itself be a disciplinary or safeguarding matter. Whistleblowing about systemic failure may be raised through NHAM's whistleblowing policy or an appropriate external route. A mistaken or unsubstantiated concern is not misconduct merely because it is unproven.

16.1 Case closure

Before closure, the case manager records the outcome, ongoing risks, agency responsibilities, support arrangements, retention category and review triggers. Explain the outcome and reasons to affected people as far as lawful, including protective measures that concern them and any review/appeal route. Do not disclose unnecessary confidential employment or personal information.

Where a person leaves NHAM, review current risks and necessary information transfer rather than simply closing the file. Document completion of referrals, including DBS/regulatory consideration where relevant. Monitor for retaliation and check agreed support after closure at a proportionate, recorded interval.

16.2 Policy maintenance

The DSL and Chief Executive review this policy at least annually and after significant incidents, audits, legal changes or changes to BIMM arrangements. Record version changes and the approving resolution. Retain historical published versions with clear effective dates, particularly for E6 information.

Before approving this replacement, reconcile related NHAM policies and remove conflicting reporting thresholds, contacts, confidentiality statements and timelines. Appendix F is the approval evidence record; unresolved essential arrangements must have immediate interim safeguards and named accountable owners.

17 Contact directory

Complete and test internal contacts before publication. Publish direct, accessible reporting routes and explain who monitors them and when. Do not describe an unmonitored mailbox as an emergency service. External contact details below were checked on 21 October 2026; recheck at least termly.

NHAM DSL	Name: [complete] Restricted email: [complete] Telephone / availability: [complete]
NHAM deputy / activity cover	Name(s): [complete] Direct contact and cover hours: [complete]
Allegations case manager	Chief Executive / nominated unconflicted senior manager Name and direct confidential contact: [complete]
Independent governance recipient	For concerns about the Chief Executive/DSL or conflicts Name and direct confidential contact: [complete]
BIMM safeguarding and partnership	Agreed safeguarding lead: [BIMM to confirm] Direct contact and senior alternative: [confirm] Partnership notification route: [confirm]
Emergency / police	Immediate danger or urgent emergency: 999 Police non-emergency: 101
Kensington and Chelsea children	Children's services: 020 7361 3013 Emergency duty team out of hours: 020 7373 2227 Use the referral portal linked from the council's "worried about a child" page.
Kensington and Chelsea LADO	020 7361 2120 kclado.enquiries@rbkc.gov.uk Use the current LADO referral form; seek urgent advice as required.
Camden children	Children and Families Contact Service: 020 7974 3317 Out of hours: 020 7974 4444 Use Camden's current child referral form.
Camden LADO	020 7974 4556 LADO@camden.gov.uk Use the current LADO referral form.
Adult safeguarding	Kensington and Chelsea: 020 7361 3013; out of hours 020 7373 2227 Camden: 020 7974 4444; ask for adult safeguarding.
Other local authorities	Use the person's home authority or immediate-location service as appropriate. Find the council: www.gov.uk/find-local-council. Do not delay urgent action over responsibility disputes.

These borough contacts support relevant local activity; they do not determine jurisdiction for every NHAM student or venue. Confirm the appropriate LADO and safeguarding authority for each case.

18 Source register and related documents

Use the current official version. The source register supports legal and procedural review; it does not replace the operating procedures above. Public documents do not establish the full terms of NHAM's BIMM agreement.

KCSIE 2026
https://www.gov.uk/government/publications/keeping-children-safe-in-education--2

Working Together 2026
https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

Information sharing guidance
https://www.gov.uk/government/publications/information-sharing-to-safeguard-children-and-young-people

Children Act 1989
https://www.legislation.gov.uk/ukpga/1989/41/contents

Children Act 2004
https://www.legislation.gov.uk/ukpga/2004/31/contents

Care and Support Statutory Guidance
https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

Mental Capacity Act 2005
https://www.legislation.gov.uk/ukpga/2005/9/contents

OfS condition E6
https://www.officeforstudents.org.uk/for-providers/student-protection-and-choice/harassment-and-sexual-misconduct/condition-e6-harassment-and-sexual-misconduct/

DBS regulated activity guidance
https://www.gov.uk/government/publications/dbs-guidance-leaflets/regulated-activity-with-children

Prevent guidance
https://www.gov.uk/government/publications/prevent-duty-guidance

FGM reporting guidance
https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information

UKCIS sexual imagery guidance
https://www.gov.uk/government/publications/sharing-nudes-and-semi-nudes-advice-for-education-settings-working-with-children-and-young-people

BIMM policy directory and safeguarding
https://www.bimm.university/governance-and-quality/policies-procedures-and-key-documents/
https://www.bimm.ac.uk/document/safeguarding/

BIMM disciplinary / partnership
https://www.bimm.ac.uk/student-disciplinary/
https://www.bimm.ac.uk/document/partner-handbook

NHAM published policies
https://nottinghillacademyofmusic.com/policies-and-procedures-2/

Appendix A – Safeguarding concern record

Restricted once completed. Record as soon as practicable; do not delay an emergency call or referral to complete this form. Send through the restricted safeguarding route and confirm receipt. Do not attach sexual images of children.

Record identity	Case reference: _____ Date/time recorded: _____ Recorder name, role and safe contact: _____
Person affected	Name and preferred name: _____ Date of birth / age: _____ Course / role: _____ Current location: _____ Safe contact method/time: _____
Disclosure / observation	Date, time and place: _____ Who was present: _____ Source: direct disclosure / observation / third party / anonymous Account in the person's own words and factual observations:
Immediate risk	Who may be at risk and from whom? Access/contact? Injuries or urgent medical needs? Current whereabouts? Other children/adults potentially affected?
Wishes and communication	What does the person want? Adjustments/interpreter required? Is contacting home or another person unsafe? Why? What confidentiality explanation was given?
Immediate action	Emergency service contacted, time, officer/reference/advice: DSL / independent recipient notified, time and receipt confirmed: Action taken to protect the person:
Existing information	Known social worker/agency or previous concerns: Evidence location (do not investigate or copy illegal material):
Completion	Signature / authenticated record: _____ Date/time sent securely: _____ Recipient and acknowledgment: _____

Appendix B – DSL action and referral record

Use with Appendix A and maintain a dated chronology. Each material decision must identify who made it, the information available, reasons and review date. A numeric risk score must never replace professional judgment or a referral.

Case / assessment	Reference: _____ DSL/case manager: _____ Assessment date/time: _____ Child / adult / staff allegation / misconduct routes identified: Immediate risk and protection required:
Person's voice and consent	Wishes, desired outcomes and safe communication: Consent discussion / capacity considerations where relevant: Reason and legal basis for sharing without consent if applicable:
Decision and reasons	Emergency action / children's social care / adult safeguarding / LADO / police / early help / other: Threshold considered; evidence and uncertainty: If no referral, reasons and review trigger:
Referral audit	Agency / named recipient / secure channel: Date/time / reference / written confirmation: Advice and agreed ownership: Response due / chase date / escalation route:
Safety and support plan	Actions, named owners, deadlines and review dates: Contact restrictions and academic adjustments: Separate support contacts where needed:
BIMM and other notifications	What was shared, with whom, why, when and securely how: Regulatory / DBS / professional referral considered and reasons:
Review / closure	Changes in risk; person's feedback; actions completed: Unresolved actions and escalation: Closure rationale / ongoing support / review triggers: Retention category, legal hold and review date: Manager/date: _____

Appendix C – Allegation / low-level concern record

Restricted to the unconflicted allegations case manager and authorised recipients. Do not place this in a general student file. Contact the LADO within one working day where the harm threshold is met or advice is needed; emergency action comes first.

Case and reporter	Reference: _____ Date/time received: _____ Recipient / role: _____ Reporter and safe contact, or anonymous: _____
Person subject to concern	Name / employer / role: _____ Work with children or adults at risk / locations / access:
Concern and context	Factual account; exact words; dates; source of information:
Threshold and conflicts	Harm threshold indicators / low-level rationale: Previous concerns/pattern considered: Case manager independent? Alternative required?
Immediate protection	Actions, proportionality and review date: Children's social care / adult safeguarding / police referrals:
LADO / employer coordination	LADO name, date/time, advice and reference: Agency/employer notified and responsibilities agreed: Instructions about informing/interviewing people:
Investigation and outcome	Agreed process, investigator, timetable and updates: Outcome category, reasons and decision-maker: Disciplinary action / support / learning:
Completion checks	DBS/professional referral decision and reasons: Reference and retention rules applied: People informed and reasons for any limits: Review/appeal and ongoing protection: Signed/date: _____

Appendix D – Individual / activity safeguarding plan

Complete before an under-18 starts or an activity begins; update after changes or incidents. Use a restricted individual plan for personal information and a separate operational activity plan for staff who need instructions.

Plan details	Student / activity: _____ Age / dates / venues: _____ Lead / approval / review date: _____
Views and permissions	Student's wishes and communication needs: Parents/carers involved where safe; reasons if not: Required consent / licence / chaperone checks:
Contacts and cover	DSL/deputy contact during all activity hours: Host lead / emergency service arrangements: Safe emergency contact and alternative:
Risks and controls	Transport / collection / late-night travel: Supervision / one-to-one work / changing areas: Accommodation / venue access / alcohol: Online contact / images / media permissions: Industry power, gifts, private invitations and exploitation:
Suitability and responsibilities	Host/contractor checks and written assurance: Role-based DBS eligibility and completed checks: NHAM / BIMM / host responsibilities agreed:
Attendance and exit	Attendance checks and missing-person response: Safe way to leave/report without academic disadvantage: Alternative learning if activity becomes unsafe:
Support and review	Adjustments / health or support arrangements (minimum needed): Actions, owners and deadlines: Residual risks and decision to proceed / change / cancel: Approver/date: _____

Appendix E – Harassment and sexual misconduct procedure

This procedure must be adopted alongside and reconciled with NHAM's student/staff disciplinary and appeal rules. It does not confer powers to dismiss staff, exclude students or determine a BIMM appeal on a person who lacks that authority. The governing body must confirm the authorised roles and applicable partnership stages before publication.

E1 Receipt, safety and options

Any staff member receiving a report must pass it securely to the appropriate unconflicted case manager. Acknowledge within two working days where contact is possible. Assess immediate safeguarding and safety on receipt, including risks to others, retaliation, ongoing contact and evidence preservation. These are NHAM service targets, not limits on urgent action.

Explain the options: support without a formal complaint; a formal NHAM report; police reporting; and relevant external support or complaint routes. Record the person's wishes. Explain any circumstances in which safeguarding, serious risk or legal obligations require action without their agreement. Anonymous and third-party reports are assessed fairly, with their evidential limits explained.

Offer a separate support contact for each party and reasonable adjustments. Do not require mediation, a confrontation or informal resolution for sexual violence or abuse. Informal resolution is available only where suitable, genuinely voluntary and not a substitute for necessary safeguarding action.

E2 Case allocation and interim measures

Within five working days, normally confirm the process, case manager, scope, expected timetable, support and applicable policy version. Check conflicts and appoint an appropriately trained, impartial investigator. Use external expertise where seriousness, seniority or conflicts require it.

Consider proportionate interim measures such as no-contact instructions, timetable/venue changes or temporary restrictions. Record reasons, duration and review dates; review at least every ten working days and after significant new information. Explain that measures are precautionary and provide a prompt route to challenge them to an uninvolved senior decision-maker. Avoid placing the burden on the reporting person by default.

Where police or statutory agencies are involved, agree sequencing and evidence handling. Do not automatically halt all support, risk management or NHAM action. Record any necessary pause to particular enquiries, review it regularly and tell the parties what can be explained safely.

E3 Investigation

Give the respondent sufficient detail of the allegation and relevant evidence, with necessary lawful redactions, and a reasonable opportunity to respond. Gather relevant evidence from all sides and assess reliability and context without stereotypes about delayed reporting, intoxication, dress or behaviour after an incident.

Offer each party a support person at meetings and adjustments. Use separate interviews and avoid direct questioning between parties; relevant questions can be put through the investigator or decision-maker. Keep an accurate record and allow factual corrections. Do not promise secrecy that prevents a fair response.

Appendix E – Decision, outcome and appeal

E4 Decision and reasons

A trained, unconflicted decision-maker or panel separate from the investigator determines whether the allegation is established on the balance of probabilities under the applicable NHAM procedure. A criminal acquittal or decision not to prosecute does not automatically determine a disciplinary finding, because the tests and purposes differ.

Give each party an opportunity to comment on the material evidence before the decision, subject to proportionate arrangements protecting others. Provide a reasoned written decision addressing the allegations, evidence, findings and any action. Do not describe a disciplinary finding as a criminal conviction.

Sanctions must be authorised by the applicable student/staff procedure, proportionate to seriousness and risk, and consistent with fair treatment. Available measures may include warnings, training or conditions, restrictions, suspension, dismissal or expulsion only where the governing rules and authorised decision-maker permit them. Contractors/visitors may have access or engagement terminated under their terms. Required statutory referrals remain separate.

E5 Timeliness and communication

Aim to complete investigation and the first decision within 60 calendar days of accepting the formal report. This is an NHAM target, not a guarantee; complexity or external proceedings may justify extension. Give progress updates at least every ten working days and explain reasons, next steps and revised dates for delay.

Communicate the decision and reasons directly to those affected, including findings and protective measures relevant to them, subject to data protection and fairness. Explain any limits on disclosure rather than issuing a bare “case closed” message. Keep both parties informed of appeal rights, support and continuing restrictions.

E6 Appeal and external review

Either directly affected party may request an appeal within ten working days of the written outcome on grounds of material procedural error, relevant new evidence not reasonably available earlier, or an unreasonable finding or disproportionate outcome. Consider reasonable extensions and adjustments. Explain which issues the person may challenge without disclosing confidential employment information unnecessarily.

An independent reviewer/panel with no prior involvement considers the appeal. Acknowledge within five working days and aim to decide within twenty working days, explaining any extension. The reviewer may uphold, amend where authorised, or remit the matter for fresh consideration. Give written reasons and explain the next applicable NHAM/BIMM or external stage.

For students, confirm the published complaints/appeals route and eligible OIA access after completion of the relevant institutional process. Do not invent a BIMM appeal stage or deny one required by the partnership. Internal processes do not extend external legal time limits. After closure, review support, retaliation risk and learning and retain records under section 14.

Appendix F – Approval and implementation checklist

For the Chief Executive, DSL and governing body. This checklist is part of the adoption record. A policy is not evidence that these arrangements already exist. Mark each item complete with evidence, accountable owner and date; arrange immediate interim safeguards for any current risk.

Essential before approval	Evidence / owner / completion date
1 Named, accessible safeguarding routes	Appoint DSL, trained deputy and activity/out-of-hours cover; fill and test section 17. Publish an immediate interim route if the current route is missing. Evidence: _____
2 Independent allegation route	Confirm Chief Executive case manager and genuinely independent governance alternative; ensure restricted contact and case access. Evidence: _____
3 Legal scope and partnership	Record KCSIE, OfS registration, Prevent and section 16LA applicability. Obtain BIMM confirmation of responsibilities, contacts, notifications and student complaint/appeal stages. Evidence: _____
4 Immediate safeguarding audit	Check all current under-18s, unresolved concerns, current placements and staff suitability. Refer or protect immediately where required; do not wait for policy approval. Evidence: _____
5 Safe recruitment and conduct	Reassess regulated activity after September 2026 changes. Verify checks, staff code, relationship restrictions and contractor/guest arrangements. Evidence: _____
6 E6 publication and procedure	Reconcile Appendix E with disciplinary/appeal powers, sanctions and timelines. Publish the single comprehensive source, support routes, relationship rules and historical versions. Confirm trained investigators and decision-makers. Evidence: _____
7 Secure records and data sharing	Identify restricted system, access, backup, sharing channels, retention schedule and legal holds. Test secure referral and case transfer. Evidence: _____
8 Training, support and resources	Record induction and role-specific training, DSL supervision, student learning, support provision and budget. Brief all staff on immediate action before rollout. Evidence: _____
9 Operational controls	Approve under-18/attendance, online safety, events, trips, studios and placement plans; test absence/emergency escalation. Evidence: _____
10 Formal approval and follow-up	Resolve conflicting linked policies; approve effective date, publish accessible versions, archive version 5.0 and schedule a 30-day implementation check and annual review. Resolution / date: _____

Approval: _____ Role: _____
DSL confirmation: _____ Date: _____
BIMM arrangements confirmed by: _____ Date: _____

November 2026 implementation review

Prepared on 5 November 2026 for approval. Confirm current role holders, monitored contacts, resources and partner responsibilities before publication. Keep earlier versions and communicate approved changes to affected students and staff.