

Safeguarding children

At The Coppola School of Performing Arts (CSPA) we recognise that the welfare of children is of paramount importance. We have a responsibility to protect and safeguard the welfare of all children and young people we work with and have an explicit duty to do so under the Children Act 1989 and 2004 and the Education Act 2002.

A 'child' is anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age is living independently, in further education, or working does not change his/ her entitlement to services or protection as a child.

At CSPA we believe that all children without exception have the right to protection from abuse regardless of gender, ethnicity, disability, sexuality or beliefs and that no child, or group of children should be treated any less favourably than others in being able to access the services and support to meet their needs.

All staff and volunteers have a strict duty never to subject a child to any form of harm or abuse. Failure to adhere to these procedures will be treated as gross misconduct.

Children and their parents/ carers who attend CSPA may view our policy where appropriate and a copy will always be kept in the Files section of the Parent Portal.

Designated safeguarding lead:

The designated safeguarding person (DSP) within our organisation is Mrs Kelly-Jane Brown

As safeguarding lead they have completed additional training to fulfil this role:

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| • Child Neglect | 12/08/2013 | NSPCC IfL |
| • Safeguarding Vulnerable Young People | 14/03/2013 | EduCare IfL |
| • Child Protection Awareness | 13/08/2013 | NSPCC |
| • Introduction to Equality and Diversity | 13/03/2013 | EduCare IfL |
| • Creating Safety: child protection and youth arts | 26/10/2011 | TR2 Plymouth |

They will be responsible for the monitoring and recording of any safeguarding concerns and for ensuring that all concerns are shared with the appropriate statutory authorities.

All staff and volunteers at CSPA should be made aware of this policy and should be able to demonstrate their roles and responsibilities for safeguarding and promoting the welfare of children and young people, including how to raise concerns with both children's social care and the police.

Overview of responsibilities:

All staff and volunteers must report all concerns to the designated safeguarding lead at the nearest available opportunity.

It is the responsibility of all staff and volunteers at CSPA to take steps to protect children, to keep them safe from hazards and to take appropriate action in the event of an accident.

It is the responsibility of all staff and volunteers to take reasonable steps to protect children and young people from harm and abuse while in contact with our organisation and our staff and to report any incident of or suspicion of abuse to the Designated Safeguarding Person or in their absence to the appropriate statutory authority.

All staff working at CSPA who have contact with children and young people are required to hold a valid, clear DBS check.

Safeguarding and promoting the welfare of children and young people means:

Protecting children from maltreatment, preventing impairment of a child's health or development, ensuring that children are growing up with the provision of safe and effective care and taking action to ensure that children have the best life chances.

At CSPA we will do this by:

- Identifying and responding to concerns about a child or young person
- Providing a safe and happy dance environment
- Supporting development through dance in a way that fosters a sense of belonging / sense of self/ sense of community/ sense of independence
- Supporting young people to communicate freely with us, supporting their communication methods, providing time and space to talk
- Fostering an environment of trust and building appropriate professional relationships

Consent and information sharing:

Issues of consent are essential to effective safeguarding practice. Additional consent must be sought for any activity that is out of the usual parameters of our work. Basic consents for day to day activities & the use of photographs for publicity purposes will be sought through enrolment process, and appropriate organisational guidance shall be provided to ensure those consenting have clear and transparent information on what they are consenting to.

Significant harm is no exception to this. Before making a referral to Children's Social Care parents or carers must be informed that you are doing so, including the reasons why and must be asked for consent to do this. It should be noted however that in cases where parents, carers or children do not agree to information being shared you are still able to refer to Children's Social Care without consent but it is important to explain clearly to social care why consent cannot be established and to make a record of this.

Instances where you may not wish to seek consent are where:

- Discussion with parents/ carers could place the child or other members of their family at increased risk
- The child is in immediate danger (e.g. requires medical attention)
- Having the discussion with parents may put you or another member of staff at risk.

It is often necessary to share information to provide support and prevent impairment or to protect a child from harm. Decisions to share will be appropriate, necessary and proportionate. You must record your decision and the reasons for it, whether or not you choose to share information. If you decide to share you should record what you shared and who you shared with.

Child protection:

Is part of safeguarding children and promoting welfare. It refers to activity that is undertaken to protect specific children who are suffering or likely to suffer **significant harm**.

This is about abuse and maltreatment of a child. Someone may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them, or by others (for example over the internet.) They may be abused by an adult or adults or another child/ children. Abuse may be physical, emotional, sexual, neglectful or multiple types of abuse. Please see appendix A for definitions of types of abuse.

All staff and volunteers should be able to recognise, and know how to act upon evidence that a child's health or development is being impaired or that the child is suffering or likely to suffer significant harm. All concern about harm must be recorded and shared with the Designated Safeguarding person.

No professional should assume that another will pass on information about the safety of a child. If a professional has concerns about a child's welfare and believe they are or are likely to suffer significant harm they have a responsibility to inform Children's social care.

Seeking medical attention:

If a child has a physical injury, and there are concerns of abuse, medical attention should be sought immediately. Any safeguarding concerns should be shared with ambulance or hospital staff and then must be reported to children's social care.

Nothing should be allowed to delay urgent medical treatment.

Referring a concern and your DSP:

Our Designated safeguarding person will act on behalf of CSPA in referring concerns or allegations of harm to Children's social care or the police as appropriate. If the designated safeguarding lead is in any doubt information should be shared with children's social care for a second opinion. It is not the role of the DSP to investigate only to collate information, clarify details of the concern and facilitate information sharing. In the absence of the DSP

the individual who has the concern is responsible for contacting children's social care and the information should be shared with the DSP retrospectively.

Protection of children:

At CSPA we will make every effort to protect children from harm when they are visiting our setting/ attending our classes. We will do this through:

- Provision of safeguarding training for all staff
- Ensuring all staff and volunteers hold clear current DBS checks
- We will take all reasonable steps to ensure health safety and welfare for all those who access our organisation
- We will take all practicable steps to ensure that no one working with us or for us would put a child in a situation of unreasonable risk to their health and safety.
- We will not harm or abuse children within our care and will take all reasonable steps to ensure no one working with us or around us within the community could harm or abuse a child in our care.
- We will ensure good reporting to our DSP and onward to children's social care where ever we suspect harm and will foster an environment of good communication, transparency and trust.
- All involved with our organisation will follow our code of conduct

This policy will be reviewed annually.

Date of last review September 2021

Signed

K.J. Brown (Designated Safeguarding Person)

Appendix A:

Definitions of abuse:

Physical abuse: A form of abuse that may involve hitting shaking throwing poisoning burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately causes illness in a child.

Emotional abuse: The persistent emotional maltreatment off 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, unloved inadequate, or valued in so far as they meet the needs of another person only, 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 the over protection and

limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying (or cyber bullying), causing children to frequently 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, although it may occur alone.

Sexual abuse: 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, touching outside of clothing. They may also include noncontact 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.

Neglect: The persistent failure to meet a child's physical and/ or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing, and shelter (including exclusion from home and abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care givers); ensure access to appropriate medical care or treatment. It may also include an unresponsiveness to a child's basic emotional needs.

This is not a complete list, just examples. It is essential to remember it is not the role of staff or volunteers to determine whether abuse has taken place. It is simply to identify concerns and share them first with the DSP and then the Local Authority.

Appendix B:

Harm or the potential harm to a child may come to your attention in a number of ways:

- Information given to you by the child, his/ her friends a family member or close associate
- The child's behaviour may become different from the usual, be significantly different from the behaviour of their peers, be bizarre or unusual or may involve 'acting out' harmful situations through play.
- An injury may arouse suspicion if; it does not compare with the explanation given, different individuals give different explanations, the child appears anxious when discussing the injury, a child is pre mobile or has limited mobility and is bruised.

Suspicion is raised as a picture of events is built up over time

- A child or young person is known to be having contact with an individual/s that have been identified as presenting a potential risk of harm to children.
- A parents behaviour before the birth of a child may indicate the likelihood of significant harm to an unborn child for example substance misuse.