

**Nishad Karim Artist**  
**Safeguarding Policy 2022**

The artist and support staff recognise their responsibility for the safeguarding and protection of pupils. All staff, including volunteers, have a full and active part to play in protecting children and young people from harm. The role of the adults in situations where there are child protection concerns is NOT to investigate but to recognise and refer.

We encourage the children in our care to raise any concerns that they might have and ensure that these are taken seriously. We will also encourage pupils to contribute their own ideas, according to their age and understanding, about how their safety and welfare could be further improved. We are committed to working in partnership with parents, child protection agencies and diverse communities, to continuously develop and improve the Safeguarding Culture within our practise.

All staff should provide a caring, positive, safe and stimulating environment which promotes the social, physical and moral development of the individual pupil. The safeguarding policy will therefore underpin and support the development and implementation of all our activities in our classes.

**Aims**

- To support the child's development in ways that will foster security, confidence and independence.
- To help keep pupils safe by providing a safe environment for them and to educate them about keeping themselves safe.
- To raise awareness of all staff, including volunteers, of the need to safeguard children and of their responsibilities in identifying and reporting possible case of abuse.
- To develop and promote working relationships with other agencies.
- To ensure that all adults who have access to children have been checked as to their suitability and have an enhanced CRB disclosure.

The Designated Safeguarding Lead will, in line with recommendations in the Safeguarding Children and Safer Recruitment 2007, (2.19) undertake multiagency training and refresher training at two yearly intervals. All members of staff develop their understanding of the signs and indicators of abuse or need.

- All members of staff know how to respond to a pupil who discloses abuse.
- All staff will be kept updated on safeguarding issues and will be able to identify concerns and understand procedures to protect and safeguard children and young people.
- All members of staff are aware of any immediate/urgent action required to assist the child, e.g. emergency medical treatment.
- Our procedures will be reviewed and up-dated annually.

## **Responsibilities**

The Designated Officer is responsible for:

- Adhering to the London Child Protection Procedures 2007,
- Keeping written records of concerns about a child even if there is no need to make an immediate referral.
- Ensuring all records are kept confidentially and securely and are separate from pupil records.

## **Supporting Children**

- We recognise that a child who is abused or witness violence may find it difficult to develop and maintain a sense of self-worth.
- We recognise that a child in these circumstances may feel helpless and humiliated. We recognise that a child may feel self-blame.
- We recognise that the school may provide the only stability in the lives of children who have been abused or who are at risk of harm.
- We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

Support will be given to all pupils by:

- Encouraging self-esteem and self-assertiveness while not condoning aggression or bullying.
- Promoting a caring, safe and positive environment within the class.
- Liaising and working together with all other support services and those agencies involved with the safeguarding of children.
- Notifying Social Care as soon as there is a significant concern.
- Establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.
- Ensure all children know there is an adult in the class whom they can approach if they are worried or in difficulty.

We encourage an ethos of respect, friendship, courtesy and kindness with a clear, high profile Behaviour Policy which sets out our expectations and consequences for unacceptable behaviour together with visible staff presence.

## **Confidentiality**

- We recognise that all matters relating to Child Protection are confidential.
- The Designated safeguarding Lead will disclose any information about a pupil to other staff on a 'need to know' basis only.
- All staff must be aware that they have a professional responsibility to disclose information with other agencies in order to safeguard children.
- All staff must be aware that they cannot promise a child to keep secrets.

## **Extremism and Radicalisation**

We will help support pupils who may be vulnerable to such influences as part of our wider safeguarding responsibilities and where we believe a pupil is being directly influenced by extremist materials or influences we will ensure that pupil is offered mentoring. In such instances we will seek external support from the Local Authority and/or local partnership structures working to prevent extremism.

## **Appendix One**

### **DEFINITIONS OF CHILD ABUSE AND NEGLECT**

Whenever a concern is raised that a child may be being harmed in one or more of the following ways:

#### **Physical abuse**

Physical abuse 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 induces illness in a child.

#### **Emotional abuse**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying causing children frequently to feel frightened or in danger or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

## **Sexual abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at or in the production of, pornographic material or watching sexual activities or encouraging children to behave in sexually inappropriate ways.

## **Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health 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 or 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 neglect of or unresponsiveness to a child's basic emotional

## **Appendix Two**

### **WHAT TO DO WHEN A CHILD DISCLOSES ABUSE**

- Stay calm and reassuring.
- The steps below are generally completed by members of trained staff, however if this possible then staff should follow this guidance
- Arrange a time and place to talk privately immediately after the child has initiated contact
- Explain that you cannot promise to keep what the child tells you a secret - you may have to contact a social worker or the police
- Don't make any other promises to the child - the situation may cause you to react emotionally
- Listen and reassure
- Do not press for details - this is likely to need further and possibly extensive investigation.
- It is better for the child if s/he does not have to repeat the details unnecessarily. This could also compromise a potential criminal investigation.
- Tell the child that s/he was right to tell - that s/he is not to blame for the incident. Let the child know that you understand how difficult it is to talk about such experiences. Thank the child.
- As soon as possible afterwards, record your conversation with the child. Remember the child's exact words. Record your own statements to the child
- Refer

Note: A wide range of situations can fall into the category of “disclosure”. Because it is impossible to know in advance what a child will say, it is advisable to always follow these suggestions. Many victims of child abuse say that having the first person they told be supportive was the first step in recovering from their experience.

## **Appendix Three**

### **CHILD PROTECTION PROCEDURES PHYSICAL INJURY TO CHILDREN**

#### **Checklist for Recording**

When you notice an injury to a child which needs to be recorded, try to record the following information in respect of each mark:

- Exact position of injury on the body, e.g. upper outer arm/left cheek
- Size of injury - in approximate centimetres or inches (or use indicators e.g. size of one pence coin, etc.)
- Approximate shape of injury, e.g. round/square or straight line
- Colour of injury - if more than one colour, say so
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff, etc.?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot/does the child feel hot?
- Does the child feel pain?

Note: Do not attempt to guess at things beyond your own field of expertise, e.g. age of injury. Only record visible injuries; do not strip children. If the child is injured parents will be informed

Also record

- Explanation for the injury: Child (use child’s own words)
- General appearance of the child:
- Clothing
- Hygiene
- Child’s attitude/demeanour
- Parent’s attitude
- Action taken/proposed
- In your view, does the child need treatment?