



## **Safeguarding Policy**

### **Introduction**

Endon High School recognises its legal duty under s175 Education Act 2002 (section 157 in relation to independent schools and academies) and the 1989 Children Act and takes seriously its responsibilities to protect and safeguard the interests of all children. The school recognises that effective child protection work requires sound procedures, good inter-agency co-operation and a workforce that is competent and confident in responding to child protection situations.

These procedures aim to provide a framework which ensures that all practice in the area of child protection is consistent with stated values and procedures that underpin all work with children and young people. Statutory guidance defines a child as anyone who has not yet reached their 18<sup>th</sup> Birthday.

This document has regard to the statutory guidance 'Working Together to Safeguard Children 2013' and 'Keeping Children Safe in Education April 2014'. The Policy is in keeping with Staffordshire Safeguarding Children Board's (SSCB) Policies, Procedures and Training Strategy and reflects what Staffordshire Safeguarding Children's Board considers to be safe and professional practice in this context. Child Protection has to be considered within professionals' wider "safeguarding" responsibilities that include a duty to co-operate under the Children Act 2004 and takes account of the need for children to 'be healthy' and 'stay safe'.

This document also seeks to make the professional responsibilities clear to all staff (teaching and support staff) governors and volunteers, temporary and supply staff to ensure that statutory and other duties are met in accordance with Staffordshire Safeguarding Children Board requirements and procedures. All staff and volunteers need to have read and be familiar with the Policy.

This Safeguarding Policy will be reviewed annually by the governing body.

### **Safeguarding and Promoting the Welfare of Children**

The definition for Safeguarding and promoting the welfare of children in Working Together to Safeguard Children 2013 is:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes.

## Underpinning values

Where there is a safeguarding issue, Endon High School will work in accordance with the principles outlined in the Staffordshire Safeguarding Children Board Inter-agency Child Protection procedures:

- A child's welfare is paramount. Each child has a right to be protected from harm and exploitation and to have their welfare safeguarded.
- Each child is unique. Action taken by child welfare organisations should be child-centred, taking account of a child's cultural, ethnic and religious background, their gender, their sexual orientation, their individual ability and any special needs.
- Children, parents and other carers should be made aware of their responsibilities and their rights, together with advice about the power of professionals to intervene in their family circumstances.
- Parents will be advised about Endon High School Safeguarding Policy in the school prospectus and on admission to the school. A copy of the Policy is available on the school website
- Each child has a right to be consulted about actions taken by others on his/her behalf. The concerns of children and their families should be listened to and due consideration given to their understanding, wishes and feelings.
- Individual family members must be involved in decisions affecting them. They must be treated with courtesy and respect and with due regard given to working with them in a spirit of partnership in safeguarding children's welfare. However, it may not be appropriate to advise parents/carers immediately about a referral depending on circumstances and the advice given by Children's Social Care. The welfare of the child is paramount in such situations
- Each child has a right to be consulted about actions taken by others on his/her behalf in an age appropriate way. The concerns of children and their families should be listened to and due consideration given to their understanding, wishes and feelings. However, it may not always be possible to respect a child/carer's request for confidentiality. If a child may be at risk of significant harm, there is a duty on the school/college to share information with Children's Social Care. This will be explained to the child or family member and appropriate reassurance given.
- Open-mindedness and honesty must guide each stage of assessment and of operational practice. The strengths of individual family members, as well as their needs, should be given due consideration.
- Personal information is usually confidential. It should only be shared with the permission of the individual concerned, or unless the disclosure of confidential personal information is necessary in order to protect a child. In all circumstances, information must be confined to those people directly involved in the professional network of each individual child and on a strict "need to know" basis.
- Professionals should be aware of the effects of outside intervention upon children, upon family life and the impact and implications of what they say and do.
- Explanations by professionals to children, their families and other carers should be plainly stated and jargon-free. Unavoidable technical and professional terminology should be explained in simple terms.
- Sound professional practice is based upon positive inter-agency collaboration, evidence-based research and effective supervision and evaluation.
- Early intervention in providing support services utilising the Common Assessment Framework Process and if necessary an assessment under Section 17 of the Children Act (1989) this is an important principle of practice in inter-agency arrangements for safeguarding the welfare of children.

## **Thresholds for Intervention**

### **Early Support: Common Assessment Framework - CAF**

Practitioners should complete a Common Assessment Framework (CAF) when:

- Age appropriate progress is not being made and the causes are unclear or
- The support of more than one additional agency is needed to meet the child or young person's needs.

All staff receive CAF awareness training. Staff should discuss children who appear to have additional needs with the Designated Safeguarding Lead, the child and parents. The school will need to obtain parental/pupil consent for a CAF to be completed. The CAF co-ordinator may need to make a referral directly to other agencies, or request the support of Staffordshire County Council Local Support Team (LST). Staff will follow the guidance of the SSCB Threshold Document - accessing the right help at the right time ([www.staffscsb.org.uk](http://www.staffscsb.org.uk) – procedure 1E). The school will inform the LST Co-ordinator when a CAF is started, and when it is closed, irrespective of whether or not there is an LST worker involved with the family.

### **Child in Need**

A 'Child in Need' referral should be considered where the needs of the child are unlikely to be met under a CAF, such as a child with complex disabilities, when a social work led assessment is required.

Section 17 of the Children Act says that an assessment for services should be undertaken by the Local Authority in the following circumstances:

- They are unlikely to achieve or maintain, or to have opportunity to achieve or maintain a reasonable standard of health or development, without the provision of services by a local authority.
- Their health or development is likely to be impaired, or further impaired without the provision of such services.
- They are disabled.

A 'child in need' referral should be considered where the needs of the child are unlikely to be met under a CAF, such as a child with complex disabilities, when a social work led assessment is required.

If the Designated Safeguarding Lead considers that the welfare concerns indicate that a 'Child in Need' referral is appropriate, he/she will speak with parents / young person and obtain their consent for referral to the First Response Team (FRT -see below) to request an assessment. If parents refuse to give consent, but the child's needs are not being met, the Designated Safeguarding Lead will discuss the issues with the FRT.

Appropriate staff should be invited to participate in Child in Need (CIN) meetings convened by Children's Social Care when children are deemed to require section 17 services.

Some children in 'acute need' (see SSCB Threshold guidance) may require Child in Need Section 17 support. This could include children who self-harm or disclose an intent to commit suicide (SSCB procedure 4U).

### **Child Protection**

Is this a child protection matter? S47 of the Children Act 1989 says the Local Authority has a statutory duty to investigate when there is reasonable cause to suspect that a child is suffering,

or is likely to suffer, significant harm due to the actions or inactions of others. School staff do not investigate whether a child has been abused. This is the duty of Social workers from the Safeguarding team and the police. Schools refer reasonable concerns which indicate that a child may be at risk of significant harm.

If staff consider the concern is potentially a child protection matter, this should be discussed without delay with the designated person who will refer to First Response or, if applicable, the child's current social worker. If the child lives in an authority outside of Staffordshire, the matter will be referred by the Designated Person to children's social care in that area.

It is the 'significant harm' threshold that justifies statutory intervention into family life. A professional making a child protection referral under S.47 must therefore provide information which clearly outlines that a child is suffering or likely to suffer significant harm.

It is not possible to rely on one absolute criterion when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the extent of the harm suffered, the context within which it occurred and its duration.

Significant harm may also arise from a combination of significant events which are both acute and long standing and which may impair the child's physical, psychological and social development.

In order to both understand and establish significant harm, it is necessary to consider the family context, together with the child's development within their wider social and cultural environment. It is also necessary to consider any special needs, e.g. medical condition, communication difficulties or disability that may affect the child's development and care within the family. The nature of harm, in terms of ill-treatment or failure to provide adequate care also needs consideration alongside the impact on the child's health and development and the adequacy of care provided.

### **Guidance on 'Whether this is a Child Protection Matter'**

**If staff have significant concerns about any child they must make them known to the Designated or Deputy Designated Safeguarding Leads without delay in accordance with reporting and recording procedures.**

#### **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 (*Working Together to Safeguard Children' 2013*).

#### **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 include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as 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 (including Cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is

involved in all types of maltreatment of a child, though it may occur alone (*Working Together to Safeguard Children' 2013*).

## **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 needs (*Working Together to Safeguard Children' 2013*).

## **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 (e.g. rape, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or 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 (*Working Together to Safeguard Children' 2013*).

## **Making referrals**

Where a child is registered at school, consultation must take place with the school's Designated Child Protection person who will be the most appropriate person to initiate any referral. A written record of your concerns should be made using the schools internal recording form. This should then be given to the Designated Child Protection person who will then make the decision if a referral is needed to the First Response Team or the child's existing social worker. If the child lives in an authority outside of Staffordshire, the matter will be referred by the Designated Safeguarding Lead to the relevant Children's Social Care team in that area.

As per statutory government guidance 'Keeping Children Safe in Education', anybody **can** make a referral. However, due to the role of the Designated Safeguarding Lead this member of staff may be party to additional and pertinent information and therefore is best placed to do so. If it is not possible to speak to the Designated or Deputy Designated Safeguarding Lead, or there would be an unwarranted delay by doing so, the member of staff should contact the First Response Team to discuss concerns. In these circumstances, the Designated Safeguarding Lead must be informed about the referral as soon as possible.

For referral to First Response phone 0800 1313126 and speak to the operator or Child Services for a Stoke on Trent child 01782 297100. You will need to follow this up with written confirmation on the Multi-agency referral form within 48 hours.

## **Confidentiality**

Confidentiality is an issue that needs to be understood by all those working with children, particularly in the context of child protection. This is a complex area and involves consideration of a number of pieces of legislation.

You can never guarantee confidentiality to a child as some kinds of information may need to be shared with others. A suggested form of words that may help when talking to children is as follows:

“I will keep our conversation confidential and agree with you what information I can share, unless you tell me something that will affect your personal safety or that is illegal, but I will tell you if I am going to pass information on and who to.”

Professionals can only work together to safeguard children if there is an exchange of relevant information between them. This has been recognised in principle by the courts. However, any disclosure of personal information to others, included social service departments, must always have regard to both common and statute law.

Normally, personal information should only be disclosed to third parties (including other agencies) with the consent of the subject of that information (Data Protection Act 1998 European Convention on Human Rights, Article 8). Wherever possible, consent should be obtained before sharing personal information with third parties. In some circumstances, however, consent may not be possible or desirable but the safety and welfare of the child dictate that the information should be shared.

The law requires the disclosure of confidential information necessary to safeguard a child or children. Under Section 47 of the Children Act 1989 statutory agencies have a duty to co-operate. Therefore, if the Police or Social Care/Services are conducting a Section 47 investigation under the 1989 Children Act, staff must share requested information relevant to the investigation. Legal advice should be sought if in doubt from the County Legal Services Department.

When children transfer to a new school or college at any time other than key transition points (e.g. move to primary or high school), it may be necessary to inform other partners. For example, a process is in place for informing the school nurse team in these circumstances

## **Talking to and listening to children**

If a child chooses to disclose, you SHOULD:

- be accessible and receptive;
- listen carefully and uncritically at the child's pace;
- take what is said seriously;
- reassure the child that they are right to tell;
- tell the child that you must pass this information on;
- Make a careful record of what was said.

## **You should NEVER:**

- take photographs;
- examine marks/ injuries solely to assess whether they may have been caused by abuse (there may be a need to give appropriate first aid);
- investigate or probe aiming to prove or disprove possible abuse – never ask leading questions;
- make promises to children about confidentiality or keeping ‘secrets’;
- assume that someone else will take the necessary action;
- jump to conclusions or react with shock, anger or horror;
- speculate or accuse anybody;
- confront another person (adult or child) allegedly involved;
- offer opinions about what is being said or about the persons allegedly involved;
- forget to record what you have been told;
- fail to pass the information on to the correct person;
- Ask a child to sign a written copy of the disclosure.

For children with communication difficulties or who use alternative/augmented communication systems, you may need to take extra care to ensure that signs of abuse and neglect are identified and interpreted correctly, but concerns should be reported in exactly the same manner as for other children.

## **Record keeping**

Well-kept records are essential in situations where it is suspected or believed that a child may be at risk from harm.

Records should:

- state who was present, time, date and place;
- use the child’s words wherever possible;
- be factual/state exactly what was said;
- differentiate clearly between fact, opinion, interpretation, observation and/or allegation;
- be written in ink and signed by the recorder, unless the concern has been communicated electronically.

Records about child protection or pertaining to welfare concerns or issues, including CAF paperwork, will be retained securely and separately to the curriculum records of the child. If the child moves to another school or education setting, these records will be suitably redacted in regard to the identification of other children or adults and sent in a timely and secure manner to the Designated Safeguarding Lead of the receiving school or college.

## **Attendance at Child Protection Conferences**

The Designated Child Protection Person or their deputy will be expected to attend the initial Child Protection Conference and provide a written report.

If a child is made subject to a Child Protection Plan it may be more relevant for the class teacher or head of year to attend the subsequent core group meetings and they will be given appropriate support around safeguarding issues by the Designated Senior Person for child protection.

## **Protecting yourself against allegations of abuse**

You should seek to keep your personal contact with children under review and seek to minimise the risk of any situation arising in which misunderstandings can occur. The following sensible precautions can be taken when working alone with children:

- work in a room where there is a glass panel in the door or leave the door open
- Make sure that other adults visit the room occasionally.
- Avoid working in isolation with children unless thought has been given to safeguards.
- must not give out personal mobile phone numbers or private e-mail addresses
- must not give pupils lifts home in your cars
- must not arrange to meet them outside of school hours
- Never 'befriend' or chat to pupils/students on social network sites

Under the Sexual Offences Act 2003 it is a criminal offence for anyone working in an education setting to have a sexual relationship with a pupil even when the pupil is over the age of consent but under 18 years of age.

Any use of physical force or restraint against pupils will be carried out and documented in accordance with the relevant physical restraint policy. If it is necessary to use physical action to prevent a child from injury to themselves or others parents will be informed.

Children will not be punished by any form of hitting, slapping, shaking or other degrading treatment.

## **Allegations of abuse against a professional**

Children can be the victims of abuse by those who work with them in any setting. All allegations of abuse of children carried out by any staff member or volunteer is therefore taken seriously.

Staff have a professional duty to report concerns about the conduct of other adults working in the school if there are indications that a child or children could be at risk of harm. Adults working in this school are encouraged to raise any concerns about conduct or practice so that this can be addressed appropriately. Allegations of abuse made against adults working in the school, whether historical or current, should be reported to the head teacher (or, if the allegation is against the head teacher, it should be reported to the Chair of Governors). Adults working in the school are also able to follow the 'Whistle Blowing Policy' if they feel unable to follow standard procedures relating to an allegation against staff.

In line with government guidance and SSCB procedures, the Head Teacher/ Chair of Governors will contact a Local Authority Designated Officer (LADO) to discuss the allegation if the concerns are that an adult in a position of trust has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child;
- behaved towards a child or children in a way that indicates he or she would pose a risk of harm if they work regularly or closely with children  
(*Keeping children safe in education April 2014*)

This initial discussion will establish the validity of any allegation under SSCB procedures ([www.staffsscb.org.uk](http://www.staffsscb.org.uk) procedure 4A) and if a child protection safeguarding referral is required due to a child having suffered or being at risk of suffering 'significant harm'. If this is the case a



referral will be raised with the relevant Safeguarding team and a section 47 child protection strategy meeting will be convened that the Head Teacher/ Chair of Governors should attend.

If an individual child is not identified but there are concerns about the behaviour of a person in a position of trust which require consideration by other agencies or organisations, the LADO will convene a Joint Evaluation Meeting (JEM) to consider the issues and any action required.

The fact that a member of staff offers to resign will not prevent the allegation procedure and any necessary disciplinary action reaching a conclusion.

The decision of the strategy/Joint evaluation meeting could be:

- investigation by children's social care
- police investigation if there is a criminal element to the allegation
- single agency investigation completed by the school which should involve the Senior HR advisor for the School.

If the matter does not meet the threshold for intervention by other agencies, but concerns remain about the conduct of a person in position of trust working with children, the school will undertake investigatory and, if appropriate, disciplinary action. Referrals to the Disclosure and Barring Service (DBS) will be made by the school when necessary in line with current guidance.

### **Recruitment, supervision and training for staff**

When recruiting new members of staff the school follows the government guidance 'Keeping children safe in education' 2014 and Safer Recruitment principles, and has due regard to the Safeguarding Vulnerable Groups Act 2006 and The Protection of Freedoms Act 2012.

The school ensures that enhanced DBS checks are undertaken in line with government guidance, that appropriate references are obtained and that qualifications are verified. Accredited Safer Recruitment training has been undertaken by senior members of staff and appropriate Governors who sit on recruitment panels in accordance with statutory guidance. All staff will be encouraged to read the government guidance 'Keeping Children Safe in Education 2014' and have been given a copy of Part One of this guidance which they must read.

Newly appointed staff and volunteers will have a robust induction into the child protection procedures when they join the school. They will be made aware of the Staffordshire Safeguarding Children Board procedures ([www.staffsscb.org.uk](http://www.staffsscb.org.uk)) as part of that induction programme, and be given a copy of the school Safeguarding Policy. Any reason for staff to be having personal, social contact with pupils at the school must be explained to the head teacher with the rationale and any safeguarding actions required will be recorded. Staff will also attend the Level 1 Safeguarding and Promoting the Welfare of Children and Young People training within 6 months of joining the school. The initial Level One Child Protection training given to each member of the organisation will be updated every three years and recorded.

Any staff member, volunteer or governor who becomes the subject of a police investigation in relation to physical or sexual offences against adults or children, or are charged with such a criminal offence, must inform the head teacher. Staff must disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children whether received before, or during their employment at the school. The head teacher will discuss any potential safeguarding matters with the LADO and any required action will be agreed.

Any staff member, volunteer or governor whose own children become subject to child protection investigations must inform the head teacher. The head teacher will discuss with the Local Authority Designated Officer (LADO) in regard to procedures for dealing with allegations against Persons who work in a position of trust with children. Appropriate action will be agreed.

The Designated and Deputy Designated Safeguarding Leads will attend Staffordshire Safeguarding Board Courses at Level Two and above at least every 2 years in order to maintain continuous professional development and comply with statutory guidance and the SSCB training strategy.

This school recognises the importance of professional reflective supervision when working with vulnerable children. Arrangements are in place for the Designated Safeguarding Leads to have regular and scheduled supervision. The Designated Safeguarding Leads offer appropriate support to other staff within the school according to need or at their request.

## **E-Safety**

The growth of different electronic media in everyday life and an ever developing variety of devices including PC's, laptops, mobile phones, webcams etc. place an additional risk on our children. Internet chat rooms, discussion forums or social networks can all be used as a means of contacting children and young people with a view to grooming them for inappropriate or abusive relationships. The anonymity of the internet allows adults, often pretending to be children, to have conversations with children and in some cases arrange to meet them.

Access to abusive images is not a 'victimless' act as it has already involved the abuse of children. The internet has become a significant tool in the distribution of indecent photographs of children and should be a concern to all those working with pupils at this school. Pupils can engage in or be a target of bullying using a range of methods including text and instant messaging to reach their target. Mobile phones are also used to capture violent assaults of other children for circulation (happy slapping) or distributing indecent images of children (e.g. sexting).

The best protection is to make pupils aware of the dangers through curriculum teaching particularly PSHE and sex education.

Protection is Prevention

- Software is in place to minimise access and to highlight any person accessing inappropriate sites or information.
- Pupils will be encouraged to discuss openly their use of technology and anything which makes them feel uncomfortable. (If this results in child protection concerns the schools designated child protection person should be informed immediately)
- Pupils should not give out their personal details, phone numbers, schools, home address, computer passwords etc.
- Pupils should adhere to the school policy on mobile phones.

The police will be involved if there is any criminal element to misuse of the internet, phones or any other form of electronic media.

## **Female Genital Mutilation (FGM)**

### **Identifying cases of female genital mutilation (FGM) and Forced Marriage**

Any indications that Female Genital Mutilation (FGM) or Forced Marriage are imminent, or have already taken place, will be dealt with under the child protection procedures outlined in this policy. In support of this provision, we will do everything that we can to ensure that:

- Our school is an ‘open environment’, where students feel able to discuss issues that they may be facing;
- the Designated Safeguarding Leads are aware of the issues surrounding FGM and Forced Marriage;
- advice and signposting is available for accessing additional help, e.g. the NSPCC’s helpline, ChildLine services, Forced Marriage Unit
- awareness raising about FGM is incorporated in the schools safeguarding training.

If there is a disclosure of abuse of this kind, or staff are concerned for any other reason, they are advised:

- to alert the Designated Safeguarding Lead to their concerns. This member of staff will then refer concerns to children’s social care, who will inform the police if they need assistance. If a pupil has disclosed that they are at risk in this way, the case will still be referred to social care even if it is against the pupil’s wishes.
- **not** to consult or discuss with the pupil’s parents or family, or others within the community.

See information sheet (appendix 3 – page 53) for more information.

#### **Key documents referred to and underpinning this policy are:**

- ‘Working Together to Safeguard Children’ 2013 (DfE)  
<https://www.gov.uk/government/publications/working-together-to-safeguard-children>
- Staffordshire Safeguarding Children Board Procedures (online)  
[www.staffsscb.org.uk/professionals/procedures/](http://www.staffsscb.org.uk/professionals/procedures/)
- Staffordshire Safeguarding Children Board Training Catalogue (online)  
[www.staffsscb.org.uk/professionals/Inter-Agencytraining/events/](http://www.staffsscb.org.uk/professionals/Inter-Agencytraining/events/)
- Keeping children safe in education April 2014  
[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/300309/KCSIE\\_qdnce\\_FINAL.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300309/KCSIE_qdnce_FINAL.pdf)
- Staffordshire Policy and guidance on the use of Restrictive Physical Interventions (including restraint) in mainstream schools
- The Children Act 1989 and 2004
- Education Act 2002
- Whistle Blowing policy
- Staffordshire e-safety Tool Kit

#### **Resources**

Section 175 (157) of the Education Act 2002 puts an explicit duty on Governing Bodies to ensure their functions are exercised with a view to safeguarding and promoting the welfare of pupils. The governing body will therefore ensure that sufficient resources are made available to enable the necessary tasks to be carried out properly under Staffordshire Safeguarding Children Board procedures including attending meetings, collating and writing assessment reports, and staff training. The Governing Body will also ensure that all Governors have an understanding of safeguarding issues and those policies and procedures are in place in school to safeguard and promote the welfare of all pupils in the school. Safeguarding awareness will be addressed through the curriculum as appropriate to ensure all the pupils understand what is meant by safeguarding and how they can be safe.

**The Designated Child Protection Person in this school is:** Tracey Hill

**The Deputy Designated Child Protection Person in this school is:** Andrew Skelding

**The Nominated Governor for Safeguarding is:** Mrs Jenny Wallbanks

REVIEWED BY GOVERNORS

May 2017

REVIEW

annually (next review May 2018)

Further advice on Safeguarding matters can also be obtained from:

First Response Team including LADO advice 0800 1313126.

Emergency Duty Team (for out of office hours referrals for children and vulnerable adults) 0845 6042886.

Staffordshire County Council - Education Safeguarding Advice Service 01785 895836;

Email [esas@staffordshire.gov.uk](mailto:esas@staffordshire.gov.uk)

Website [Staffordshire Education Safeguarding Advice](#)

## Managing Allegations of Abuse against People Who Work With Children

There is a new Safeguarding Board Procedure, which has significant differences to the previous 'Inter-Agency Child Protection Procedures'. Please find it (chapter 7) at [www.staffsscb.org.uk](http://www.staffsscb.org.uk)

What you need to know:

If you employ or manage people who work (paid or unpaid) with children, your organisation will need to change its procedure about dealing with allegations against a member of staff/volunteer.

If you have a concern about a member of staff who has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child/children in a way that indicates s/he is unsuitable to work with children.

And you are the person in your organisation whose job it is to deal with that concern, you **must** consult with the Local Authority Designated Person (LADO) within 24 hours. See attached flowchart.

The LADO is a new role whose job it is to:

- Provide advice/guidance to employers/voluntary organisations
- Liaise with police and other agencies
- Monitor the progress of cases to ensure they dealt with as quickly as possible, consistent with a thorough and fair process
- Seek to resolve any inter-agency issues
- Collect strategic data and maintain a confidential database in relations to allegations

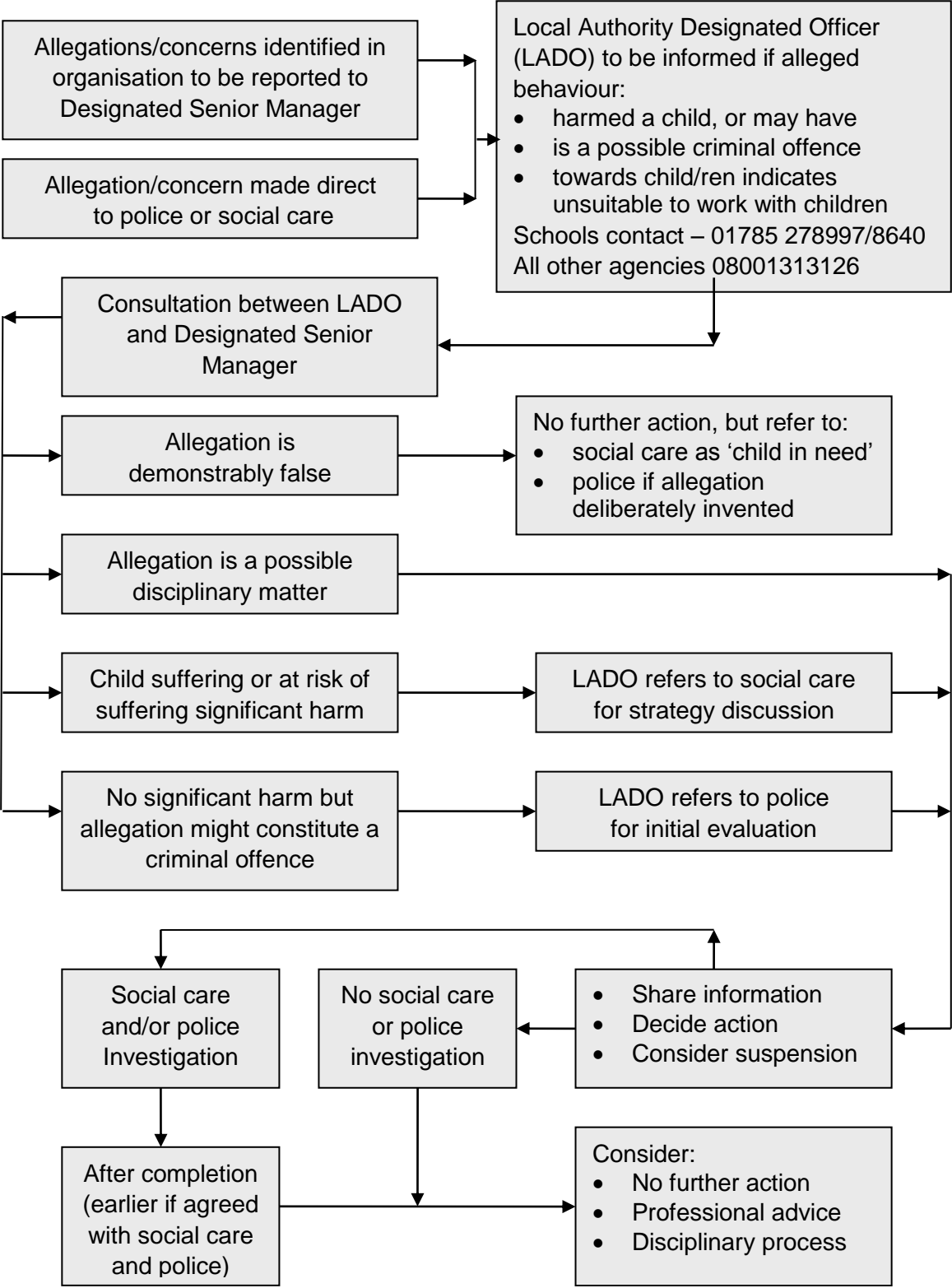
The LADO will advise about:

- ❖ Next steps (i.e. referral to Children's Social Care/Police or disciplinary)
- ❖ Whether/how to inform accused person
- ❖ How to inform child's parents/carers
- ❖ Their view regarding suspension, though the decision rests with the employer
- ❖ How they will monitor the outcome
- The procedure provides new timescales for disciplinary action in cases which do not proceed to investigation by Police/Children's Social Care. See attached flowchart.
- The LADOs for schools (available 8.30-5.00) are:  
Education Safeguarding Officer Tel: 01785 278997  
Principal Education Welfare Officer Tel: 01785 278640
- The LADOs for all other agencies are located in the **First Response Service** (available 8.00-6.00) for 'initial considerations' in the first instance, Tel 0800 1313126. Please make it clear that you need to speak to the LADO, and that you are not making

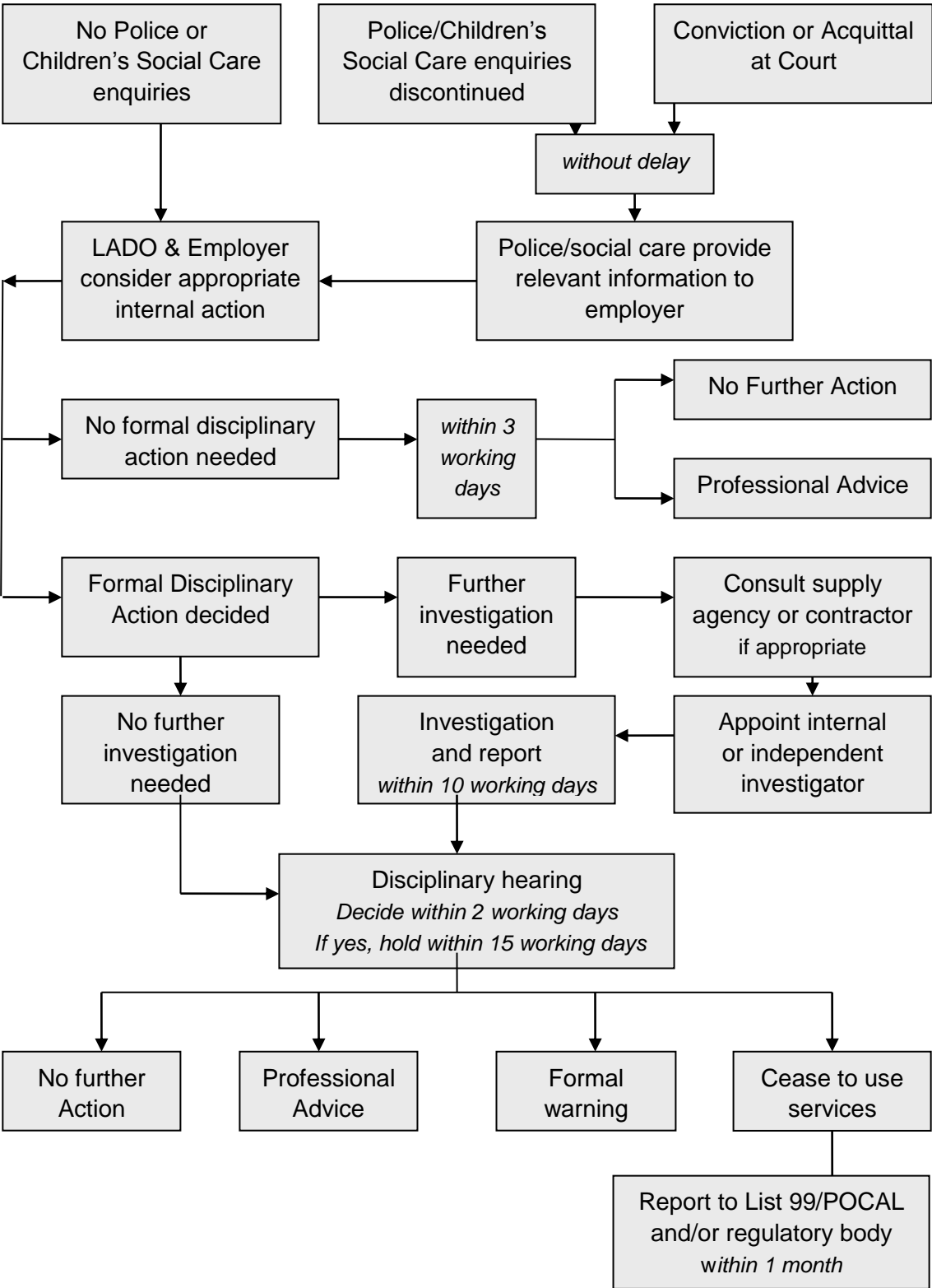
a referral. Follow up liaison, monitoring and data collection will be by the Risk Management Coordinator Tel 01785 854019

- In an emergency, where it is clear that a crime has been committed, please do not hesitate to contact the police.
- If the allegation arises out of office hours and you need urgent advice. Contact the Emergency Duty Service. Tel: 01785 354030

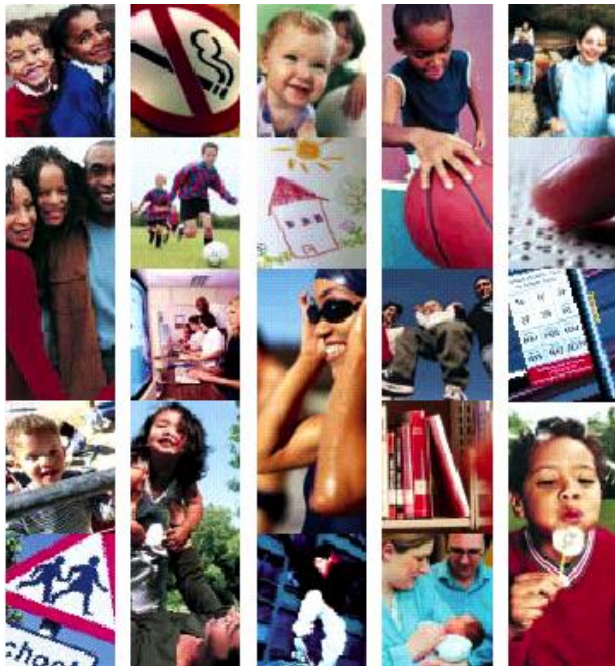
**ALLEGATIONS/CONCERNS AGAINST STAFF AND VOLUNTEERS  
CHILD PROTECTION PROCESS**



**ALLEGATIONS/CONCERNS AGAINST STAFF AND VOLUNTEERS  
DISCIPLINARY/SUITABILITY PROCESS**







# Guidance for Safer Working Practice for Adults who Work with Children and Young People.

November 2007

*AMA network established by*  
department for  
**children, schools and families**



**This guidance is based upon an original IRSC <sup>1</sup>document - '*Guidance for Safe Working Practice for the Protection of Children and Adults in Education Settings*,  
<sup>2</sup>commissioned by DfES<sup>3</sup>.**

---

<sup>1</sup> Investigation Referral and Support Co-ordinators network

<sup>2</sup> September 2006. This document is still in use and has relevance for those working in education settings

<sup>3</sup> Department for Education and Skills. now known as Department for Children, Schools and Families (DCSF)

## Contents

### Section 1 Overview

1.1	Background.....	5
1.2	What to do if you are worried a child is being abused.....	6

### Section 2 Using the Guidance

2.1	Status of Document.....	7
2.2	Purpose of the Guidance.....	7
2.3	Underlying Principles.....	7
2.4	Definitions.....	8
2.5	How to Use the Document.....	8

### Section 3 Guidance for Safer Working Practices

1	Context.....	10
2	‘Unsuitability’.....	10
3	Duty of Care.....	10
4	Confidentiality.....	11
5	Making a Professional Judgement.....	12
6	Power and Positions of Trust.....	12
7	Propriety and Behaviour.....	13
8	Dress and Appearance.....	13
9	Personal Living Space.....	13
10	Gifts, Rewards and Favouritism.....	14
11	Infatuations.....	14
12	Communication with Children and Young People ( <i>including Use of Technology</i> ).....	15
13	Social Contact.....	15
14	Sexual Contact.....	16
15	Physical Contact.....	17
16	Other Activities that Require Physical Contact.....	18
17	Behaviour Management.....	19
18	Use of Physical Intervention.....	19
19	Children and Young People in Distress.....	20
20	Intimate Care.....	21
21	Personal Care.....	21
22	First Aid and Administration of Medication.....	21
23	One to One Situations.....	22
24	Home Visits.....	23

25	Transporting Children and Young People .....	23
26	Trips and Outings.....	24
27	Photography and Video .....	24
28	Access to Inappropriate Images and Internet Usage .....	25
29	Whistle Blowing.....	26
30	Sharing Concerns and Recording Incidents.....	26
<b>Appendices</b>		<b>28</b>

1 For further information, please contact the Allegation Management Adviser or Safeguarding Adviser at your local Government Office or the Safeguarding Policy team at Mowden Hall, Staindrop Road Darlington DL3 9BG Tel: 870012345

## Section 1: Overview

### 1.1. Background

All adults who come into contact with children and young people in their work have a duty of care<sup>4</sup> to safeguard and promote their welfare.

The Children Act 2004, through the Stay Safe outcome of the Every Child Matters Change for Children programme<sup>5</sup>, places a duty on organisations to safeguard<sup>6</sup> and promote the well-being of children and young people. This includes the need to ensure that all adults who work with or on behalf of children and young people in these organisations are competent, confident and safe to do so.

The vast majority of adults who work with children act professionally and aim to provide a safe and supportive environment which secures the well-being and very best outcomes for children and young people in their care. However, it is recognised that in this area of work tensions and misunderstandings can occur. It is here that the behaviour of adults can give rise to allegations of abuse being made against them. Allegations may be malicious or misplaced. They may arise from differing perceptions of the same event, but when they occur, they are inevitably distressing and difficult for all concerned. Equally, it must be recognised that some allegations will be genuine and there are adults who will deliberately seek out, create or exploit opportunities to abuse children. It is therefore essential that all possible steps are taken to safeguard children and young people and ensure that the adults working with them are safe to do so.

Some concerns have been raised about the potential vulnerability of adults in this area of work. It has been suggested that there is a need for clearer advice about what constitutes illegal behaviour and what might be considered as misconduct. This document has been produced in response to these concerns and provides practical guidance for anyone who works with, or on behalf of children and young people regardless of their role, responsibilities or status. It seeks to ensure that the duty to promote and safeguard the wellbeing of children is in part, achieved by raising awareness of illegal, unsafe and inappropriate behaviours.

Whilst every attempt has been made to cover a wide range of situations, it is recognised that this guidance cannot cover all eventualities. There may be times when professional judgements are made in situations not covered by this document, or which directly contravene the guidance given by their employer. It is expected that in these circumstances adults will always advise their senior colleagues of the justification for any such action already taken or proposed.

It is also recognised that not all adults who work with children and young people work as paid or contracted employees. The principles and guidance outlined in this document still

---

<sup>4</sup> The duty which rests upon an individual to ensure that all reasonable steps are taken to ensure the safety of a child or young person involved in any activity, or interaction for which that individual is responsible. Any person in charge of, or working with children and young people in any capacity is considered, both legally and morally, to owe them a duty of care

<sup>5</sup> [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)

<sup>6</sup> Process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables them to have optimum life chances... Working Together to Safeguard Children: 2006 HM Government

apply and should be followed by an adult whose work brings them into contact with children and young people.

The guidance contained in this document has due regard to current legislation and statutory guidance.

## **1.2. What to do if you are worried a child is being abused<sup>7</sup>**

Everyone working with children and young people should be familiar with local procedures and protocols for safeguarding the welfare of children and young people. Adults have a duty to report any child protection or welfare concerns to a designated member of staff in their organisation and/or report any concerns to the local social care office. Anyone who has concerns or is in doubt should refer to the document '**What To Do If You're Worried a Child Is Being Abused**' and follow that guidance.

---

<sup>7</sup> What to do If You are Worried a Child is Being Abused HM Government 2006

## **Section 2: Using the Guidance**

### **2.1. Status of Document**

This guidance document has been commissioned by the Department for Children, Schools and Families. (DCSF). It does not replace or take priority over advice or codes of conduct produced by employers or national bodies.

It is a generic document that should complement existing professional procedures, protocols and guidance which relate to specific roles, responsibilities or professional practices.

### **2.2. Purpose of Guidance**

It is important that all adults working with children understand that the nature of their work and the responsibilities related to it, place them in a position of trust. This practice guidance provides clear advice on appropriate and safe behaviour for all adults working with children in a paid or unpaid capacity in all settings and in all contexts and aims to:

- keep children safe by clarifying which behaviours constitute safe practice and which behaviours should be avoided;
- assist adults working with children to work safely and responsibly and to monitor their own standards and practice;
- support managers and employers in setting clear expectations of behaviour and/or codes of practice relevant to the services being provided;
- support employers in giving a clear message that unlawful or unsafe behaviour is unacceptable and that, where appropriate, disciplinary or legal action will be taken;
- support safer recruitment practice;
- minimise the risk of misplaced or malicious allegations made against adults who work with children and young people;
- reduce the incidence of positions of trust being abused or misused.

Employers should be familiar with, and know how to access, their Local Safeguarding Children's Board's policy and procedures for managing allegations against staff.

### **2.3. Underpinning Principles**

- The welfare of the child is paramount.<sup>8</sup>
- It is the responsibility of all adults to safeguard and promote the welfare of children and young people. This responsibility extends to a duty of care for those adults employed, commissioned or contracted to work with children and young people.
- Adults who work with children are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions.
- Adults should work and be seen to work, in an open and transparent way.

---

<sup>8</sup> Children Act 1989

- The same professional standards should always be applied regardless of culture, disability, gender, language, racial origin, religious belief and/or sexual identity.
- Adults should continually monitor and review their practice and ensure they follow the guidance contained in this document.

## 2.4. Definitions

**Children and Young People:** Throughout this document references are made to "children and young people". These terms are interchangeable and refer to children who have not yet reached their 18<sup>th</sup> birthday. This guidance, however also has value for those working with vulnerable adults.

**Adults:** References to 'adults' or 'volunteers' refer to any adult who is employed, commissioned or contracted to work with or on behalf of, children and young people, in either a paid or unpaid capacity.

**Manager:** The term 'manager' refers to those adults who have responsibility for managing services including the supervision of employees and/or volunteers at any level.

**Employer:** The term 'employer' refers to the organisation which employs, or contracts to use the services of individuals in pursuit of the goals of that organisation. In the context of this document, the term 'employer' is also taken to include 'employing' the unpaid services of volunteers.

**Safeguarding:** Process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter childhood successfully<sup>9</sup>.

**Duty of Care:** The duty which rests upon an individual or organisation to ensure that all reasonable steps are taken to ensure the safety of a child or young person involved in any activity or interaction for which that individual or organisation is responsible. Any person in charge of, or working with children and young people in any capacity is considered, both legally and morally to owe them a duty of care.

[http://www.safetyline.wa.gov.au/institute/level1/course2/lecture2/I02\\_01.asp](http://www.safetyline.wa.gov.au/institute/level1/course2/lecture2/I02_01.asp)

## 2.5. How to Use the Document

This document is relevant to both individuals and organisations working with or on behalf of children and young people. Where an individual works independently and does not work as part of an organisation references made to the 'senior manager' should be taken to refer to parent/carers or those with parenting responsibilities.

Each section provides general guidance about a particular aspect of work undertaken with children and young people with, in the right hand column, specific guidance about which behaviours should be avoided and which are recommended. Some organisations may need to adapt or add to the guidance to meet their specific practices or contexts, The document has however, been written for a generic audience and most, if not all of the content, is applicable

---

<sup>9</sup> Working Together to Safeguard Children 2006. HM Government (WT 2006)



to all adults who work with children and young people. The diagram in Appendix 1 illustrates how the guidance could be used as a basis for developing specific agency guidance. Appendix 2 provides a visual framework for understanding how the document fits with safer recruitment and selection and procedures and those which relate to disciplinary proceedings.

It is recommended that organisations and settings who provide services for children and young people use this guidance to develop and promote safer working practice by ensuring that all employees and volunteers are made aware of its contents and have access to it.

Incorporating the use of this document in recruitment and selection processes will help to prevent

unsuitable people working with children and young people. Providing employees and volunteers with clear guidance on appointment and revisiting this through induction, supervision, performance management, training programmes etc will also help to ensure a safer children's workforce. Employers and managers will be better placed to deal with unsuitable or inappropriate behaviour if their expectations have been made clear and reinforced throughout a person's employment and there is evidence that this has been done.

Individuals should follow this guidance in their day to day practice. It should also be referred to when taking on new work, different duties or additional responsibilities.

## Section 3: Guidance for Safe Working Practice

### 1. Context

All adults who work with children and young people have a crucial role to play in shaping their lives. They have a unique opportunity to interact with children and young people in ways that are both affirming and inspiring. This guidance has been produced to help adults working in all settings to establish safe and responsive environments which safeguard young people and reduce the risk of adults being unjustly accused of improper or unprofessional conduct.

*This means that these guidelines:*

- *apply to **all** adults working in all settings whatever their position, role, or responsibilities*
- *may provide guidance where an individual's suitability to work with children and young people has been called into question.*

### 2. 'Unsuitability'<sup>10</sup>

The guidance contained in this document is an attempt to identify what behaviours are expected of adults who work with children and young people. Adults whose practice deviates from this guidance and/or their professional or employment-related code of conduct may bring into question their suitability to work with children and young people.

*This means that adults should:*

- *have a clear understanding about the nature and content of this document*
- *discuss any uncertainties or confusion with their line manager*
- *understand what behaviours may call into question their suitability to continue to work with children and young people*

### 3. Duty of Care

All adults who work with, and on behalf of children are accountable for the way in which they exercise authority; manage risk; use resources; and safeguard children and young people.

Whether working in a paid or voluntary capacity, these adults have a duty to keep children and young people safe and to protect them from sexual, physical and emotional harm. Children and young people have a right to be treated with respect and dignity. It follows that trusted adults are expected to take reasonable steps to ensure the safety and well-being of children and young people. Failure to do so may be regarded as neglect<sup>11</sup>.

*This means that adults should:*

- *understand the responsibilities, which are part of their employment or role, and be aware that sanctions will be applied if these provisions are breached*
- *always act, and be seen to act, in the child's best interests*
- *avoid any conduct which would lead any reasonable person to question their motivation and intentions*
- *take responsibility for their own actions and behaviour*

<sup>10</sup> WT 2006 Chapter 6, page 153. See also AMA document on 'Unsuitability' available Dec 07 from Allegation Management Advisers in Government Offices.

<sup>11</sup> WT 2006 page Chapter 1 page 38

The duty of care is in part, exercised through the development of respectful and caring relationships between adults and children and young people. It is also exercised through the behaviour of the adult, which at all times should demonstrate integrity, maturity and good judgement.

Everyone expects high standards of behaviour from adults who work with children and young people. When individuals accept such work, they need to understand and acknowledge the responsibilities and trust inherent in that role.

Employers also have a duty of care towards their employees, both paid and unpaid, under the Health and Safety at Work Act 1974<sup>12</sup>. This requires them to provide a safe working environment for adults and provide guidance about safe working practices. Employers also have a duty of care for the well-being of employees and to ensure that employees are treated fairly and reasonably in all circumstances. The Human Rights Act 1998 sets out important principles regarding protection of individuals from abuse by state organisations or people working for those institutions. Adults who are subject to an allegation should therefore be supported and the principles of natural justice applied.

The Health and Safety Act 1974 also imposes a duty on employees<sup>13</sup> to take care of themselves and anyone else who may be affected by their actions or failings. An employer's duty of care and the adult's duty of care towards children should not conflict. This 'duty' can be demonstrated through the use and implementation of these guidelines.

#### **4. Confidentiality**

Adults may have access to confidential information about children and young people in order to undertake their responsibilities. In some circumstances they may have access to or be given highly sensitive or private information. These details must be kept confidential at all times and only shared when it is in interests of the child to do so. Such information must not be used to intimidate, humiliate, or embarrass the child or young person concerned.

If an adult who works with children is in any doubt about whether to share information or keep it confidential he or she should seek guidance from a senior member of staff or nominated child protection person. Any actions should be in line with locally agreed information sharing protocols.

*This means that employers should:*

- *ensure that appropriate safeguarding and child protection policies and procedures are adopted, implemented and monitored*
- *ensure that codes of conduct/practices are continually monitored and reviewed*
- *ensure that, where services or activities are provided by another body, the body concerned has appropriate safeguarding policies and procedures*
- *foster a culture of openness and support*
- *ensure that systems are in place for concerns to be raised*
- *ensure that adults are not placed in situations which render them particularly vulnerable*
- *ensure all adults have access to and understand this guidance and related, policies and procedures*
- *ensure that all job descriptions and person specifications clearly identify the competences necessary to fulfil the duty of care*

*This means that adults:*

- *be clear about when information can be shared and in what circumstances it is appropriate to do so*
- *are expected to treat information they receive about children and young people in a discreet and confidential manner*
- *should seek advice from a senior member of staff if they are in any doubt about sharing information they hold or which has been requested of them*

---

<sup>12</sup> Health and Safety at Work Act 1974 Part I, Section. 2 (1) and (2)

<sup>13</sup> Health and Safety at Work Act 1974 Part I, Section.7

- *need to know to whom any concerns or allegations should be reported*

The storing and processing of personal information about children and young people is governed by the Data Protection Act 1998. Employers should provide clear advice to adults about their responsibilities under this legislation.

Whilst adults need to be aware of the need to listen and support children and young people, they must also understand the importance of not promising to keep secrets. Neither should they request this of a child young person under any circumstances.

Additionally, concerns and allegations about adults should be treated as confidential and passed to a senior manager without delay.

## 5. Making a Professional Judgement

This guidance cannot provide a complete checklist of what is, or is not appropriate behaviour for adults in all circumstances. There may be occasions and circumstances in which adults have to make decisions or take action in the best interests of the child or young person which could contravene this guidance or where no guidance exists. Individuals are expected to make judgements about their behaviour in order to secure the best interests and welfare of the children in their charge. Such judgements, in these circumstances, should always be recorded and shared with a senior manager or if the adult does not work for an organisation, with the parent or carer. In undertaking these actions individuals will be seen to be acting reasonably.

Adults should always consider whether their actions are warranted, proportionate and safe and applied equitably.

## 6. Power and Positions of Trust

As a result of their knowledge, position and/or the authority invested in their role, all adults working with children and young people are in positions of trust in relation to the young people in their care. Broadly speaking, a relationship of trust can be described as one in which one party is in a position of power or influence over the other by virtue of their work or the nature of their activity. It is vital for all those in positions of trust to understand the power this can give them over those

This means that where no specific guidance exists adults should:

- *discuss the circumstances that informed their action, or their proposed action, with a senior manager, or with the parent/carer if not working for an organisation*
- *report any actions which could be mis-interpreted to their senior manager*
- *always discuss any misunderstanding, accidents or threats with a senior manager*
- *always record discussions and reasons why actions were taken.*
- *record any areas of disagreement about course of action taken and if necessary referred to a higher authority*

This means that adults should not:

- *use their position to gain access to information for their own or others' advantage*
- *use their position to intimidate, bully, humiliate, threaten, coerce or undermine children or young*

they care for and the responsibility they must exercise as a consequence of this relationship.<sup>14</sup>

A relationship between an adult and a child or young person cannot be a relationship between equals. There is potential for exploitation and harm of vulnerable young people. Adults have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification.

Adults should always maintain appropriate professional boundaries and avoid behaviour which might be misinterpreted by others. They should report and record any incident with this potential.

Where a person aged 18 or over is in a specified position of trust<sup>15</sup> with a child under 18, it is an offence for that person to engage in sexual activity with or in the presence of that child, or to cause or incite that child to engage in or watch sexual activity.

## 7. Propriety and Behaviour

All adults working with children and young people have a responsibility to maintain public confidence in their ability to safeguard the welfare and best interests of children and young people. It is therefore expected that they will adopt high standards of personal conduct in order to maintain the confidence and respect of the public in general and all those with whom they work.

There may be times, for example, when an adult's behaviour or actions in their personal life come under scrutiny from local communities, the media or public authorities. This could be because their behaviour is considered to compromise their position in their workplace or indicate an unsuitability to work with children or young people. Misuse of drugs, alcohol or acts of violence would be examples of such behaviour.

Adults in contact with children and young people should therefore understand and be aware, that safe practice also involves using judgement and integrity about behaviours in places other than the work setting.

The behaviour of an adult's partner or other family members may raise similar concerns and require careful consideration by an employer as to whether there may be a potential risk to children and young people in the workplace.

*people*

- *use their status and standing to form or promote relationships which are of a sexual nature, or which may become so*

*This means that adults should not:*

- *behave in a manner which would lead any reasonable person to question their suitability to work with children or act as a role model.*
- *make, or encourage others to make, unprofessional personal comments which scapegoat, demean or humiliate, or which might be interpreted as such*

*This means that adults should:*

- *be aware that behaviour in their personal lives may impact upon their work with children and young people*
- *follow any codes of conduct deemed appropriate by their organisation*
- *understand that the behaviour and actions of their partner (or other family members) may raise questions about their suitability*

<sup>14</sup> Caring for Young People and the Vulnerable. Guidance for Preventing Abuse of Trust Home Office

<sup>15</sup> Sexual Offences Act 2003. Sect 16-19 re-enacts and amends offence of abuse of position of trust

*to work with children and young people*

## **8. Dress and Appearance**

A person's dress and appearance are matters of personal choice and self-expression. However adults should dress in ways which are appropriate to their role and this may need to be different to how they dress when not at work.

Adults who work with children and young people should ensure they take care to ensure they are dressed appropriately for the tasks and the work they undertake.

Those who dress in a manner which could be considered as inappropriate could render themselves vulnerable to criticism or allegations.

*This means that adults should wear clothing which:*

- *is appropriate to their role*
- *is not likely to be viewed as offensive, revealing, or sexually provocative*
- *does not distract, cause embarrassment or give rise to misunderstanding*
- *is absent of any political or otherwise contentious slogans*
- *is not considered to be discriminatory and is culturally sensitive*

## **9. Personal Living Space**

**2**

**3** No child or young person should be in or invited into, the home<sup>16</sup> of an adult who works with them, unless the reason for this has been firmly established and agreed with parents/ carers and senior managers or the home has been designated by the organisation or regulatory body as a work place e.g. childminders, foster carers.

**4**

**5** It is not appropriate for any other organisations to expect or request that private living space be used for work with children and young people.

**6**

**7** Under no circumstances should children or young people assist with chores or tasks in the home of an adult who works with them. Neither should they be asked to do so by friends or family of that adult.

*This means that adults should:*

- *be vigilant in maintaining their privacy and mindful of the need to avoid placing themselves in vulnerable situations*
- *challenge any request for their accommodation to be used as an additional resource for the organisation*
- *be mindful of the need to maintain professional boundaries*
- *refrain from asking children and young people to undertake personal jobs or errands*

## **10. Gifts, Rewards and Favouritism**

The giving of gifts or rewards to children or young people

*This means that adults should:*

---

<sup>16</sup> This includes any home or domestic settings used or frequented by the adult

should be part of an agreed policy for supporting positive behaviour or recognising particular achievements. In some situations, the giving of gifts as rewards may be accepted practice for a group of children, whilst in other situations the giving of a gift to an individual child or young person will be part of an agreed plan, recorded and discussed with senior manager and the parent or carer.

It is acknowledged that there are specific occasions when adults may wish to give a child or young person a personal gift. This is only acceptable practice where, in line with the agreed policy, the adult has first discussed the giving of the gift and the reason for it, with the senior manager and/or parent or carer and the action is recorded. Any gifts should be given openly and not be based on favouritism. Adults need to be aware however, that the giving of gifts can be misinterpreted by others as a gesture either to bribe or groom<sup>17</sup> a young person.

Adults should exercise care when selecting children and/or young people for specific activities or privileges to avoid perceptions of favouritism or unfairness. Methods and criteria for selection should always be transparent and subject to scrutiny.

Care should also be taken to ensure that adults do not accept any gift that might be construed as a bribe by others, or lead the giver to expect preferential treatment.

There are occasions when children, young people or parents wish to pass small tokens of appreciation to adults e.g. on special occasions or as a thank-you and this is acceptable. However, it is unacceptable to receive gifts on a regular basis or of any significant value.

## 11. Infatuations

**Occasionally, a child or young person may develop an infatuation with an adult who works with them. These adults should deal with these situations sensitively and appropriately to maintain the dignity and safety of all concerned. They should remain aware, however, that such infatuations carry a high risk of words or actions being misinterpreted and should therefore make every effort to ensure that their own behaviour is above**

- *be aware of their organisation's policy on the giving and receiving of gifts*
- *ensure that gifts received or given in situations which may be misconstrued are declared*
- *generally, only give gifts to an individual young person as part of an agreed reward system*
- *where giving gifts other than as above, ensure that these are of insignificant value*
- *ensure that all selection processes which concern children and young people are fair and that wherever practicable these are undertaken and agreed by more than one member of staff*

This means that adults should:

- *report and record any incidents or indications (verbal, written or*

---

<sup>17</sup> grooming' – the act of gaining the trust of a child so that sexual abuse can take place.

reproach.

**An adult, who becomes aware that a child or young person is developing an infatuation, should discuss this at the earliest opportunity with a senior manager or parent or carer so appropriate action can be taken to avoid any hurt, distress or embarrassment.**

## **12. Communication with Children and Young People (including the Use of Technology)**

Communication between children and adults, by whatever method, should take place within clear and explicit professional boundaries. This includes the wider use of technology such as mobile phones text messaging, e-mails, digital cameras, videos, web-cams, websites and blogs. Adults should not share any personal information with a child or young person. They should not request, or respond to, any personal information from the child/young person, other than that which might be appropriate as part of their professional role. Adults should ensure that all communications are transparent and open to scrutiny

Adults should also be circumspect in their communications with children so as to avoid any possible misinterpretation of their motives or any behaviour which could be construed as grooming. They should not give their personal contact details to children and young people including e-mail, home or mobile telephone numbers unless the need to do so is agreed with senior management and parents/carers. E-mail or text communications between an adult and a child young person outside agreed protocols may lead to disciplinary and/or criminal investigations. This also includes communications through internet based web sites.

Internal e-mail systems should only be used in accordance with the organisations policy.

*physical) that suggest a child or young person may have developed an infatuation with an adult in the workplace*

- *always acknowledge and maintain professional boundaries*

*This means that the organisation should:*

- *have a communication policy which specifies acceptable and permissible modes of communication*

*This means that adults should:*

- *not give their personal contact details to children or young people, including their mobile telephone number*
- *only use equipment e.g. mobile phones, provided by organisation to communicate with children, making sure that parents have given permission for this form of communication to be used*
- *only make contact with children for professional reasons and in accordance with any organisation policy*
- *recognise that text messaging is rarely an appropriate response to a child in a crisis situation or at risk of harm. It should only be used as a last resort when other forms of communication are not possible*
- *not use internet or web-based communication channels to send personal messages to a child/young person*



### 13. Social Contact

Adults who work with children and young people should not seek to have social contact with them or their families, unless the reason for this contact has been firmly established and agreed with senior managers, or where an adult does not work for an organisation, the parent or carers. If a child or parent seeks to establish social contact, or if this occurs coincidentally, the adult should exercise her/his professional judgement in making a response but should always discuss the situation with their manager or with the parent of the child or young person. Adults should be aware that social contact can be misconstrued as grooming.

Where social contact is an integral part of work duties, e.g. pastoral work in the community, care should be taken to maintain appropriate personal and professional boundaries. This also applies to social contacts made through interests outside of work or through the adult's own family or personal networks.

It is recognised that some adults may support a parent who may be in particular difficulty. Care needs to be exercised in those situations where the parent comes to depend upon the adult for support outside their professional role. This situation should be discussed with senior management and where necessary referrals made to the appropriate support agency.

### 14. Sexual Contact

All adults should clearly understand the need to maintain appropriate boundaries in their contacts with children and young people. Intimate or sexual relationships between children/young people and the adults who work with them will be regarded as a grave breach of trust. Allowing or encouraging a relationship to develop in a way which might lead to a sexual relationship is also unacceptable.

Any sexual activity between an adult and the child or young person with whom they work may be regarded as a criminal offence and will always be a matter for disciplinary action.

Children and young people are protected by specific legal provisions regardless of whether the child or young person consents or not. The sexual activity referred to does not just involve physical contact including penetrative and non-penetrative acts. It may also include non-contact activities, such as causing children to engage in or watch sexual activity or the production of pornographic material. "Working

*This means that adults should:*

- *have no secret social contact with children and young people or their parents*
- *consider the appropriateness of the social contact according to their role and nature of their work*
- *always approve any planned social contact with children or parents with senior colleagues,*
- *advise senior management of any social contact they have with a child or a parent with whom they work, which may give rise to concern*
- *report and record any situation, which may place a child at risk or which may compromise the organisation or their own professional standing*
- *be aware that the sending of personal communications such as birthday or faith cards should always be recorded and/or discussed with line manager.*
- *understand that some communications may be called into question and need to be justified.*

*This means that adults should not:*

- *have sexual relationships with children and young people*
- *have any form of communication with a child or young person which could be interpreted as sexually suggestive or provocative i.e. verbal comments, letters, notes, electronic mail, phone calls, texts, physical contact*
- *make sexual remarks to, or about, a child/young person*
- *discuss their own sexual relationships with or in the presence of children or young people*

*This means that adults should:*

Together to Safeguard Children<sup>18</sup>, defines sexual abuse as “forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening”.

There are occasions when adults embark on a course of behaviour known as 'grooming' where the sole purpose is to gain the trust of a child, and manipulate that relationship so sexual abuse can take place. Adults should be aware that consistently conferring inappropriate special attention and favour upon a child might be construed as being part of a 'grooming' process and as such may give rise to concerns about their behaviour.

## 15. Physical Contact

Many jobs within the children’s workforce require physical contact with children as part of their role. There are also occasions when it is entirely appropriate for other adults to have some physical contact with the child or young person with whom they are working. However, it is crucial that in all circumstances, adults should only touch children in ways which are appropriate to their professional or agreed role and responsibilities.

Not all children and young people feel comfortable about physical contact, and adults should not make the assumption that it is acceptable practice to use touch as a means of communication. Permission should be sought from a child or young person before physical contact is made. Where the child is very young, there should be a discussion with the parent or carer about what physical contact is acceptable and/or necessary.

When physical contact is made with a child this should be in response to their needs at the time, of limited duration and appropriate to their age, stage of development, gender, ethnicity and background. It is not possible to be specific about the appropriateness of each physical contact, since an action that is appropriate with one child in one set of circumstances may be inappropriate in another, or with a different child. Adults, nevertheless, should use their professional judgement at all times, observe and take note of the child's reaction or feelings and – so far as is possible - use a level of contact and/or form of communication which is

- *ensure that their relationships with children and young people clearly take place within the boundaries of a respectful professional relationship*
- *take care that their language or conduct does not give rise to comment or speculation. Attitudes, demeanour and language all require care and thought, particularly when members of staff are dealing with adolescent boys and girls.*

*This means that adults should:*

- *be aware that even well intentioned physical contact may be misconstrued by the child, an observer or by anyone to whom this action is described*
- *never touch a child in a way which may be considered indecent*
- *always be prepared to report and explain actions and accept that all physical contact be open to scrutiny*
- *not indulge in horseplay*
- *always encourage children, where possible, to undertake self-care tasks independently*
- *work within Health and Safety regulations*
- *be aware of cultural or religious views about touching and always be sensitive to issues of gender*
- *understand that physical contact in some circumstances can be easily misinterpreted*

*This means that organisations should:*

- *ensure they have a system in place for recording incidents and the means by which information*

---

<sup>18</sup> Working Together to Safeguard Children .A guide to interagency working to safeguard and promote the welfare of children HM Government 2006

acceptable to the child for the minimum time necessary.

Physical contact which occurs regularly with an individual child or young person is likely to raise questions unless there is explicit agreement on the need for, and nature of, that contact. This would then be part of a formally agreed plan or within the parameters of established, agreed and legal professional protocols on physical contact e.g. sport activities or medical procedures. Any such arrangements should be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny.

Physical contact should never be secretive, or for the gratification of the adult, or represent a misuse of authority. If an adult believes that their action could be misinterpreted, or if an action is observed by another as being inappropriate or possibly abusive, the incident and circumstances should be reported to the senior manager outlined in the procedures for handling allegations and an appropriate record made. Parents/carers should also be informed in such circumstances.

Where a child seeks or initiates inappropriate physical contact with an adult, the situation should be handled sensitively and care taken to ensure that contact is not exploited in any way. Careful consideration must be given to the needs of the child and advice and support given to the adult concerned.

It is recognised that some children who have experienced abuse may seek inappropriate physical contact. Adults should be particularly aware of this when it is known that a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to actions being misinterpreted. In all circumstances where a child or young person initiates inappropriate physical contact, it is the responsibility of the adult to sensitively deter the child and help them understand the importance of personal boundaries. Such circumstances must always be reported and discussed with a senior manager and the parent/carer.

## **16. Other Activities that require Physical Contact**

Adults who work in certain settings, for example sports drama or outdoor activities will have to initiate some physical contact with children, for example to demonstrate technique in the use of a particular piece of equipment, adjust posture, or perhaps to support a child so they can

*about incidents and outcomes can be easily accessed by senior management*

- *provide adults, on a "need to know" basis, with relevant information about vulnerable children in their care*
- *make adults aware of relevant professional or organisational guidance in respect of physical contact with children and meeting medical needs of children and young people where appropriate*
- *be explicit about what physical contact is appropriate for adults working in their setting*

*This means that adults should:*

- *treat children with dignity and respect and avoid contact with intimate parts of the body*
- *always explain to a child the*

perform an activity safely or prevent injury. Such activities should be carried out in accordance with existing codes of conduct, regulations and best practice.

Physical contact should take place only when it is necessary in relation to a particular activity. It should take place in a safe and open environment i.e. one easily observed by others and last for the minimum time necessary. The extent of the contact should be made clear to the parent/carer and once agreed, should be undertaken with the permission of the child/young person. Contact should be relevant to their age or understanding and adults should remain sensitive to any discomfort expressed verbally or non-verbally by the child.

Guidance and protocols around safe and appropriate physical contact are provided by national organisations, for example sports governing bodies or major arts organisations, or the employing organisation and should be understood and applied consistently. Any incidents of physical contact that cause concern or fall outside of these protocols and guidance should be reported to the senior manager and parent or carer.

It is good practice if all parties clearly understand at the outset, what physical contact is necessary and appropriate in undertaking specific activities. Keeping parents/carers, children and young people informed of the extent and nature of any physical contact may also prevent allegations of misconduct or abuse arising.

## 17. Behaviour Management

All children and young people have a right to be treated with respect and dignity even in those circumstances where they display difficult or challenging behaviour.

8 Adults should not use any form of degrading treatment to punish a child. The use of sarcasm, demeaning or insensitive comments towards children and young people is not acceptable in any situation. Any sanctions or rewards used should be part of a behaviour management policy which is widely publicised and regularly reviewed.

9

The use of corporal punishment is not acceptable and whilst there may be a legal defence for parents who physically chastise their children, this does not extend, in any

*reason why contact is necessary and what form that contact will take*

- *seek consent of parents where a child or young person is unable to do so because of a disability.*
- *consider alternatives, where it is anticipated that a child might misinterpret any such contact,*
- *be familiar with and follow recommended guidance and protocols*
- *conduct activities where they can be seen by others*
- *be aware of gender, cultural or religious issues that may need to be considered prior to initiating physical contact*

*This means that organisations should:*

- *have up to date guidance and protocols on appropriate physical contact in place that promote safe practice and include clear expectations of behaviour and conduct.*
- *ensure that staff are made aware of this guidance and that safe practice is continually promoted through supervision and training.*

*This means that adults should:*

- *not use force as a form of punishment*
- *try to defuse situations before they escalate*
- *inform parents of any behaviour management techniques used*
- *adhere to the organisation's behaviour management policy*
- *be mindful of factors which may impact upon a child or young person's behaviour e.g. bullying, abuse and where necessary take appropriate action*

*This means that organisations*

circumstances, to those adults who work with or on behalf of children and young people.

10

Where children display difficult or challenging behaviour, adults must follow the behaviour policy outlined by their place of work, and use strategies appropriate to the circumstance and situation. The use of physical intervention can only be justified in exceptional circumstances and must be used as a last resort when other behaviour management strategies have failed

11

**12** Where a child has specific needs in respect of particularly challenging behaviour, a positive handling plan may be drawn up and agreed by all parties. Only in these circumstances should an adult deviate from the behaviour management policy of the organisation.

## **18. Use of Control and Physical Intervention**

There are circumstances in which adults working with children displaying extreme behaviours can legitimately intervene by using either non-restrictive or restrictive physical interventions. This is a complex area and adults and organisations must have regard to government guidance and legislation in the development and implementation of their own policies and practice.

**The use of physical intervention should, wherever possible, be avoided. It should only be used to manage a child or young person's behaviour if it is necessary to prevent personal injury to the child, other children or an adult, to prevent serious damage to property or in what would reasonably be regarded as exceptional circumstances. When physical intervention is used it should be undertaken in such a way that maintains the safety and dignity of all concerned**

The scale and nature of any physical intervention must be proportionate to both the behaviour of the individual to be controlled and the nature of the harm they may cause. The minimum necessary force should be used and the techniques deployed in line with recommended policy and practice.

Under no circumstances should physical force or intervention be used as a form of punishment. The duty of care which applies to all adults and organisations working with children

*should:*

- *have in place appropriate behaviour management policies*
- *where appropriate, also have the capacity to develop positive handling plans in respect of an individual child or young person.*

*This means that adults should:*

- *adhere to the organisation's physical intervention policy*
- *always seek to defuse situations*
- *always use minimum force for the shortest period necessary*
- *record and report as soon as possible after the event any incident where physical intervention has been used.*

*This means that organisations should:*

- *have a policy on the use of physical intervention in place that complies with government guidance and legislation and describes the context in which it is appropriate to use physical intervention*
- *ensure that an effective recording system is in place which allows for incidents to be tracked and monitored*
- *ensure adults are familiar with the above*
- *ensure that staff are appropriately trained*

and young people requires that reasonable measures are taken to prevent children being harmed. The use of unwarranted physical force is likely to constitute a criminal offence.

In settings where restrictive physical interventions may need to be employed regularly, i.e. where adults are working with children with extreme behaviours associated with learning disability or autistic spectrum disorders, the employer should have a policy on the use of such intervention, as part of a wider behaviour management policy. Individual care plans, drawn up in consultation with parents/carers and where appropriate, the child, should set out the strategies and techniques to be used and those which should be avoided. Risk assessments should be carried out where it is foreseeable that restrictive physical intervention may be required.

In all cases where physical intervention is employed the incident and subsequent actions should be documented and reported. This should include written and signed accounts of all those involved, including the child or young person. The parents/carers should be informed the same day.

## **19. Children and Young People in Distress**

13

There are some settings, where adults are involved in managing significant or regular occurrences of distress and emotional upset in children, for example in mental health services, residential care provision etc. In these circumstances professional guidance should be followed and adults should be aware of what is and what is not acceptable behaviour when comforting a child or diffusing a situation. This is particularly important when working on a one-to-one basis. (see section 23)

14

For all other adults working with children there will be occasions when a distressed child needs comfort and reassurance and this may involve physical contact. Young children, in particular, may need immediate physical comfort, for example after a fall, separation from parent etc. Adults should use their professional judgement to comfort or reassure a child in an age-appropriate way whilst maintaining clear professional boundaries.

Where an adult has a particular concern about the need to provide this type of care and reassurance, or is concerned that an action may be misinterpreted, this should be reported

*This means the adult should:*

- *consider the way in which they offer comfort and reassurance to a distressed child and do it in an age-appropriate way*
- *be circumspect in offering reassurance in one to one situations, but always record such actions in these circumstances*
- *follow professional guidance or code of practice where available*
- *never touch a child in a way which may be considered indecent*
- *record and report situations which may give rise to concern from either party*
- *not assume that all children seek physical comfort if they are distressed*

and discussed with a senior manager and parents/carers.

## 20. Intimate Care

Some job responsibilities necessitate intimate physical contact with children on a regular basis, for example assisting young children with toileting, providing intimate care for children with disabilities or in the provision of medical care. The nature, circumstances and context of such contact should comply with professional codes of practice or guidance and/or be part of a formally agreed plan, which is regularly reviewed. The additional vulnerabilities that may arise from a physical or learning disability should be taken into account and be recorded as part of an agreed care plan.

All children have a right to safety, privacy and dignity when contact of a physical or intimate nature is required and depending on their abilities, age and maturity should be encouraged to act as independently as possible.

15 The views and/or emotional responses of the child should be actively sought, regardless of age and ability, when drawing up and reviewing formal arrangements. As with all individual arrangements for intimate care needs, agreements between the child, parents/carers and the organisation must be negotiated and recorded.

## 21. Personal Care

16 Young people are entitled to respect and privacy at all times and especially when in a state of undress, changing clothes, bathing or undertaking any form of personal care. There are occasions where there will be a need for an appropriate level of supervision in order to safeguard young people and/or satisfy health and safety considerations. This supervision should be appropriate to the needs and age of the young people concerned and sensitive to the potential for embarrassment.

Adults need to be vigilant about their own behaviour, ensure they follow agreed guidelines and be mindful of the needs of the children and young people with whom they work.

## 22. First Aid and Administration of Medication

*This means that adults should:*

- *adhere to the organisation's intimate care guidelines or code of practice*
- *make other staff aware of the task being undertaken*
- *explain to the child what is happening*
- *consult with colleagues where any variation from agreed procedure/care plan is necessary*
- *record the justification for any variations to the agreed procedure/care plan and share this information with parents*
- *ensure that any changes to the agreed care plan are discussed, agreed and recorded.*

*This means that adults should:*

- *avoid any physical contact when children are in a state of undress*
- *avoid any visually intrusive behaviour*
- *where there are changing rooms announce their intention of entering*

*This means that adults should not:*

- *change in the same place as children*
- *shower or bathe with children*
- *assist with any personal care task which a child or young person can undertake by themselves*

It is expected that adults working with children and young people should be aware of basic first aid techniques. It is not however, a contractual requirement and whilst adults may volunteer to undertake such tasks, they must be suitably trained and qualified before administering first aid and/or any agreed medication.

**When administering first aid, wherever possible, adults should ensure that another adult is aware of the action being taken. Parents should always be informed when first aid has been administered.**

In circumstances where children need medication regularly a health care plan should have been established to ensure the safety and protection of children and the adults who are working with them. Depending upon the age and understanding of the child, they should where appropriate, be encouraged to self administer medication or treatment including, for example any ointment, use of inhalers.

### **23. One to One Situations**

All organisations working with or on behalf of children and young people should consider one to one situations when drawing up their policies.

It will often not be realistic to state that one to one situations should never take place. It is however more appropriate to state that where there is a need, agreed with a senior manager and/or a parent or carer, for an adult to be alone with a child or young person, there are certain procedures

*This means that organisations should:*

- *ensure staff understand the extent and limitations of their role in applying basic care and hygiene tasks for minor abrasions and understand where an injury requires more experienced intervention*
- *ensure there are trained and named individuals to undertake first aid responsibilities*
- *ensure training is regularly monitored and updated*
- *always ensure that arrangements are in place to obtain parental consent for the administration of first aid or medication*

*This means that adults should:*

- *adhere to the organisation's policy for administering first aid or medication*
- *comply with the necessary reporting requirements*
- *make other adults aware of the task being undertaken*
- *explain to the child what is happening.*
- *always act and be seen to act in the child's best interests*
- *report and record any administration of first aid or medication*
- *have regard to any health plan which is in place*
- *always ensure that an appropriate health/risk assessment is undertaken prior to undertaking certain activities*

*This means that adults should:*

- *ensure that when lone working is an integral part of their role, full and appropriate risk assessments have been conducted and agreed.*
- *avoid meetings with a child or young person in remote, secluded areas,*



which must be followed and explicit safeguards which must be in place. This also applies to those adults who do not work as part of an agency or organisation but owe a duty of care to the child or young person because of the nature of their work.

Adults should be offered training and guidance for the use of any areas of the workplace which may place themselves or children in vulnerable situations. This would include those situations where adults work directly with children and young people in unsupervised settings and/or isolated areas within community settings or in street-based projects for example.

One to one situations have the potential to make child/young person more vulnerable to harm by those who seek to exploit their position of trust. Adults working in one to one settings with children and young people may also be more vulnerable to unjust or unfounded allegations being made against them. Both possibilities should be recognised so that when one to one situations are unavoidable, reasonable and sensible precautions are taken. Every attempt should be made to ensure the safety and security of children and young people and the adults who work with them.

There are occasions where managers will need to undertake a risk assessment in relation to the specific nature and implications of one to one work. These assessments should take into account the individual needs of the child/young person and the individual worker and any arrangements should be reviewed on a regular basis.

Meetings with children and young people outside agreed working arrangements should not take place without the agreement of senior managers and parents or carers.

## **24. Home Visits**

17

18 There are workers for whom home visits are an integral part of their work. In these circumstances it is essential that appropriate policies and related risk assessments are in place to safeguard children and young people and the adults who work with them. .

19

A risk assessment should include an evaluation of any known factors regarding the child/young person, parents and others living in the household. Risk factors such as hostility, child protection concerns, complaints or grievances can make adults more vulnerable to an allegation. Specific consideration should be given to visits outside of 'office hours' or in remote or secluded locations. Following an assessment, appropriate risk management measures should

- *always inform other colleagues and/or parents/carers about the contact(s) beforehand, assessing the need to have them present or close by*
- *avoid use of 'engaged' or equivalent signs wherever possible. Such signs may create an opportunity for secrecy or the interpretation of secrecy*
- *always report any situation where a child becomes distressed or angry to a senior colleague*
- *carefully consider the needs and circumstances of the child/children when in one to one situations*

*These means that adults should:*

- *agree the purpose for any home visit with senior management, unless this is an acknowledged and integral part of their role e.g. social workers*
- *adhere to agreed risk management strategies*
- *always make detailed records including times of arrival and departure and, work undertaken*
- *ensure any behaviour or situation which gives rise to concern is discussed with their manager and, where appropriate action is taken*

be in place before visits are agreed. Where little or no information is available, visits should not be made alone. There will be occasions where risk assessments are not possible or not available, e.g. emergency services. There must however, always be a record of the purpose, circumstances and outcome of these visits which could be subject to scrutiny.

Under no circumstances should an adult visit a child in their home outside agreed work arrangements or invite a child to their own home or that of a family member, colleague or friend. If in an emergency, such a one-off arrangement is required, the adult must have a prior discussion with a senior manager and the parents or carers and a clear justification for such arrangement is agreed and recorded.

## 25. Transporting Children and Young People

There will be occasions when adults are expected or asked to transport children as part of their duties. Adults, who are expected to use their own vehicles for transporting children should ensure that the vehicle is roadworthy, appropriately insured, and that the maximum capacity is not exceeded.

It is a legal requirement that all passengers should wear seat belts and it is the responsibility of the staff member to ensure that this requirement is met. Adults should also be aware of current legislation and adhere to the use of car seats for younger children. Where adults transport children in a vehicle which requires a specialist license/insurance e.g. PCV or LGV<sup>19</sup>- staff should ensure that they have appropriate licence and insurance to drive such a vehicle.

It is inappropriate for adults to offer lifts to a child or young person outside their normal working duties, unless this has been brought to the attention of the line manager and has been agreed with the parents.

There may be occasions where the child or young person requires transport in an emergency situation or where not to give a lift may place a child at risk. Such circumstances must always be reported to a senior manager and parents/carers and a record kept of the situation and its outcome.

*This means that employers should:*

- *ensure that they have home visit and lone-working policies of which all adults are made aware. These should include arrangements for risk assessment and management*
- *ensure that all visits are justified and recorded*
- *ensure that adults are not exposed to unacceptable risk*
- *ensure that adults have access to a mobile telephone and an emergency contact person*

*This means that all organisations:*

- *should have appropriate policies for transporting children and young people*

*This means that adults should:*

- *ensure they are fit to drive and free from any drugs, alcohol or medicine which is likely to impair judgement and/ or ability to drive*
- *be aware that the safety and welfare of the child is their responsibility until they are safely passed over to a parent/carer*
- *record details of the journey, in accordance with agreed procedures*
- *ensure that their behaviour is appropriate at all times*
- *ensure that there are proper arrangements in place to ensure vehicle, passenger and driver safety. This includes having proper and appropriate insurance for the type of vehicle being driven*
- *ensure that any impromptu or emergency arrangements of lifts are recorded and can be justified if questioned*

---

<sup>19</sup> For further information see [www.dvla.gov.uk](http://www.dvla.gov.uk)

## 26. Trips and Outings

20 Adults should take particular care when supervising children and young people on trips and outings, where the setting is less formal than the usual workplace. Adults remain in a position of trust and need to ensure that their behaviour remains professional at all times and stays within clearly defined professional boundaries. .

Where activities include overnight stays, careful consideration needs to be given to sleeping arrangements. Children, young people, adults and parents should be informed of these prior to the start of the trip. In all circumstances, those organising trips and outings must pay careful attention to ensuring safe staff/child ratios and to the gender mix of staff especially on overnight stays.

Health and Safety arrangements require members of staff to keep colleagues/employers aware of their whereabouts, especially when involved in activities outside the usual workplace.

## 27. Photography and Videos

Working with children and young people may involve the taking or recording of images. Any such work should take place with due regard to the law and the need to safeguard the privacy, dignity, safety and well being of children and young people. Informed written consent from parents or carers and agreement, where possible, from the child or young person, should always be sought before an image is taken for any purpose.

Careful consideration should be given as to how these activities are organised and undertaken. Care should be taken to ensure that all parties understand the implications of the image being taken especially if it is to be used for any publicity purposes or published in the media, or on the Internet. There also needs to be an agreement as to whether the images will be destroyed or retained for further use, where these will be stored and who will have access to them.

Adults need to remain sensitive to any children who appear uncomfortable, for whatever reason, and should recognise the potential for such activities to raise concerns or lead to misunderstandings.

*This means that adults should:*

- *always have another adult present in out of workplace activities, unless otherwise agreed with a senior manager*
- *undertake risk assessments in line with their organisation's policy where applicable*
- *have parental consent to the activity*
- *ensure that their behaviour remains professional at all times(see section 7)*
- *never share beds with a child/children or young people.*
- *not share bedrooms unless it involves a dormitory situation and the arrangements have been previously discussed with senior manager, parents and children and young people.*

*This means that adults should:*

- *be clear about the purpose of the activity and about what will happen to the images when the activity is concluded*
- *be able to justify images of children in their possession*
- *avoid making images in one to one situations or which show a single child with no surrounding context*
- *ensure the child/young person understands why the images are being taken and has agreed to the activity and that they are appropriately dressed.*
- *only use equipment provided or authorised by the organisation*
- *report any concerns about any inappropriate or intrusive photographs found*
- *always ensure they have parental permission to take and/or display photographs*

It is not appropriate for adults to take photographs of children for their personal use.

*This means that adults should not:*

- *display or distribute images of children unless they have consent to do so*
- *use images which may cause distress or*
- *use mobile telephones to take images of children*
- *take images 'in secret', or be taking images situations that may be construed as being secretive.*

21

## **28. Access to Inappropriate Images and Internet Usage**

There are no circumstances that will justify adults possessing indecent images of children. Adults who access and possess links to such websites will be viewed as a significant and potential threat to children. Accessing, making and storing indecent images of children on the internet is illegal. This will lead to criminal investigation and the individual being barred from working with children and young people if proven.

*This means that organisations should*

- *have clear e-safety policies in place about access to and use of the internet*
- *make guidance available to both adults and children and young people about appropriate usage.*

Adults should not use equipment belonging to their organisation to access adult pornography; neither should personal equipment containing these images or links to them be brought into the workplace. This will raise serious concerns about the suitability of the adult to continue to work with children.

*This means that adults should:*

- *follow their organisation's guidance on the use of IT equipment*
- *ensure that children are not exposed to unsuitable material on the internet*
- *ensure that any films or material shown to children and young people are age appropriate*

Adults should ensure that children and young people are not exposed to any inappropriate images or web links. Organisations and adults need to ensure that internet equipment used by children have the appropriate controls with regards to access. e.g. personal passwords should be kept confidential.

Where indecent images of children or other unsuitable material are found, the police and Local Authority Designated Officer (LADO) should be immediately informed. Adults should not attempt to investigate the matter or evaluate the material themselves, as this may lead to evidence being contaminated which in itself can lead to a criminal prosecution.

22

## **29. Whistle blowing**

Whistle blowing is the mechanism by which adults can voice their concerns, made in good faith, without fear of

*This means that organisations should:*

repercussion. Each employer should have a clear and accessible whistle blowing policy that meets the terms of the Public Interest Disclosure Act 1998. Adults who use whistleblowing procedure should be made aware that their employment rights are protected.

**23** Adults should acknowledge their individual responsibilities to bring matters of concern to the attention of senior management and/or relevant external agencies. This is particularly important where the welfare of children may be at risk.

24

### **30. Sharing Concerns and Recording Incidents**

Individuals should be aware of their organisation's child protection procedures, including procedures for dealing with allegations against adults. All allegations must be taken seriously and properly investigated in accordance with local procedures and statutory guidance. Adults who are the subject of allegations are advised to contact their professional association.

In the event of any allegation being made, to someone other than a manager, information should be clearly and promptly recorded and reported to a senior manager without delay.

Adults should always feel able to discuss with their line manager any difficulties or problems that may affect their relationship with children and young people so that appropriate support can be provided or action can be taken.

It is essential that accurate and comprehensive records are maintained wherever concerns are raised about the conduct or actions of adults working with or on behalf of children and young people.

- *ensure they have appropriate whistle-blowing policies in place*
- *ensure that they have clear procedures for dealing with allegations against staff which are in line with their Local Safeguarding Children Board's procedures.*

*This means that adults should:*

- *report any behaviour by colleagues that raises concern regardless of source*

*This means that adults:*

- *should be familiar with their organisation's system for recording concerns*
- *should take responsibility for recording any incident, and passing on that information where they have concerns about any matter pertaining to the welfare of an individual in the workplace*

*This means that organisations:*

- *should have an effective, transparent and accessible system for recording and managing concerns raised by any individual in the workplace*

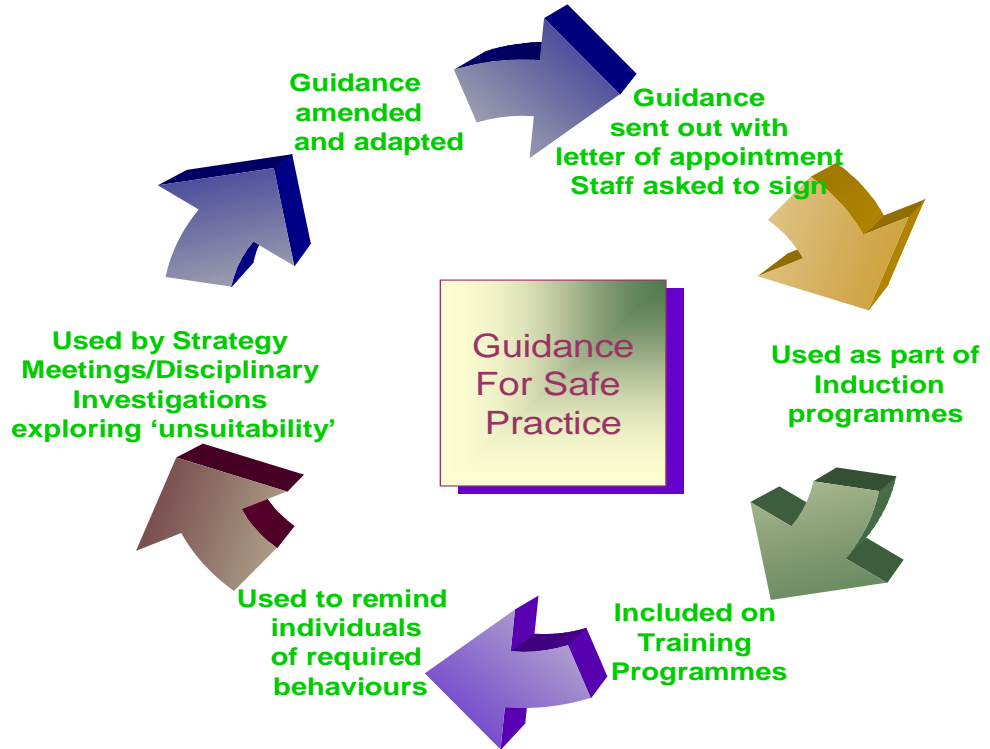
## APPENDIX 1

This generic document can be used as a base upon which other disciplines/agencies develop specific guidance for adults working in specialised areas.



## APPENDIX 2

This generic document can be used to support safer recruitment and selection practices, induction and on-going training programmes and where necessary, disciplinary and child protection procedures.



## PART 36

### Children and Young People who Self Harm or Disclose an Intent to Commit Suicide

#### Acknowledgments

Staffordshire Safeguarding Children Board would like to acknowledge, as a source, material developed by Bev Roberts, CAMHS Training Coordinator, South Staffs PCT in respect of Self Harm Care Pathways and associated Tier 1 training – ‘Understanding Self-Harm’

Children and Young People who Self Harm or Disclose an Intent to Commit Suicide Introduction. One survey estimates that 1 in 10 young people self-harms at some point in their teenage years (Samaritans and the Centre for Suicide Research, University of Oxford, 2002). Another survey published by the Priory, a private sector provider which treats mental health problems and addictions, found that as many as one in five girls between the ages of 15 and 17 had self-harmed and just under one in five adolescents, both boys and girls, has considered self-harm. Self-harm has a huge impact on the day-to-day life of those who do it. It is something people often do in secret, about which they almost always feel enormously guilty, and which they go to great lengths to conceal. This can mean that many people who self-harm find it difficult to have close physical relationships. Also, people who self-harm often feel unable to talk either about their self-harm or about the reasons why they are doing it. The majority of children and young people who self-harm have no intention of ending their life and do it to manage their feelings. However it is important to note that young people who carry out deliberate self-harm are at an increased risk of suicide or killing themselves unintentionally.

#### Definitions

Clear definitions of self-harm, self-injurious behaviour and suicidal intent are inherently problematic and understanding the function of these phenomena is an emerging area of research.

**Self harm** is used in this document to describe a spectrum of behaviours from self injury or NSSI (Non Suicidal Self Injury) such as cutting or hair pulling on one hand to self harm including overdosing and inflicting serious injuries on the other.

**Non Suicidal Self Injury (NSSI)** is self-injury without suicidal intent. Hawton 2010

**Attempted suicide** is self-harm with intent to take life, resulting in nonfatal injury.

**Suicide** is self-harm, resulting in death.

Mental Health Foundation (2003)

**Self harm** describes a wide range of *damaging* actions that people inflict on themselves in a deliberate and usually hidden way.

They may include:

Cutting, burning or scalding

Banging or hitting the head or other parts of the body

Hair pulling, including eye lashes

Inserting things into the body

Swallowing harmful things or substances, including taking overdoses

Tying something tight around the body.

Professionals should also consider that self injurious abuse of **drugs and alcohol** by young people and the effect of serious **eating disorders** and **extreme risk taking behaviour** by the child or young person as potential threats or attempts to self harm or commit suicide.



In assessing a child or young person the focus should be on the **intent** rather than the lethality of the method and checking on each occasion if that intent has shifted from self injury or self harm to that of contemplating suicide.

### **Significant Harm**

Self harm, suicide threats and gestures put the child or young person at risk of significant harm and should always be taken seriously. They may also indicate that the child or young person is at risk of physical, sexual, emotional abuse or chronic neglect which would in itself constitute significant harm. Any child or young person who self harms or expresses thoughts about this or about suicide has to be taken seriously and there should be no delay in taking action and offering appropriate help and intervention.

### **Sharing Information**

Consent to share information should be sought if the child or young person is competent, unless seeking consent is likely to cause significant harm to someone or the situation is urgent and there is no time to seek consent. If consent to share information is refused or cannot be sought, it should still be shared where there is reason to believe that not sharing information is likely to result in significant harm to the child or young person. It should also be shared if the risk is sufficiently great to outweigh the harm or prejudice to anyone which may be caused by doing so.

Where a child or young person is not considered competent, an adult with parental responsibility should give consent unless the conditions for sharing without consent are met. For more information on information sharing see Part 2 (a) SSCB Procedures.

### **Procedure**

1. If information is received which suggests that a child or young person has self harmed or that they have expressed suicidal thoughts it must be taken seriously and all practitioners should consult **immediately** with their Team or line Manager and if appropriate their named or designated child protection adviser.
2. The outcome of the consultation should be recorded on a key decisions sheet or the agency equivalent.
3. The context of the information should be considered along with any other known information relating to the young person and their circumstances, taking into account risk factors and risk indicators.
4. A decision should be made on immediate risk and any action which may be required to protect the child or young person under child protection procedures. Any child or young person threatening or disclosing intent to commit suicide should be considered at a high and immediate level of risk.
5. **In all cases** the parent or primary carer for the child or young person should be notified, unless it would pose a risk to the child or young person to do so, and they should be fully engaged in the subsequent assessment process.
6. If the child or young person has a physical injury or may have ingested a substance in the last 48 hours, arrangements should be made for them to attend the accident and emergency department (A&E) as a matter of urgency and **in all cases** to inform the child or young person's GP.
7. All children who are received in A&E following an overdose, or are otherwise considered to have attempted suicide should be admitted to the local children's ward where there is then an agreement with the local specialist CAMHS service that a mental health assessment is completed and follow up care is arranged prior to discharge.

8. A parent or other responsible adult should go with the child or young person to the A&E department and, regardless of the need for any treatment; the child or young person should have a psychological assessment of needs and attendant risk of further harm.
9. If the self harm took place longer than 48 hours ago medical attention, or advice, and a general medical assessment may still be necessary. This should be sought from the child or young person's GP in the first instance who may refer to the A&E department or the local CAMHS team depending on the circumstances.
10. Once any immediate actions are completed, a holistic assessment of the child's needs should be carried out and professional judgement applied. If it is deemed that there are ongoing risks, a TAC (Team Around the Child) meeting should be considered with a view to:
  - Referral to universal or other support services
  - Initiating a CAF
  - Referral to the First Response Team (FRT)
11. If a child is under 16 years of age, the school nurse should always be invited in addition to the child or young person's GP. If the child is over 16, the school nurse may attend if the child was known to them prior to being 16.
12. If abuse of alcohol or other substances is indicated advice should always be sought from the CRI -T3 Staffordshire worker (see page 9 for contact details).

### **Children Requiring Hospital Treatment**

Where a child or young person requires hospital treatment in relation to selfharm, practice should be as follows, in line with the NICE (2004) guidance:

1. The child or young person should be offered a psychosocial assessment at triage to determine their mental capacity and their willingness to remain for further assessment
2. Assessment should be undertaken by healthcare practitioners experienced in this field and should follow the same principles as for adults who self-harm, but should also include a holistic assessment of the family, their social situation, family history and any potential child protection issues.
3. Assessment and treatment for under 16's should always take place in a separate area of the A&E department.
4. All children or young people who are received in A&E following an act of self harm (this specifically means overdose or if they are otherwise considered to have attempted suicide) should be admitted to the local children's ward where there is then an agreement with the local specialist CAMHS service that a mental health assessment is completed and follow up care is arranged before discharge.
5. If assessment indicates that there are child protection concerns, hospital staff should follow their Trust's safeguarding procedures and consult with their nominated or designated child protection adviser as appropriate.
6. Any child or young person who refuses admission should be assessed in terms of risk and advice sought from a senior paediatrician and, if necessary, the appropriate mental health professional.
7. Initial management should include advising parents and carers of the need to remove all medications or other means of self-harm available to the child or young person who has self-harmed.
8. Discharge from hospital should involve co-ordinated planning with community health services, CAMHS, drug and alcohol services CRI – T3 Staffordshire, and/or children's services as appropriate.

### **Children with Mental Health Needs**

1. Where there is a need for mental health expertise and there is no suitably experienced or trained social worker within the children's social care team, this may be obtained from the relevant Mental Health Team (see below for contact details).

2. The Mental Health Team will offer support and guidance relevant to the mental health issues the child or young person may be experiencing.
3. Where there is a need for a mental health assessment under the Mental Health Act (1983) necessitating the involvement of an AMPH (Approved Mental Health Professional - previously known as an ASW) there should be a discussion with the Mental Health Team Manager responsible for the local AMPH rota.
4. Outside of normal working hours the Emergency Duty Service should always be contacted.
5. The use of mental health legislation and its interface with the Children Act is complex and legal advice should be sought at an early stage.

For more information please see the **Children Referral Pathway Policy** which can be found on the intranet at the Social Care and Health Policy Register - Gateway Number: MH021

**SPA (Single Point of Access) for Staffordshire Adult Community Mental Health and Social Care Services Area Address Telephone Number**

Stafford Central, Rural, Penkridge  
Foundation House  
St. George's Hospital  
Corporation Street  
Stafford  
ST16 3AG  
01785 221546

Wombourne/South Staffs  
St. David's House  
Planks Lane  
Wombourne  
WV5 8DU  
01902 326001

Cannock Chase Park House  
12 Park Road  
Cannock  
WS11 1JU  
01543 431586

Burntwood/Lichfield St. Michael's Hospital  
15 Trent Valley Road  
Lichfield  
WS13 6EF  
01543 414555

Tamworth Tamworth Health Centre  
Upper Gungate  
Tamworth  
B79 7EA  
01827 308820

Burton & Uttoxeter Horninglow Clinic  
Carlton Street  
Burton  
DE13 0TF  
01283 538030

Newcastle Lymebrook Centre  
Talk Road  
01782 296144  
Chesterson  
Newcastle  
ST5 7TL

Moorlands Ashcombe Centre  
Wall Lane Terrace  
Cheddleton  
ST13 7ED  
01538 481206

### **Substance Misuse**

CRI-T3 Staffordshire work with young people aged between 10-19 who use drugs and/or alcohol. Quite often young people who access the service have complex needs, including deliberate self harm through intoxication or overdose, CRI- T3 Staffordshire work closely with parents/carers, and partner agencies to achieve positive outcomes for such young people. CRI-T3 offer evidence based psychosocial, therapeutic and medical interventions; working to reduce harm and promote abstinence. They work on an outreach basis offering appointments within a young person's locality, encouraging engagement and offering support to those hardest to reach.

CRI -T3 Staffordshire,  
Young Persons Treatment Services  
Suite 1,  
7-8 Mill Street  
Stafford  
ST16 2AJ  
Phone: 01785 241393  
Fax: 01785 252790

### **Children as 'inpatients'**

1. Children and young people who require treatment as an in-patient in a mental health setting will usually be admitted on a voluntary basis, otherwise the **Mental Health Act 1983** or the **Children Act 1989** will apply. The admission criteria will differ, such as acute (crisis or short term), for eating disorders or challenging behaviour.
2. Age ranges can vary considerably and as a result some children and young people in the past were admitted to adult mental health settings. This practice was effectively stopped under amendments to the Mental Health Act 1983 which set a target to ensure age appropriate treatment for 16 – 17 year olds by April 2010. Catchment areas for some hospitals may cover a regional or national area depending on their specialism.
3. Where consent for treatment is required, it should be clarified by the lead professional e.g. LA children's social care, child and adolescent mental health services, **CAMHS**, whether this is being carried out under the Mental Health Act 1983 or the Children Act 1989.
4. If any child or young person who is considered to be Gillick competent is unwilling to remain as an informal patient consideration should be given to use the Mental Health Act 1983. For children under 16 where a Gillick competent child wishes to discharge him or herself as an informal patient from hospital, the contrary wishes of those with parental responsibility will ordinarily prevail. Where there is dispute consideration should be given to use the Act. Similarly if a 16 or 17 year old is unwilling to remain in hospital as an in-patient, consideration may need to be given whether he or she should be detained under the Act.

5. Children and young people in mental health settings may need to be isolated from other patients or require control and restraint on occasions, and staff should be appropriately trained to meet their needs and safeguard their welfare. When a child or young person is admitted to a mental health setting where adults are inpatients, a risk assessment must be undertaken to avoid the child or young person being placed in vulnerable situations.

6. Children or young people admitted to mental health settings may disclose information about abuse or neglect concerning themselves or others. Disclosures may be made when the child or young person feels it is safe to talk or when the child or young person is angry, distressed or anxious. All allegations should be treated seriously and SSCB procedures followed.

## **Risk Factors and Risk Indicators**

---

### Profile of Children and Young People who Self-Harm

The National Inquiry Report – Truth Hurts (2006) suggests that many children and young people who self harm display some significant features:

- Experience eating disorders
- Are very sensitive or self critical
- Have low self esteem and are lacking in confidence
- Have a great difficulty in liking or praising themselves
- Are very caring and thoughtful
- Are often highly intelligent
- Are often 'there' for other people, supporting them and hiding their own sadness

### Triggers and Associated Factors

- Being bullied at school
- Not getting on with parents
- Stress and worry around academic performance and examinations
- Parental divorce
- Bereavement
- Unwanted pregnancy
- Experience of abuse in earlier childhood (whether sexual, physical, and/or emotional)
- Difficulties associated with sexuality
- Problems to do with race, culture or religion
- Low self-esteem
- Feelings of being rejected in their lives.

### Responding to the Child/Young Person

In every case, a practitioner who is made aware that a child or young person has self harmed, or is contemplating self harm or suicide must be spoken to without delay and should be asked:

- Was it their intention to self harm or to take their life?
- If they have taken any substances, including tablets?
- What may be troubling them?
- What help or support they might wish?

A supportive attitude demonstrating respect and understanding of the child or young person and a non-judgemental stance is of prime importance and practitioners should also be mindful of any communication needs, or assistance the child or young person might require, in expressing themselves.

Myths about self harming are that it is:

- Manipulative
- Attention Seeking
- For pleasure
- A group activity

Only carried out by those who are interested in 'Goth' or EMO sub-culture  
A failed suicide attempt  
Evidence of borderline personality disorder  
Associated Factors for Suicide and Attempted Suicide

**Gender:** Young women aged 15-19 are the group most likely to attempt suicide; young men are much more likely to die as a result of their suicide attempt.

**Exposure to suicide or suicidal behaviour:** Young people who commit suicide are more likely than their peers to have had a friend or relative who died through suicide- exposure to suicide or suicidal behaviour appears to be a significant factor.

**Substance Misuse:** Substance abuse is thought to be a significant factor in youth suicide, alcohol and drugs affect thinking and reasoning ability and can act as depressants, decreasing inhibitions, increasing the likelihood of a depressed young person making a suicide attempt.

**Race:** Race and cultural background can be major influences. One study of young people of Asian origin in the UK found that the suicide rate of 16-24 year old women was three times that of 16-24 year old women of white British origin. Asian men appear to be far less vulnerable to suicide than young men from white British backgrounds. Asian women's groups have linked these factors to cultural pressures, conservative parental values and traditions such as 'arranged marriages' at odds with the expectations of young Asian women themselves.

**Sexuality:** Young gay men and lesbians are particularly at risk of suicide, possibly linked to their sexual orientation bringing them into conflict with their families or others.

**Mental Distress:** Suicide risk is raised for virtually all mental disorders and also some medical disorders related to mental disorder or substance abuse

**Custody:** Within the prison population as a whole, young prisoners are the individuals most at risk, particularly those under 21, who make up a third of the remand population. In 1995 20% of prison suicides were by predominantly males under 21 years of age.

**History of Abuse:** Adolescents with a more severe history of sexual abuse and physical abuse are more likely to experience suicidal phenomena than those with a less significant abuse history.

**Availability and Lethality of Methods:** There is a link between easy access to means of self harm and the actual event. One reason is that suicidal behaviour is sometimes impulsive so that if a lethal method is not available immediately a suicidal act can be delayed or prevented altogether, most people will not go on to use another method.

**Deliberate Self Harm:** Acts of deliberate self harm and suicide attempts do not necessarily involve an intention to die. However, there is a strong association between attempted suicide, deliberate self harm and subsequent successful suicide so all incidents of self harm should be treated with extreme care.

**Bullying:** Individual case histories of children and young people who have committed suicide suggest a link with being bullied.

**Suicide Pacts:** Whilst suicide is not a group activity we know from serious case reviews that the dynamic of young people who may share similar experiences or feelings is not insignificant. A pact describes the suicides of two or more individuals in an agreed-upon plan. This might be to die together, or separately and closely timed.

The trend of **Internet-related suicide** pacts is changing the way that workers need to deal with depressed and/or suicidal youngsters, and professionals should be alert to young people who have been accessing or obtaining suicide information from Internet sites, or have been talking in suicide 'chat rooms'.

### **CAMHS (Child and Adolescent Mental Health Services)**

□□ The CAMHS team provides a range of specialist mental health services to children, young people and their families or carers. They can help with emotional and behaviour problems, family relationship problems, effects of traumatic experiences, bullying, eating disorders, sleeping and toileting problems and anxiety and stress.

- Child and Adolescent Mental Health Services (CAMHS) are a comprehensive range of services available within local communities, towns or cities, which provide help and treatment to children and young people who are experiencing emotional or behavioural difficulties, or mental health problems, disorders and illnesses.
- Some of these services are based in National Health Service (NHS) settings such as Child and Family Consultation Services, in-patient and outpatient departments of hospitals, in GP surgeries and health centres and in private health care. Others are based in educational settings such as schools, colleges and universities or in youth centres, walk-in centres for young people and counselling services.
- For those with concerns about a child or a young person's mental health it might be helpful to speak to any of the following: their GP, a teacher, head teacher or head of year, school nurse, health visitor, social worker or youth counselling service for advice and referral for specialist help within these services.

#### Contact Details

For up to date contact details visit: [www.wikicamhs.co.uk](http://www.wikicamhs.co.uk)

#### Further help and information

---

Websites that have been recommended by young people include:

[www.youthnet.org](http://www.youthnet.org)

[www.lifesigns.org.uk](http://www.lifesigns.org.uk)

[www.childline.org.uk](http://www.childline.org.uk)

[www.samaritans.org.uk](http://www.samaritans.org.uk)

[www.thesite.org.uk](http://www.thesite.org.uk)

Helpful telephone numbers:

Child Line – 0800 1111

Samaritans – 08457 90 90 90

Parent line Plus – 0808 800 2222

NSPCC – 0808 800 5000

## Female Genital Mutilation – Information Sheet

### The Facts

Female genital mutilation is a violation of human rights.

Female Genital Mutilation comprises all procedures involving the partial or total removal of the external female genitalia or any other injury to the female genital organs for non-medical reasons.

There are 4 known types of FGM, ranging from a symbolic prick to the clitoris or prepuce to the fairly extensive removal and narrowing of the vagina opening. All these forms of FGM have been found in the UK.

FGM is sometimes known as 'female genital cutting' or female circumcision. Communities tend to use local names for referring to this practice, including 'sunna'.

**FGM is considered a grave violation of the rights of girls and women.**

### FGM affects girls & women in the UK

The World Health Organisation estimates that 3 million girls undergo some form of the procedure every year.

It is practiced in 28 countries in Africa and some in the Middle East and Asia. FGM is also found in the UK amongst members of migrant communities. It is estimated that up to 24,000 girls in the UK, under the age of 15 are at risk of FGM. UK communities that are most at risk of FGM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. Non African countries that practise FGM include Yemeni, Afghani, Kurdish, Indonesian and Pakistani.

### FGM is illegal in the UK

**The Female Genital Mutilation Act of 2003:**

- Makes it illegal to practice FGM in the UK
- Makes it illegal to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country
- Makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad
- Has a penalty of up to 14 years in prison and/or a fine.

### FGM is child abuse

Usually it is a girl's parents or her extended family who are responsible for arranging FGM. Some of the reasons given for the continued practice of FGM include; protecting family honour, preserving tradition, ensuring a woman's chastity, cleanliness and as a preparation for marriage. Whilst FGM is often seen as an act of love, rather than cruelty, it causes significant harm and constitutes physical and emotional abuse. FGM is considered to be child abuse in the UK and is a

violation of the child's right to life, their bodily integrity as well as of their right to health.

### FGM can kill

FGM can have serious consequences for a woman's health and in some instances can lead to death. Infections, severe pain, bleeding and tetanus are just some of the short term consequences. In the long term women can suffer pain and discomfort during sex, chronic pain, infection, cysts, abscesses, difficulties with periods and fertility problems. Women also often suffer severe psychological trauma, including flashbacks and depression.

### FGM can affect pregnancy and childbirth

Women who have had Female Genital Mutilation (FGM) are significantly more likely to experience difficulties during childbirth and their babies are more likely to die as a result of the practice. Serious complications during childbirth include the need to have a caesarean section, dangerously heavy bleeding after the birth of the baby and prolonged hospitalisation following the birth.

### FGM is not supported by any religious doctrine

Female Genital Mutilation is not a religious requirement or obligation. FGM has no link with Islam and is neither a requirement nor a Sunna in Islam. Globally most Muslims do not practise FGM. FGM is not condoned by Christian teachings or the bible.

### What are the signs that a girl may be at risk of FGM or has undergone FGM?

Suspicions may arise in a number of ways that a child is being prepared for FGM to take place abroad. These include knowing both that the family belongs to a community in which FGM is practised and is making preparations for the child to take a holiday, arranging vaccinations or planning absence from school. The child may also talk about a special procedure/ceremony that is going to take place.

Indicators that FGM may already have occurred include prolonged absence from school or other activities with noticeable behaviour change on return, possibly with bladder or menstrual problems.

Some teachers have described how children find it difficult to sit still and look uncomfortable, or may complain about pain between their legs, or talk of something somebody did to them that they are not allowed to talk about.

Go to the FROG Safeguarding page for more information, SSCB FGM Documents and further information web links.

### **If you have any concerns about a pupil being at risk of FGM or having undergone FGM**

Use the safeguarding reporting procedure and inform Tracey Hill or Andrew Skelding immediately. Complete a pink Safeguarding form documenting the details of your concerns.

If you cannot contact either Tracey or Andrew contact First Response (Staffordshire) or Child Services (Stoke-on-Trent) directly. Contact numbers are on the bottom of the pink Safeguarding form.