St Edmund Hall

Policy for Working with Children and Vulnerable Adults

Introduction

This policy outlines a code of behaviour that the College expects all its Members and Employees to abide by when in contact with children or vulnerable adults whilst acting on behalf of the College. The definition of the term “Child and Vulnerable Adult” can be found at Annex 1.

Code of Behaviour

When Members or Employees are working with children and vulnerable adults on behalf of the College they should, whenever practicable, ensure that they are always in the company of another appropriately qualified adult (parent, guardian, teacher, CRB checked adult).

When working with children, Members and Employees should always:

- Treat all children with respect and understand the difference between friendliness and familiarity;
- act as a role model of good and appropriate behaviour;
- ensure that whenever practicable the persons who are normally responsible for the children (teachers, parents, guardians, etc) are present during activities or that there is always more than one adult present;
- respect a child’s right to personal privacy;
- bear in mind that someone else might misinterpret your actions, no matter how well intentioned;
- be aware that any physical contact with a child may be misinterpreted and so must be avoided whenever possible;
- challenge unacceptable behaviour and report all allegations and/or suspicions of abuse.

When working with children, Members (both Corporate and Non-Corporate) should never:

- Spend time alone with children away from other adults;
- have inappropriate physical or verbal contact with children;
- do things of a personal nature for children that the child can do for themselves;
- allow children to use inappropriate language unchallenged;
- allow bullying of one child by another to go unchecked;
- make suggestive or derogatory remarks or gestures in the presence of children;
- show favouritism to any one child;
- become complacent on the (spurious) grounds that “it could never happen to me”;
- let any allegations a child makes go unrecorded.

Examples of unacceptable behaviour

- Distressing a child by shouting at them or calling them derogatory names;
- slapping a child;
- holding a child in such a way that it causes pain, or shaking them;
- physically restraining a child except to protect them from harming themselves or others;
- allowing, or engaging in, inappropriate touching of any kind;
- taking part in contact games;
- doing things of a personal nature for children that the child can do for themselves or an accompanying adult can do for them; this includes accompanying a child to the toilet;
- engaging in sexually suggestive behaviour within a child’s sight or hearing, or making suggestive remarks to or within earshot of a child;
- giving or showing to a child anything that could be construed as pornographic.

What to do if an accident happens

- Depending on your judgement of the situation, go to the scene immediately if possible and/or summon First Aid assistance and/or contact the emergency services.
- With children it can be hard to tell whether they have been injured or whether an injury is serious. If you have any doubt about this, you should err on the side of caution and contact the emergency services.
- Even if a child is accompanied and you think an accident is not being treated seriously enough, get medical assistance on your own initiative.

First Aid

- Unless there is good reason, First Aid should not be administered without the permission of the child’s parent or accompanying adult. **A child cannot give consent.** If the parent is not on site, get their phone number, if possible.
- However, if a child is alone and say, unconscious, the situation should be dealt with.
- If at all possible, treatment should only be given by a trained First Aider or appointed person.
- Provided this does not in itself put the child at risk, always try to administer First Aid within sight and sound of other adults.
- Always tell the child exactly what you are doing and why.
- Always ask the child if they use medication (e.g. for asthma, diabetes, and epilepsy) or have any allergies, some children have allergic reactions to stings.
- Unless it is a first occurrence, a parent should know of any such conditions.
- For minor injuries, it is all right to use a non fluffy cloth, but you may not offer any medication, including antiseptics or pills of any kind.
- If you have any doubts about helping someone to use their own medication, phone **National Health Service Direct on 0845 4647 or the emergency services.**
- Any treatment should be as little as necessary without threatening the child’s well being.
- **If a child needs a doctor or hospital, call the emergency services.**
- It is nearly always best to stay on site with them and wait for the ambulance. You should only take the risk of bringing in the child yourself if the emergency services ask you to do so because of exceptional circumstances.

What to do if a child is unattended or lost

- If you see a child who seems unattended or who is definitely lost, introduce yourself, find out their name, and try to establish whom they are with and where they last saw them. Ask them to come with you to the College Lodge.
Remember that the adult(s) will be looking for the child too, so stay within obvious places. If you come across a child who is definitely lost, try to keep them from getting distressed. Make sure to keep the child in your sight, and if you have to leave them, only pass them on to someone you can rely upon to look after them.

**What to do if a child is abusive or violent to you**

Following such an incident it is important that the following steps are taken:

- Ensure the safety of all those involved in the incident including any other children.
- Gain appropriate first aid or medical attention for anyone injured.
- Once the child is calm provide the opportunity for the child to reflect on the incident if this is appropriate.
- Undertake a formal de-briefing with other adults involved or affected by the incident.
- Once the situation is calm parents / carers should be informed of the incident as quickly as possible.
- The incident itself must be formally recorded.

**Vulnerable Adults**

A similar code of behaviour to that set out above should be adopted in any interaction with vulnerable adults, suitably adapted to recognise their relative maturity.

**Photographing Children**

Photographs of children should only be used if written consent has been obtained from the relevant parent or guardian or, in the case of groups, the relevant authority.

Permission should be obtained firstly to take the photograph and secondly for permission if the photograph is to be reproduced.

**Conclusion**

The College takes its responsibilities in this area very seriously and expects its Members and Employees to comply with this policy in all respects. All staff who are likely to come into contact with children and vulnerable persons are CRB checked.

**EP 14 June 2010**
Annex 1
The Child and Vulnerable Adult Protection Policy

Definition of terms

Child

A child means every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier (Convention on the Rights of the Child, United Nations, Article 1).

Vulnerable Adult

There is no legal definition of the term “vulnerable adult”. The definition adopted by the College is as follows:

A vulnerable adult is a person over the age of eighteen who is in, or may be in need of, community care services by reason of mental or other disability, age, or illness; and who is unable to take care of himself or herself, or unable to protect himself or herself against significant harm or exploitation.

Abuse

The Government guidance document Working Together to Safeguard Children describes four categories of abuse:

1. Physical Abuse

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

2. Emotional Abuse

Emotional abuse is the emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve 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.

3. Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in viewing, or in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways.
4. Neglect

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