



SAFEGUARDING: CHILDREN AND YOUNG PEOPLE POLICY

Policy

InUnity will aim to ensure that any children and young people are protected and kept safe from harm while they are with staff or volunteers in this organisation. In order to achieve this we will ensure our staff and volunteers are carefully selected, screened, trained and supervised.

1. The welfare of the child or young person will be the first and paramount consideration at all times.
2. It is the aim of InUnity to safeguard the welfare of children and young people. All who work for InUnity have a duty to pursue this aim. (For this policy all staff, trustees / directors, volunteers, students and others who work for InUnity are all 'workers'.)
3. All workers are to be informed of their duty to prevent abuse and to protect children and young people from harm. They are to be advised that to fail in this duty will be a disciplinary matter.
4. If there is discovery or disclosure of abuse, InUnity Procedures are to be followed.
5. All allegations of abuse will be taken seriously. Individuals concerned will be treated with consideration and respect.
6. InUnity will aim to create a positive atmosphere in which children and young people, parents, workers, or anyone with a concern, are able to report it.

Procedures

Section A

Abuse of children might initially be spotted by parents; youth workers; training providers; instructors; volunteer helpers or administrative staff.

The purpose of this policy is to inform those who work closely with children and their families as to the most common signs of child abuse and to prescribe the procedures that must be followed to protect the child.

Child abuse manifests itself in a wide variety of ways, e.g. physical; emotional; sexual; or severe neglect. Abuse of all kinds occurs right across the social spectrum.



Although the signs of child abuse are well documented, many of the symptoms taken in isolation can occur in situations where no child abuse is occurring, will occur or has ever occurred. Many of these signs may also be indications of other medical, social or psychological problems, or simply normal child development. Staff therefore need to be careful and thoughtful in ascertaining whether abuse is suspected. The large number of signs and symptoms described in this Policy need to be considered in the light of normal child development, for example

- Temper tantrums are to be expected from a two year old, but may be a sign of serious distress in a child of ten.
- An interest in sexual topics and members of the opposite sex is to be expected in a person of fifteen, but in a seven year old, such behaviour may well be a cause for concern.

Considering that child procedures apply to all children and young people below the age of eighteen, the Designated Senior Member (DSM) must decide if they have reasonable grounds for suspecting that child abuse is taking place. If they have reasonable grounds then they must act immediately. It is safer to act or discuss with other agencies than to delay.

Many agencies and support services are able to help identify and assess the needs of children and to provide support for them. Co-operation between InUnity, the Local Authority, health services, social services and other agencies is vital for the most effective assessment, intervention and deployment of resources for children to be secured. The Children Act 1989 and the Education Act 1993 place statutory duties on these agencies to co-operate.

All agencies must understand that in child protection cases they are not only required to carry out their own agency functions, but are also making a vital contribution to advising and assisting the Local Authority to discharge its statutory Child Protection/care duties. Each region where InUnity operates must have a DSM who is responsible for Child Protection issues. The DSM should ensure that all employees are familiar with the contents of this Policy and have received and read the document. A signed record of this will be kept on individual work records. This Child Protection Policy and the integral process of notification forms an important part of the induction programme for all staff.

Equal Opportunities Policy Guidelines

Recruitment and Selection

InUnity will treat any applicant for any position (paid or voluntary) within our organisation fairly and not discriminate unfairly against the subject of a



disclosure on the basis of conviction or other information revealed.

We will request a DBS check for all positions due to the nature of our organisation. We will make this clear in any job advert and ask for details at application stage. At interview we will ensure that open and measured discussions can take place on the subject of offences.

Failure to reveal information at interview, that is directly relevant to the position sought, could lead to withdrawal of an offer of employment.

As an organisation using the DBS to help assess the suitability of applicants for positions of trust, InUnity complies fully with the DBS Code of Practice regarding the correct handling, use, storage, retention and disposal of the Disclosure information.

Disclosure information is never kept on an applicant's personnel file and is always kept separately and securely.

In accordance with section 124 of the Police Act 1977, Disclosure information is only passed to those who are authorised to receive it in the course of their duties. We maintain a record of all those to whom Disclosure information has been revealed and we recognise that it is a criminal offence to pass this information to anyone who is not entitled to receive it.

Once a recruitment decision has been made, we do not keep Disclosure information for any longer than is necessary. This is generally a period of up to six months, to allow for the consideration of any disputes or complaints. Once the retention period has elapsed, we will ensure that any Disclosure information is immediately suitably destroyed by shredding. We will keep a record of the date of issue of Disclosure, the name of the subject, the position for which the Disclosure was requested and the unique reference number of the Disclosure.

It is policy of InUnity that all staff and volunteers over the age of 16 will attend Safeguarding training every three years and have a renewed DBS check every three years. This will be kept on staff personnel files.

Section B

Aims

1. To provide children and young people with relevant information, skills and attitudes to help them resist abuse and prepare for the responsibilities of adult life including the home and family. Together with these skills we hope that children will feel confident that they can confide in staff on issues of



neglect, abuse and deprivation.

2. To allow staff to be familiar and confident with the appropriate Child Protection Procedures and issues. This Policy is intended to give clear guidance to all staff and volunteers of InUnity on:
 - the signs that may indicate the possibility of abuse
 - the procedures to follow if a child discloses abuse or a member of staff suspects abuse
3. To work with parents and carers to build an understanding of InUnity's responsibility to ensure the welfare of all children and the recognition that this may occasionally require cases to be referred to other investigative agencies as a constructive and helpful measure.
4. To monitor children who have been identified as 'at risk'.
5. To contribute to an inter-agency approach to Child Protection by developing effective and supportive liaison with other agencies - thereby contributing towards a more effective detection of the incidence of child abuse.
6. To review InUnity's procedures and improve the way Child Protection issues are managed.

Objectives

These objectives are directly related to the six aims of this policy and are intended to show how the aims are actually put into practice.

- 1.1 Children and young people will be encouraged to talk to staff about child protection issues, through informal conversation at activity sessions or through accessing our policy on our website.
- 1.2 We will try to create an environment and ethos in which children feel secure, their viewpoints are valued, they are encouraged to talk and they are listened to.
- 1.3 We will provide suitable support and guidance so that children have a range of appropriate adults whom they feel confident to approach if they are in difficulties.
- 1.4 We will use educational programmes to raise children's awareness and build confidence so that they have a range of contacts and strategies to ensure their own protection and that they understand the importance of protecting others.



- 1.5 Staff will treat children with respect and all children are expected to treat each other and staff with respect.
- 1.6 We will look carefully at the role models which InUnity offers children through staffing, materials used, selection of musical content and other experiences.
- 1.7 We will try to impress upon children the importance of rejecting violence as a means of resolving conflict.
- 1.8 We will regularly review and evaluate our policies and practices of social control and behaviour management.
- 2.1 We will provide Child Protection training regularly for InUnity staff and in particular for Designated Senior Members to ensure that their skills and expertise are up to date. Training focuses on the recognition of the symptoms of child abuse, the procedures for reporting and case studies. All staff will undergo some initial training in Child Protection during the induction period.
- 2.2 Each member of staff will be given a complete copy of this Policy.
- 2.3 Each member of staff must sign a specific register to indicate that they have read the policy in its entirety and that they accept their duty to implement the policy and co-operate with InUnity's Management in promoting 'Child Protection'.
- 3.1 We will involve parents and carers and other professionals in the community in our reviews of our policy and provide a code of conduct for parents and carers.
- 3.2 We will inform parents and carers that staff are required by law to follow the procedures laid down by the Area Child Protection Committee (ACPC).
- 3.3 We will keep records in a secure location, maintain sound policies on confidentiality, provide information to other professionals, submit reports to case conferences and attend case conferences, if required.
- 4.1 We will employ the Child Protection Procedures and systems of the ACPC.
- 4.2 We will employ systems which enable the transition process to include Child Protection Procedures.

Section C

Types of Child Abuse and Their Symptoms

Child abuse can be categorised into four distinct types:



1. Physical abuse
2. Sexual abuse
3. Emotional abuse
4. Physical neglect

As well as:

- Grave concern/at risk - this is not a distinct category in itself but is dealt with separately. A child can be at risk from any combination of the four categories.
- Domestic violence

These different types of abuse require different approaches. A child suffering from physical abuse may be in immediate and serious danger. Action should, therefore, be taken immediately. With the other forms of abuse there is a need to ensure that adequate information is gathered. There is also a need to make sure that grounds for suspicion have been adequately investigated and recorded. The need to collate information must be balanced against the need for urgent action. If there are reasonable grounds for suspicion then a decision to monitor the situation should only be taken after consultation. A situation that should cause particular concern is that of a child who fails to thrive without any obvious reason. In such cases a medical investigation will be required to consider the causes. In a child of nursery age, many of these symptoms may appear and disappear as quickly as in the space of one day as the individual develops at a rapid rate.

Each of the categories will now be explored in more detail.

1. Physical Abuse

This involves physical injury to a child, including deliberate poisoning, where there is definite knowledge or a reasonable suspicion, that the injury was inflicted or knowingly not prevented. Typical signs of physical abuse are:

- Bruises and Abrasions

Especially about the face, head or genitals or other parts of the body where they would not be expected to occur given the age of the child. Some types of bruising are particularly characteristic of non-accidental injury especially when the child's explanation does not match the nature of injury or when it appears frequently.

- Slap Marks

These may be visible on cheeks or buttocks.

- Twin bruises on either side of the mouth or cheeks

Can be caused by pinching or grabbing, sometimes to make a child eat or to stop a child from speaking.

- Bruising on both sides of the ear

This is often caused by grabbing a child who is attempting to run away. It is very



painful to be held by the ear, as well as humiliating and this is a common injury.

- Grip marks on the arms or trunk

Found in babies who are handled roughly or held down in a violent way. Gripping bruises can be associated with shaking a child. Shaking can cause brain damage and death. Grip marks can also be indicative of sexual abuse.

- Black eyes

Are most commonly caused by an object such as a fist coming into contact with the eye socket. N.B. A heavy bang on the nose however, can cause bruising to spread around the eye, but a doctor will be able to tell if this has occurred.

- Damage to the mouth

For example bruised/cut lips or torn skin where the upper lip joins the mouth.

- Bite marks
- Fractures

In children less than 2 years.

- Burns and scalds

A round red burn on tender, non-protruding parts like the mouth, inside the arms and on the genitals will almost certainly have been deliberately inflicted. Any burns that appear to be cigarette burns should be cause for concern. Some types of scalds known as 'dipping scalds' are always cause for concern. An experienced person will notice skin splashes caused when a child accidentally knocks over a hot drink. In contrast a child who has been deliberately 'dipped' in a hot bath will not have splash marks.

Other signs may include:

- Untreated injuries
- Flinching at sudden movements
- Fear at returning home
- Fear of medical help
- Self-destructive tendencies
- Extreme aggression towards others

- Chronic running away
- Fear of parents/carers being contacted
- Admission of punishment which seems excessive
- Disclosure from the child

2. Sexual Abuse

The involvement of dependent, developmentally immature children and young people in sexual activities they do not truly comprehend, to which they are unable to give informed consent or which violate the social taboos of family roles. Typical signs of sexual abuse are:



- A detailed sexual knowledge inappropriate to the age of the child.
- Behaviour that is excessively affectionate or sexual towards other children or adults.
- Attempts to inform by making a disclosure about the sexual abuse often begin by the initial sharing of limited information with an adult. It is also very characteristic of such children that they have an excessive pre-occupation with secrecy and try to bind the adults to secrecy or confidentiality.
- Fear of medical examinations.
- Fear of being alone - this applies to friends/family/babysitter etc.
- Sudden loss of appetite, compulsive eating, anorexia nervosa or bulimia nervosa.
- Excessive masturbation - especially worrying when it takes place in a public place.
- Promiscuity.
- Unusually explicit or detailed sex play - in young children.
- Sexual approaches or assaults - on other children.
- Pregnancy, urinary tract infections, sexually transmitted diseases - are all cause for concern in young children, or adolescents if his/her partner cannot be identified.
- Bruising to the breasts, buttocks, lower abdomen, thighs and genital/rectal areas. Bruising may be confined to grip marks where a child has been held so that sexual abuse can take place.
- Discomfort or pain particularly in the genital or rectal areas.
- Drawings of pornographic or sexually explicit images.
- Obsessive washing.
- Suicide attempts.
- Nightmares.

3.Emotional abuse

Emotional abuse can be defined as the severe adverse effect on the behavioural and emotional development of a child caused by persistent or severe emotional ill treatment or rejection. All abuse involves some emotional ill treatment - this category should be used when it is the main or sole form of abuse.

- Physical, mental and emotional development delay or disturbance.
- Admission of punishment which appears excessive.
- Over-reaction to mistakes.
- Sudden speech disorders.
- Fear of new situations.
- Inappropriate emotional responses to stressful situations.
- Neurotic behaviour - e.g. rocking; thumb sucking in older children, hair twisting.
- Self-mutilation.
- Fear of parents being contacted.
- Extremes of passivity or aggression.
- Drug/solvent abuse.



- Chronic running away.
- Compulsive stealing.
- Scavenging for food or clothes.
- Enuresis/encopresis - bed wetting/soiling.

4.Physical Neglect

The persistent or severe neglect of child (for example, by exposure to any kind of danger, including cold and starvation) which results in serious impairment of the child's health or development, including non-organic failure to thrive. Persistent stomach-aches, feeling unwell, and apparent anorexia can be associated with physical neglect. However, typical signs of physical neglect are:

- Underweight

A child may be frequently hungry or pre-occupied with food, in the habit of stealing food or with the intention of procuring food. There is particular cause for concern where a persistently underweight child gains weight when away from home, for example when in hospital or on a trip. Some children also lose weight or fail to gain weight during school holidays when school lunches are not available and this is cause for concern.

- Inadequately clad

A distinction needs to be made between situations where children are inadequately clad, dirty or smelly because they come from homes where neatness and cleanliness are unimportant and those where the lack of care is preventing a child from thriving.

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Frequent lateness or non-attendance
- Untreated medical problems
- Destructive tendencies
- Very poor social relationships
- Compulsive stealing
- Scavenging for food or clothing
- Chronic running away

5.Grave Concern/At Risk

This is not a separate category of child abuse, but covers a number of situations where a child may be at risk including children whose situations do not currently fit the above categories, but where social and medical assessments indicate that they are at significant risk of abuse. Grave concern may be felt where a child shows symptoms of stress and distress and any of the following circumstances apply:



- there is a known child abuser in the family
- another child in the family is known to have been abused
- the parents are involved with pornographic material to an unusual degree
- there is an adult in the family with a history of violent behaviour

The Symptoms of Stress and Distress

When a child is suffering from any one or more of the previous four 'categories of abuse' or that child is 'at risk', s/he will nearly always suffer from/display such signs of stress and distress as listed below:

- a lack of concentration and a fall off in school performance
- aggressive behaviour
- moodiness; depression; irritability; listlessness; fearfulness; tiredness; temper tantrums; short concentration span; acting withdrawn or crying at minor occurrences
- difficulties in relationships with peers
- regression to more immature forms of behaviour, e.g. thumb sucking
- self-harming or suicidal behaviour; wariness; insecurity; running away or truancy
- general personality changes such as attention seeking behaviour
- a sudden change in academic performance

Signs of Parental Abuse

Particular forms of parental behaviour that could raise or reinforce concerns are:

- implausible explanations of injuries
- unwillingness to seek appropriate medical treatment for injuries
- injured child being kept away from Youth club/ United in Dance sessions. until
- injuries have healed, without adequate reason
- a high level of hostility expressed to the child
- grossly unrealistic assumptions about child development
- general dislike of child-like behaviour
- inappropriate labelling of a child's behaviour as bad or naughty
- leaving children unsupervised when they are too young to be left unattended



Section D

The Roles of Different Staff and Agencies

1. The Chief Executive/DSM

This is the person responsible for contacting Social Services or Police to register concern about a child's welfare and implementing procedures relating to Child Protection. He/ she must therefore:

- be fully conversant with ACPC procedures
- consult and refer cases to Social Services emphasizing that the referral is under ACPC Child Protection Procedures
- organise training on Child Protection within InUnity
- attend appropriate training
- keep the Chief Executive informed if appropriate
- be aware of the role of other agencies
- ensure representation/reports to Child Protection conferences and keep appropriate records
- support staff
- ensure children on Child Protection Register are known and that protection plans are followed and feedback given
- inform parents/carers, if appropriate, of cause for concern and referrals intended to be made

If the DSM is absent for any reason it must be made clear to all staff which deputy is in charge and therefore acting as DSM.

The Chief Executive/DSM must be prepared to attend a case conference. If he/she cannot attend then the deputy acting as DSM should attend.

The Chief Executive/DSM must ensure that in their absence, any deputy who is acting as the DSM knows the procedure to be followed in the case of suspected child abuse and the name of any Key worker. The DSM has a professional duty to enquire about the progress of individual cases in which they are/have been involved.

2. Staff in Close Contact with Children

Abuse of children is most likely to be noticed by staff who have regular daily contact with them. Staff have a professional duty to:

- observe and be alert to signs of abuse
- take immediate action in a child's best interest by reporting any suspicion or



evidence of abuse or non-accidental injury

- know the role of the DSM and the ACPC procedures
- enquire about the progress of individual cases in which they are/have been involved

All staff must understand the importance of reporting suspicious circumstances and be able to report signs of abuse to DSM. Beyond the initial reporting of suspected child abuse, staff have a clearly restricted role as further judgment and action decisions are the responsibility of other agencies with statutory powers to help the child.

3.Non-contact Staff

As with contact staff, non-contact staff have a responsibility to observe and report any suspicion of abuse or non-accidental injury. All non-contact staff must understand the importance of reporting suspicious circumstances and be able to report signs of abuse to the DSM.

Section E

Records

Case conference records are confidential and InUnity must ensure the safe keeping of such records and of other documents for individual cases and the eventual secure destruction of such records. Information given at case conferences must not be disclosed without the prior permission of the person who originally supplied the information.

All staff are required to record accurately, information which may be required in respect of Child Protection. If a child discloses information, record the precise information as soon as possible, with dates, event, action taken and sign and date the record. It is very important for staff to distinguish between fact, observation, allegation and opinion. All staff records must be passed to the DSM for storage and action. Records must be kept in a secure place.

Allegations Concerning Staff

Staff must protect themselves and bear in mind that even perfectly innocent actions can sometimes be misconstrued. It is important not to touch children however casually, in ways or on parts of the body that might be considered indecent. When pupils make such an allegation against staff, or other staff suspect misconduct, ACPC procedures must be followed. This is important for the protection of the member of



staff as well as the pupil.

In the case of suspected or identified abuse of a child by the Chief Executive, the Police and/or Social Services have a duty to investigate. National guidelines have been produced and the first person to receive an allegation concerning a member of staff should take the matter directly to the DSM if this is not that member of staff. At this stage no discussion should be initiated by staff with the suspected member of staff.

Section F

Advice, Answering Questions and Confidentiality

Explicit Questions

It is unlikely to be appropriate to deal with children's explicit questions by dealing with them in front of the whole group, e.g. questions on oral and anal sex. In any cases of explicit questions being asked by a child to a member of staff, abuse should only be suspected when the questions are totally inappropriate to the age of the child.

Confidentiality

Having considered all available advice and guidance, InUnity states that in circumstances where a child is considered at risk of any type of abuse, staff must refer this immediately to the DSM. The DSM will decide whether to inform the parents/carers and/or appropriate authorities.

- staff must not promise confidentiality even though they cannot be made to break it once given
- children must be made aware that any incident may be conveyed to the DSM and possibly to parents
- staff must indicate clearly to children when the content of a conversation can no longer be kept confidential - the child can then decide whether to proceed or not. When the content of the conversation indicates the possibility of child abuse, the staff member must pass the information on to the DSM in accordance with the Policy on Child Protection

Allegations about Staff

The importance of getting early advice is emphasised and clarification is given on the distinction between Child Protection Procedures and internal investigations:

- allegations should go directly to the Chief Executive Officer, who at present is Hannah Brooman.
- allegations about the CEO should go directly to the Board of Trustees who at present the chair is Louise Mills (louise@inunityuk.org)

Reporting Procedures for DSM

Remember that staff only require reasonable cause for concern regarding potential child abuse in order to act.

When there are reasonable grounds to suspect child abuse or non-accidental injury then the following procedures must be implemented immediately.

When a member of staff has raised a concern or when you have concerns yourself:

- 1.Ensure you have the concern in writing from the member of staff.
- 2.Assess the nature of the allegation/disclosure/concern, discuss with another DSM if necessary.
- 3.Gather information. Talk to the child if appropriate using open ended questions:
 - Has something happened?
 - Can you tell me what happened?
 - Where did it happen?
 - When did it happen?
 - Was anyone else there?
 - Tell me about it in your own words?
4. If the child is hurt or needs medical attention, the child must be handed over to a medically trained member of staff who will assess whether the child needs to go to hospital. You must inform the medical staff that you suspect non-accidental injury and they also should not ask leading questions. The child must then stay with the medical staff until Social Services collect him/her, even if this is in hospital.
5. Once a decision has been made to refer the child, the DSM should phone the parents/carers to inform them that a referral is going to be made unless:



- the referral will put the child at further risk
- others, including staff, will be put at risk
- notifying parents could hamper a proper criminal investigation by allowing possible interference with evidence

6. Refer the matter, by phone, to the Social Services area that covers the child's home address:

- report that the matter is Child Protection
- make it clear whether you are seeking advice or making a referral
- clarify the information you have given to the social worker
- record the name of the social worker you have spoken to and make sure they have your contact details
- ask for advice about what you should do next
- ask for a timescale in which they will get back to you
- make yourself available to talk to Social Services when they call back
- put in writing a letter of confirmation of your referral and fax or send it as soon as possible
- record your action taken and keep it with the referral notes in a secure/confidential place
- inform the worker who raised the concern of the action you have taken

7. If the parents/carers arrive before Social Services then you have no right to prevent contact between them and the child or to prevent the removal of the child by the parents/carers. However, if there are clear signs of physical risk or threat, the Police should be immediately contacted and fully informed.

8. If the DSM decides that no referral is necessary, all records must be kept in a secure/confidential place and the worker who raised the concern should be kept informed of this decision.

9. If it is felt that the Social Services have not taken appropriate action, then you can request that a Child Protection conference be convened.

Reporting Procedure for Staff

Remember that staff only require reasonable cause for concern regarding potential child abuse in order to act.

When there are reasonable grounds to suspect child abuse or non-accidental injury then the following procedure must be implemented immediately:

1. Report the incident to the designated Senior Member (DSM) verbally if a child has disclosed information to you.



2. Make a written report to the DSM of what has been said to you by the child, or of your concerns about a child.

3. Staff Must:

- remember that the priority is to protect the child
- treat the matter seriously
- receive the child's story if appropriate, listen, but do not judge
- react to what the child tells you with belief and tell the child that they have done the right thing in telling you
- indicate to the child what action you will take and make it clear that you will have to inform others (no secrets). Only inform those with a need to know (DSM/Chief Executive)
- keep an accurate record of what you have become aware of and what you have done
- keep this record in a secure and confidential place
- limit any questions bearing in mind the 'must not' list below

4. Staff Must Not:

- contact the parents - this is the job of the DSM and Social Services
- interrogate the child, if that child has disclosed information, or ask leading questions
- speak to anyone about whom the allegations have been made (including colleagues)
- promise to keep secrets/confidentiality
- ask a child outright if they or others have suffered abuse

5. The worker may now withdraw from the immediate process but should remain vigilant.

Child Protection Guidelines for Staff and Students

1. Physically Comforting Children of Nursery Age/Up to Eleven

When a child comes to you for a cuddle or to sit on your lap, don't deny them this, however:

- do respect the child and remember this is not for your comfort
- do not remove them from their activities or whatever they are doing so that you can cuddle them
- when a child is sitting in your lap, they must sit sideways (side saddle) so that their knees are together
- children must not sit astride your legs



Guidance on Child and Staff Protection

(In accordance with Section 550A of the Education Act 1996)

(Only authorised staff)

Under usual circumstances physical intervention is neither acceptable or necessary. If a child is causing or at risk of causing harm to themselves or others, remove them from the situation, sit the child/young person a little away from the others on a chair or mat so that they cannot harm themselves. Ensure the child/young person can still be seen. Try to resolve the situation once the child has calmed down.

There is no definition of reasonable force, but staff must be sure that any physical intervention is warranted by the circumstances of the particular incident (i.e. not in response to a trivial action) and that the degree of force used is in proportion to the seriousness of the behaviour, or the consequences it is intended to prevent. Any force used should be the minimum to achieve the desired result.

Where it becomes necessary to restrain a child/young person, they may be **held** (by wrapping your arms around the child from behind), **pushed** or **pulled**, or some other appropriate intervention to protect the child and others from injury. **The test of such action is whether reasonable force (i.e. the minimum possible to prevent harm to the child or others) has been used or not.** After any such incident, it is essential that a written record is made, which is dated, signed and includes statements of witnesses, and copied to the Chief Executive immediately.

Sports, Drama or Demonstrations which Require Touching:

- Ensure other members of staff are present.
- Do not accompany children to the toilet alone. You may wait outside in case of an emergency.
- Ensure there are other members of staff with you if young children need attendance in a changing facility.

Administration of First Aid:

- First aid should be carried out or supervised by a first aider
- Inform staff of where you are
- Remember to complete the first aid book

Residential trips or visits:

- Avoid being alone with children
- Observe all rules to do with contact
- Avoid intrusive use of cameras



2. One to one (changing wet/soiled children or nappies):

- Always ensure there are at least two staff present in the room and observe health and safety guidelines and procedures with regards to nappy changing.

Outside school/nursery activities:

- A police check is required of all workers
- Parental consent is required
- Observe all rules on contact
- All non-staff members must always be supervised

Transporting young people:

- Provided you have the correct insurance, inform other staff prior to travelling. Parental permission has to be granted before taking any young person in your car. In an emergency, this can be done via a phonecall but must be documented.

This Policy was initially written in October 2011. It will be reviewed yearly or if an incident occurs.

Written by: Hannah Brooman (CEO & DSM of InUnity)

Reviewed: March 2020

Due for review: March 2021 (or before if an incident occurs)