Operating policy on:

WORKING WITH VULNERABLE PEOPLE AND CHILDREN

Name of Business:	Sexual Health on Call (SHOC) www.sexualhealthoncall.org.uk	
Trading as:		_
Type of organisation:	Limited Company Sole owner X Public Ltd Company Charity X Collective	_
Director or partner responsible health and safety:	e for Brian Whitehead	_

The Trustees and Operating staff of SHOC are committed to taking all reasonable steps to safeguard the welfare of vulnerable people and children from

physical, sexual and emotional harm while they are involved in activities organised by the Trust. The Trustees and Operating Committee are equally committed to ensuring that the staff and volunteers operating their facilities and activities are protected if and when charges of abuse are made. This policy document provides guidelines which, if followed, will reduce the risk of abuse occurring and, if it does; provide a means of investigating and dealing with any incidents. The Trustees will appoint a person to act as the counter signatory for CRB checks (the appointed person). This appointment will be made each time this policy is reviewed.

1. Reducing the risk of abuse occurring. Vetting of volunteers and staff:

□ Prior to working any r capacity involving contact with vulnerable people or children all volunteers and staff must undergo appropriate training and be certificated by at least three members of Staff, Trustees or Operating Committee.

□ Reference check: Prior to working in any capacity involving contact with vulnerable people or children all volunteers and staff will be asked to obtain an enhanced disclosure through police reference check. The appointed person who will keep a record of the name of the person, the date of the application, the date on which the disclosure was made and the result. All clear disclosures will be destroyed. New disclosures will be required every 3 years for those continuing to work with the project.

2. CODE OF CONDUCT CODE OF BEHAVIOUR

□ Do treat everyone with respect
☐ Do provide an example you wish others to follow
$\ \square$ Do plan activities that involve more than one other person being present or,
at least, which are within sight or hearing of others
☐ Do respect a person's right to personal privacy
□ Do take care when allocating sleeping accommodation.
□ Do work in pairs when in situations where you may be vulnerable to
accusations of abuse. For example if it is necessary to give someone a
shower.
□ Do provide access for people to talk to others about any concerns they may
have
□ Do encourage people to feel comfortable and caring enough to point out
attitudes or behaviour they do not like
□ Do maintain a healthy adult lifestyle
☐ Do remember that someone else might misinterpret your actions, no matter
how well intentioned
☐ Do recognise that caution is required even in sensitive moments of
counselling, such as when dealing with bullying, bereavement
□ Do NOT permit abusive youth peer activities (e.g. initiation ceremonies,
ridiculing, bullying)
□ Do NOT play physical contact games.
□ Do NOT jump to conclusions about others without checking facts
□ Do NOT exaggerate or trivialise abuse issues
□ Do NOT show favouritism to any individual
□ Do NOT make suggestive remarks or gestures
□ Do NOT rely on just your good name to protect you
□ Do NOT believe "it could never happen to me"

3. GUIDELINES ON TOUCHING

□ Keep everything in public. A hug in the context of a group is very different
from a hug behind closed doors.
□ Touch should be related to the person's needs, not the worker's.
□ Touch should be age-appropriate and generally initiated by the person rather
than the worker.
□ Avoid any physical activity that is, or may be construed as, sexually
stimulating to either adults or children.
□ People are entitled to determine the degree of physical contact with others
except in exceptional circumstances, i.e. when they need medical attention
or their own safety.
□ Staff members should take responsibility for monitoring one another in the
area of physical contact and should follow the 'Procedures for investigating
and dealing with incidents of alleged abuse' laid down in the Policy if they
have any concerns.
□ Touch should not be prolonged.
Corporal punishment in any form should not be used.

4. ABUSE - SOME GUIDELINES ON WHAT IT IS AND HOW TO RESPOND TO ALLEGATIONS

OF ABUSE

Kinds of Abuse

A. Abuse and Neglect: Somebody may abuse or neglect a child by inflicting harm, or by

failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger.

- **B. Physical Abuse:** Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a person.
- **C. Emotional Abuse:** Emotional abuse is the persistent emotional ill treatment such as

to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person. It may feature inappropriate expectations being imposed. It may involve causing frequently to feel frightened or in danger, or the exploitation or corruption. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

D. Sexual Abuse: Sexual abuse involves 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. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

- **E. 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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
- **F. Organised Abuse:** Organised or multiple abuse may be defined as abuse involving one or more abusers and a number of related or non-related abused children and young people. The abusers concerned may be acting in concert to abuse children,

acting in isolation, or may be using an institutional framework or position of authority to recruit children for abuse. Organised and multiple abuse occur both as part of a network of abuse across a family or community, and within institutions such as residential homes or schools. G. Signs of abuse ☐ Those who work with children or vulnerable people have a responsibility to be aware and alert to signs that all is not well with a child or vulnerable person. It is important to keep an open mind and consider carefully what is causing you concern. Physical abuse: unexplained injuries or those that have received no medical attention, hidden injuries, signs of neglect; □ Sexual abuse: allegations made by the child or person, preoccupation with sexual matters, sexual activity through words, play or drawings, severe sleep disturbances with fears and phobias or being sexually provocative; Emotional abuse: regression of behaviour, nervousness, sudden underachievement, inappropriate relationships with peers/adults, attention seeking, running away/stealing/lying, Looking uncared for. □ Other: unexplained reluctance of children or vulnerable people to be left in the care of an individual - unexplained mood changes. NB: Physical abuse and neglect are difficult to hide. Sexual abuse can be almost impossible to identify and prove. Many symptoms of distress can point to abuse but there may be other explanations. It is important therefore, that the above signs are not taken as indications that abuse has taken place. They should make us stop and think, but not necessarily jump to conclusions. H. Talking about abuse ☐ It is usually very difficult for a child or vulnerable person to tell someone that they are being abused. So □ Let them know that you will listen to anything they have to tell you, but that there are some things so serious that you have to tell someone else. Do not promise confidentiality; □ Accept what the child or person says, keeping calm and looking at them directly; Listen carefully and do not stop a person who is revealing painful events: □ Never push for information or ask leading questions. A leading question is one that prompts a yes or no answer rather eliciting further information. E.g. a leading question might be 'Did he/she do this?' while an equivalent nonleading question might be 'Tell me what happened'. ☐ Be aware that the child or person may have been threatened: □ Reassure the child or person they were right to tell you; Let the child or person know what you are going to do next and that you will let them know what happens ☐ Make notes as soon as possible, writing down exactly what was said and when he/she said it. Record the date, time and location and whether other people were present. Keep the hand-written record. I. What to do if you suspect abuse The person who first suspects or is told of alleged abuse is responsible for ensuring that his/her concern is taken seriously. Suspicion may vary from a vague disquiet about possibly inappropriate behaviour to clear evidence of serious abuse with many intermediate levels. Information may reach you from a variety of sources

□ a child or person claiming that he/she has been abused

□ another child or person who is concerned

a member of the person's family	
a fellow worker of the suspect	
someone who believes he/she is the object of malicious or unfounded rumo	ur
your own concerns	
you suspect abuse or feel that inappropriate behaviour is taking place but by forward is unclear, inform the SHOC Administrator, Chairman of the Ope Committee or one of the Trustees of your concerns.	
is important to be aware of the far-reaching consequences of making a read naming names. The SHOC Administrator is available to help if you have anoubt.	
there is clear evidence of abuse, while no one will want to react without consideration, it is important to avoid delay in order to forestall further abusear evidence is	
where a child or vulnerable person is making a clear allegation of abuse where non-accidental or unexplained injuries to the person are raising strospicions	J
there is clear <i>prima facie</i> evidence of abuse Social Services or the Police m lled.	ay be

J. Procedures for investigating and dealing with incidents of alleged abuse. Suspicion of abuse may vary from a vague disquiet about inappropriate behaviour to clear evidence of serious abuse with many intermediate levels. If you suspect abuse or inappropr iate behaviour inform the appointed person or the Chairman of the Trustees of your concerns. They will consider the matter carefully and, if necessary, take action to forestall any further abuse. If there is clear *prima facie* evidence of abuse their first action will be to consult Social Services. If, following such consultation, the case is thought to be serious the Police will be called and it will be treated as a criminal matter.