

ERYC Guidance - Safeguarding Children and Young People during Offsite Visits

1. In terms of Safeguarding, the implications for planning and preparation will vary depending on the nature of the visit, however there are two main areas that leaders need to pay particular attention to throughout the planning, operation and evaluation process.
 - Child Protection procedures and arrangements
 - Safe & Appropriate working practice by staff and volunteers.

Child Protection procedures and arrangements

(This should be read in conjunction with the school/establishment Child Protection Policy)

2. Offsite visits of any duration, present less formal situations where children and young people are away from the immediate school/establishment and home environment. This applies particularly to residential, but also to shorter visits. In these situations the atmosphere can be more informal and provide opportunities for children/young people to make disclosures of a Child Protection nature to staff or peers.
3. By the nature of some of the activities and residential arrangements involved in offsite visits there may also be situations where evidence of abuse is noticeable.
4. It is important therefore that all staff are aware of the basic 'signs and symptoms' of abuse and neglect and understand how to respond to concerns and disclosures made by children/young people. It is recommended that all staff involved in offsite visits (and volunteers who assist with residential visits) have completed the ERSCB / LA online CP training. 'Awareness of Child Abuse & Neglect' as a minimum.
5. All adult leaders should be aware of the procedures for reporting concerns observed or disclosures made to them on to the group leader or designated member of staff.
6. This includes the procedures for responding to allegation of abuse made against members of staff and volunteers or other children/young people (see additional guidance VGA 5.3 attached).
7. There must be arrangements in place for concerns to be referred back to the appropriate school/establishment contact if necessary so that a decision can be made about how to respond to the concerns.
8. The school/establishment contacts must be aware of the referral process to the East Riding Family Support Team (or other LA if appropriate) including the East Riding Emergency Duty Team and have continued access to the relevant contact numbers regardless of school/establishment session times.
9. All children/young people should be made fully aware of the arrangements and procedures that they need to follow to keep themselves and others safe, and what is appropriate behaviour. They should also be made aware of the ways in which they can seek advice or help in situations they are concerned about
10. Risk assessments should take account of any sites visited that are shared by members of the public to ensure appropriate supervision.

Vulnerable and Challenging Pupils

11. It is important that the Visit Leader is aware of any children/young people who are for example subject of a Child Protection Plan (where there are current concerns of a Child Protection, emotional or related nature that may place them at increased risk). As a result the child may require increased support or monitoring in certain situations.

12. Some children/young people are known to pose a risk to their peers as a result of physical intimidation and bullying or sexually inappropriate or abusive behaviour. Others because of risk taking or dangerous behaviour would also require additional supervision or other measures.
13. In both of these situations appropriate assessment of risk should be made depending on the nature of the visit and behaviour or concern. The school/establishment Child Protection Coordinator must be consulted at the planning of residential visits in order to inform such appropriate child specific risk assessments. The group leader should also reach agreement with the school/establishment Child Protection Coordinator or other professionals about what information is appropriate to share with other adults involved with the visit.

Safe & Appropriate working practice by staff and volunteers

(This section should be read in conjunction with;

- The school/establishment Code of Conduct or Safe Working Practice policy
- Guidance For Safe Working Practice for Adults who work with Children & Young People in Educational Settings DCSF 2009)

1. Adults should take particular care when supervising children/young people on offsite visits and, where the setting is less formal than the usual workplace. Adults remain in a position of trust and have a duty of care and need to ensure that their behaviour remains professional at all times and stays within clearly defined professional boundaries as outlined in the documents above.
2. Group Leaders should ensure that all adults involved in offsite visits are reminded of the relevant sections of the documents above and the need to follow all visit arrangements and procedures. These are designed to safeguard children/young people and at the same time protect adults from putting themselves in situations that may lead to misunderstandings or allegations of inappropriate or abusive behaviour.
3. By following this guidance staff should feel reassured that they are acting appropriately, not putting themselves at risk and that a reasonable and proportionate approach can be followed.
4. All adults should be aware that any sexual activity with a child/young person under the age of 18 is a criminal offence as they are in a position of trust. Any sexual activity with a child/young person 18 or over will result in disciplinary action.
5. Adults should be instructed to report to the Visit Leader (or Senior Manager if more appropriate) so that any problems can be dealt with and there is no accusation of 'covering things up'.
 - a. Any behaviour or situation that may give rise to complaint misunderstanding or misinterpretation.
 - b. Any difficulties experienced when for e.g. coping with a challenging child/young person, or situations that they are unsure of.
 - c. Situations where they are the subject of affection, attention or inappropriate behaviour by a child/young person.
 - d. Any behaviour by another adult that gives cause for concern that it may be inappropriate or undermines the safety & welfare of children/young people.
6. It is important that adults involved in offsite visits
 - a. Behave in a mature, respectful & safe manner
 - b. Provide a positive role model to children/young people
 - c. Treat all children/young people equally
 - d. Do not behave in a way that could lead to questions about their suitability to work with children/young people.

Specific Safe Practice Issues

7. The documents listed above give guidance on appropriate practice in a range of situations and all adults taking part in offsite visits are advised that if they are unsure to seek advice from the Visit Leader. Some specific issues are covered below.
- a. **Sleeping & Showering etc** – these should be organised to enable adequate and gender appropriate supervision and ensure that staff do not use communal shower at the same time as children/young people and do not share bedrooms except in dormitory or similar arrangements. In this case specific risk assessments will be completed and control measures put in place. Parents and group members should be made aware of the planned arrangements.
 - b. **Mobile Phones** – Adults should not use personal mobile phones to communicate with children/young people. School/establishment equipment must be used. If children/young people have mobile phones and the Visit Leader feels it is appropriate these numbers can be retained by the group leader with consent from the parents/guardians or children/young people (depending on age). These must be deleted or destroyed immediately after the visit.
 - c. **Photography** – The school/establishment must have written consent from parent/guardian for images to be taken and published. In some cases this permission is refused for domestic or identity reasons and group leaders should make all adults aware of any such cases. If images are published or placed on the school/establishment's website or newsletter then it is important that no information is included that might enable someone to contact the child/young person independently.
 - d. **Photographs of children/young people** - Staff must be made aware that photographs taken by children/young people may be published on Social Networking sites or circulated by mobile phone. When posing for photographs this needs to be borne in mind.
 - e. **Physical Contact** – As a general rule adults should avoid physical contact. However, there may be situations when physical contact is justified as a means of reassurance, protection encouragement etc. Some offsite visits involve physical activities where appropriate physical contact is appropriate and necessary as long as it is not intrusive or disturbing for the child/young person and they have given consent.
 - f. **Physical Intervention** – Any physical intervention should be carried out in line with the school/establishment policy and procedures by adults who have been authorised to do so by the head teacher/senior manager. Teachers do have a legal authority to carry out physical or other appropriate physical intervention. This is ideally as a last resort after other strategies have been tried or considered and to protect the health & safety of those involved.
 - g. **Administration of medicines and First Aid** – Any first aid or administration of medicines must be carried out in line with the school/establishment policy by appropriately trained staff and in line with parental/guardian consent.
Any regular medication or related procedures should be carried out in line with an appropriate Health Care Plan drawn up in consultation with parents/ carers and the child/young person. This should indicate the details of self administration and the arrangements for adult support and administration.
If first aid is administered, other adults should be made aware and if possible another appropriate colleague should be present. The child/young person should always be made fully aware of what is happening as appropriate. All such incidents should be

recorded and reported in line with the requirements of the school/establishment first aid policy and any Health Care Plan. Employers and establishments should ensure that their medication policies take into account the full range of visits and activities. These may include residential visits, visits overseas, remote supervision, and situations where groups might be distant from, or unable to make immediate contact with, parents and medical professionals. As it is unlikely that any medication policy will cover every possibility - the policy should be written in such a way as to allow staff the flexibility to use their judgement in doing what is best for the well-being of children and young people. Staff should always use their judgement and experience when applying their employer's policy to any particular situation, to ensure that the well-being of children and young people is paramount. The conditions of employment of some staff, including teachers, do not include managing or administering medicines. Establishments should ensure that they have sufficient staff members accompanying a visit who have either volunteered to manage medicines, or who are employed to do so as part of their duties. Staff should be properly trained to manage medicines – but in many cases such training need only involve familiarisation with the employer's policy and reading instructions from a parent or doctor, or on a medicine packet, or perhaps a demonstration of how to use an epinephrine auto-injector (e.g. EpiPen). Staff may also need to be provided with information about how to deal with medical conditions which require management in addition to the administration of medicine, such as diabetes. It is important to keep a written record of all medicines administered. Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

Pre-existing medication needs:

There is an expectation that children and young people with medical needs will be fully included in activities and visits. Individual risk assessments may be necessary, and reasonable adjustments should be made to enable individuals to participate, unless evidence from a clinician states otherwise. For example, a carer or an additional supervisor such as a parent or other volunteer might be needed to accompany a particular child. A copy of any health care plans and emergency procedures should accompany the individual. Parents should be asked to provide written details of medical conditions and of any medication required (including instructions on dosage/times), and for their permission for staff to administer medication, or for their child to administer their own if this is appropriate.

Insurance policies should be checked to ensure that they cover staff and pupils with pre-existing medical needs. Arrangements should be made for taking sufficient supplies of any necessary medicines on visits, and for ensuring that they are safely labelled, transported, stored (refrigerated if necessary), controlled and administered, and that records are kept of their use. All staff supervising visits should be made aware of individuals' medical needs and any medical emergency procedures. Summary sheets held by all staff, containing details of each individual's needs and any other relevant information provided by parents, is one way of achieving this. You should consider how individuals' confidentiality can be protected, and ensure that personal information is securely disposed of when it is no longer needed.

If appropriate, a member of the staff team should be trained in administering medication, and should take responsibility for this. Some individuals may need to take precautionary measures before or during exercise and may also need to have immediate access to their medicines such as asthma inhalers. Staff should check that such medicines are available during activities, and that spares are available if necessary. It is illegal to give a medicine which has been prescribed for one person to another. However, in two specific cases schools may buy, carry and administer medication in emergency situations.

Asthma Inhalers

Since the 1st October 2014 schools have been allowed to carry emergency salbutamol inhalers, and use these when they have parental consent to do so. Use of emergency inhalers should be subject to a protocol forming part of the establishment's medical conditions policy. Government guidance is available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf

If this link does not work, try copying the link and pasting it into your browser, taking care to remove any rogue spaces. The well-being of children and young people should always be given the highest priority: if a child suffers from a life-threatening asthma attack and does not have their own inhaler, then the benefit of giving a blue inhaler from elsewhere is likely to outweigh the risks of not doing so.

Adrenaline auto-injectors

From 1st October 2017 the Human Medicines (Amendment) Regulations 2017 allow schools to buy adrenaline auto-injector devices (epi-pen etc) without prescription. These must be for administration to a pupil at the school who is known to be at risk of anaphylaxis and requires the product in an emergency. Use of emergency auto-injectors should be subject to a protocol forming part of the establishment's medical conditions policy. Such 'spare' auto-injectors should not be seen as a replacement for the young person's own medication. All young people at risk of anaphylaxis should carry two auto-injector devices at all times. The Department of Health has issued "Guidance on the use of adrenaline autoinjectors in schools" available at: <https://www.gov.uk/government/publications/using-emergency-adrenaline-autoinjectors-in-schools>

h. Appropriate Conduct Behaviour & Dress

In order to ensure that clear expectations of appropriate conduct, behaviour and dress are consistently conveyed to children/young people it is vital that staff follow the guidance as outlined above. Following this guidance will also protect adults involved in offsite visits from being the subject of accusations of inappropriate behaviour.

Adults should take particular care when supervising children/young people on offsite visits where the arrangements are less formal than the usual setting. Adults remain in a position of trust, have a duty of care and need to ensure that their conduct and behaviour remain professional and appropriate at all times.

This includes dress. Clearly the usual school/establishment dress codes do not apply to staff or children on many visits because of the nature or duration of the activities. However adults must ensure that their dress is suitable, safe and appropriate at all times.