**Safeguarding Code of Practice**

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**Code Of Practice**

Abuse can occur within many situations including the home, school and creative or educational environments including digital spaces. There may be instances when Afrocats employees, freelancers or volunteers have regular contact with children and adults at risk and this could make them an important link in identifying cases where they need protection. There may also be occasions when a member of Afrocats witness’s child or adult abuse or bullying, or when a person discloses such information to them. All suspicious cases of poor practice should be reported following the procedures set out in the Safeguarding Children and Adults at Risk Procedures.

**Good Practice**

**Personal behaviour**

* All representatives of Afrocats should demonstrate behaviour that promotes the welfare of children and adults at risk to reduce the likelihood of allegations being made.
* All representatives of Afrocats should be an excellent role model – this includes not smoking or drinking alcohol in the company of children when in a role of responsibility (e.g. not on school premises or when responsible for a group of children).
* Always working in an open environment (e.g. avoiding private or unobserved situations and encouraging open communication).
* Treating all people equally, with respect and dignity.
* Being aware and respectful of people from different faiths and cultures.
* Building balanced relationships based on mutual trust which empowers children and vulnerable adults.
* Always putting the welfare of each participant first, before winning or achieving goals.
* Making activities fun, enjoyable and fair.
* Giving enthusiastic and constructive feedback rather than negative criticism.
* Maintaining a safe and appropriate distance with participants (e.g. it is not appropriate for staff or volunteers to have an intimate relationship with a child /adult at risk).

**Child Supervision**

Afrocats will ensure we follow NSPCC guidelines for supervision in regulated activities with children:

* 1 adult to 10 children aged 13 - 18
* 1 adult to 8 children aged 9 - 12
* 1 adult to 6 children aged 4 - 8

Afrocats will ensure that at least one member of staff from the partner organisation is present throughout all activities involving children. No school or youth group should

be left without a legally responsible member of staff present.

Unaccompanied children participating in engagement activities must ensure parental consent is given in advance and that Afrocats have emergency contact details and details of permitted adults who can collect the child.

No child should leave Afrocats activity unaccompanied without written consent from a parent that they are permitted to do so.

No child under 5 years of age should be left unaccompanied at an event or workshop

Children should not be brought into work when childcare issues arise, alternative arrangements should be made.

**Health & Safety**

Risk assessments for activity with children and adults at risk will be carried out by the appropriate staff member and shared with all relevant staff and partners.

* Health and safety procedures are discussed at the beginning of any project / activity
* There must be access to a telephone at the project (or mobile)
* Equipment must meet safety standards;

If a child/adult at risk is injured while in the building or while involved in a project, the accident/injury must be logged in the accident book held with the coordinator and their parent/carer must be advised of the incident.

Parental consent is secured in writing to act in loco parentis, if the need arises to give permission for the administration of emergency first aid and/or other medical treatment

Where someone is taken ill or injured within their home on an online session the host should first put them into a breakout space to give them privacy accompanied by a workshop assistant or member of staff. The assistant or member of staff in the breakout room should find out if there is anyone at home that can help them. If there isn’t the assistant or member of staff should support them to access help – either calling emergency services or someone who can come and help them.

If the person is unable to inform the host this would be an emergency and an ambulance should be called. The incident should be recorded.

People booking on to online workshops should be reminded to ensure contact details are correct and to let staff know if you will be zooming from a different address than on your account.

**Engagement**

The practitioner leading the session should always have a named contact with legal responsibility for participants under age 18 (usually a parent / carer or teacher/youth worker). They should never assume sole responsibility for a child.

When a person has been identified as having additional needs or behaviours that are likely to require additional supervision, specialist expertise or support, the DSO will discuss this with main contact from a partner organisation or with the parent / carer and where appropriate the child / adult at risk, to ensure they can be supported to participate safely.

Practitioners should consider individual needs of each participant and must plan activities to ensure the whole group can participate.

It is not usually necessary to have any physical contact with participants. We recognise that in practical theatre workshops there may be a need for physical contact, for example to demonstrate a technique or exercise. In this circumstance you should employ safe touch principles and explain to the child / adult at risk what you intend to do and gain their permission. Ensure any physical contact is only made when absolutely necessary and is only made with the individual’s permission.

In school, community and informal education settings teacher’s/group leaders/carers MUST remain present at all times during activities led by the Afrocats staff. They should maintain discipline during a workshop session in line with their guidance and protocols.

In workshops where there are no teachers / carers / groups leaders present you must ensure that any discipline is appropriate.

It is best practice to avoid lone working situations and the AFROCATS operates a policy of workshop assistant support and / or volunteer support for individual sessions and within projects. Workshop Assistants and volunteers are subject to the same DBS checks as freelance staff.

**Work Experience**

* While on work experience, students are classed as employees under Health & Safety law and are covered by the Afrocats insurance.
* Students should be allocated a supervisor during their placement.
* Students should be given an induction on their first day, which includes evacuation procedures, first aid, and health and safety at work

**Mentoring / 1-1 support**

When lone working is unavoidable full and appropriate risk assessments must be conducted and agreed.

* Staff are advised to avoid meetings with a child or adult at risk in remote, secluded areas.
* Staff should only deliver small group or individual sessions in agreement with management and always inform other colleagues and/or parents/carers about the contact beforehand.
* Avoid the use of ‘engaged’ or equivalent signs on doors. Such signs may create an opportunity for secrecy or the interpretation of secrecy.
* Careful consideration must be given to the needs and circumstances of the child /adults at risk in 1 -1 situations.
* 1 -1 sessions must only take place in a room with an open door or window that provides a clear view into the area where the session is taking place.

 **Practices To Be Avoided**

The following should be avoided except in emergencies. If cases arise where these situations are unavoidable it should be with the full knowledge and consent of someone in charge, such as a teacher or the child’s parents:

* Avoid spending time alone with children away from others. Avoid taking or dropping off a participant to an event or activity.
* Avoid taking on the responsibility for tasks for which you are not appropriately trained, for example physically handling disabled participants.
* Do not promise to keep secrets for a child / adult at risk as this may be at the detriment of their welfare.
* Do not give personal contact details to child or participant (e.g. personal mobile phone number/Facebook profile). Work phones and social media profiles to be used when required.
* Do not use physical intervention to manage challenging behaviour

**Practices Never To Be Sanctioned**

* Physical punishment or the threat of such
* Refusal to speak to or interact with the child or participant
* Depriving participants of food, water, access to changing facilities or toilets or other essential facilities.
* Verbal intimidation, ridicule or humiliation, or reducing a participant to tears as a form of control.
* Engaging in rough or sexually provocative games.
* Allowing or engaging in any form of inappropriate touching.
* Allowing participants to use inappropriate language unchallenged.
* Making sexually suggestive comments to a participant.
* Failing to act upon and record any concerns raised by a participant.
* Doing things of a personal nature for a participant that they can do for themselves.
* Inviting or allowing a participant to stay with you at your home unsupervised.

**Managing Challenging Behaviour**

When working with children and vulnerable adults you may, on occasions, be required to deal with challenging behaviour, such as:

* Bullying
* Violence towards others
* Bad language
* Discrimination and racism
* Venturing outside boundaries on purpose
* Abuse of facilities or equipment
* Disobeying staff / volunteers
* Deliberately making a situation unsafe.

In responding to challenging behaviour your reaction should always be consistent, proportionate to the actions, be imposed as soon as is practical and be fully explained to the person and them teachers/parents/carers.

If you are faced with participants who display negative or challenging behaviours, you should follow these guidelines:

* Immediately state that this behaviour cannot be tolerated.
* If behaviour persists request that the participant takes a Time Out (leaves the room, supervised by a member of staff).
* Talk to the participant about their actions, asking what happened and explaining what is wrong with this behaviour.

The lead practitioner will decide whether further action is necessary. This could include:

* Reparation - the act or process of making amends (i.e. apologising for actions).
* Restitution - the act of giving something back (i.e. returning stolen property).
* Sanctions or consequences, e.g. missing out on a trip.
* Use of individual ‘contracts’ or agreements for their future or continued participation.
* Increased supervision by staff / volunteers.
* Seeking additional/specialist support through working in partnership with other agencies to ensure a child’s needs are met appropriately e.g. referral for support to Children’s Social Care, discussion with the child’s key worker if they have one, speaking to the child’s school about management strategies (all require parental consent unless the child is felt to be ‘at risk’ or ‘in need of protection’).
* Temporary or permanent exclusion

**Physical Intervention**

If delivering Afrocats activities at a partner organisation the overall responsibility for behavioural management lies with the partner. Every organisation has its own procedures for managing challenging behaviour and therefore it is essential that you do not use any form of physical intervention at any time.

However, for activity delivered at Afrocats, the company has responsibility for the safety of people in its care at that time. In this instance physical intervention should be avoided unless it is absolutely necessary to prevent a person from injuring themselves or others or causing serious damage to property (such as arson). All forms of physical intervention should form part of a broader approach to the management of challenging behaviour.

Physical contact to prevent something happening should always be the result of conscious decision-making and not a reaction. Before physically intervening, the member of staff or volunteer should ask themselves, ‘Is this the only option in order to manage the situation and ensure safety?’ It is good practice to ensure that if you have to physically intervene in a situation it is in the least restrictive way necessary to prevent them from getting hurt and used only after all other strategies have been exhausted.

Studies have shown that, where this is the case, people understand and accept the

reasons for the intervention.

Where people have been identified as having additional needs or behaviours that are likely to require physical intervention the coordinator will discuss this with parents / carers in advance and where necessary seek advice from NSPCC to ensure that a child can be supported to participate safely.

The following must always be considered:

* Physical intervention is a last resort and should be only be used if absolutely necessary to prevent a person from harm.
* Physical intervention should NOT involve inflicting pain to a person, but rather to restrain and protect them.
* All forms of physical intervention should employ only a reasonable amount of force, i.e. the minimum force needed to avert injury to a person or serious damage to property - applied for the shortest period of time.
* Staff /volunteers should consider the circumstances, the risks associated with employing physical intervention compared with the risks of not employing physical intervention.
* Staff/volunteers should never employ physical interventions which are deemed to present an unreasonable risk to participants or staff/volunteers.
* Staff/volunteers shall never use physical intervention as a form of punishment.
* Contact should be avoided with buttocks, genitals and breasts.

A timely debrief for staff / volunteers, the person involved and parent / carer where necessary should always take place following an incident where physical intervention has been used. This should include ensuring that the physical and emotional well-being of those involved has been addressed and ongoing support offered where necessary. All involved should be given an opportunity to talk about what happened in a calm and safe environment. There should also be a discussion with the person and parents about their needs and continued safe participation in the group or activity.