



CHILD PROTECTION POLICY

Date Adopted: 21 December 2015

Last Review: 25 January 2017

Next Review: January 2018

The Board of Emergency Medical Services (Hutt Valley) Ltd (EMS) has consulted with management and nursing staff in the formulation of this Policy.

1) Introduction

Ensuring the wellbeing and safety of children, including prevention of child abuse or maltreatment, is a paramount goal of this organisation. This policy provides guidance to staff on how to identify and respond to concerns about the wellbeing of a child, including possible abuse or neglect.

- The process for responding to a concern about a child is on page 6 of this policy.

The interests of the child will be the paramount consideration when any action is taken in response to suspected abuse or neglect. This organisation commits to support the statutory agencies (Child, Youth and Family and the New Zealand Police [the Police]) to investigate abuse and will report suspected cases and concerns to these agencies as per the process in this policy.

Our Child Protection Champion will be responsible for the maintenance and annual review of this policy, in addition to carrying out the responsibilities outlined in this policy. Staff will not assume responsibility beyond the level of their experience and training. Our organisation commits to ensure staff have access to the training they need.

2) Organisational Purpose, Scope and Principles

Our child protection policy supports our staff to respond appropriately to potential child protection concerns, including suspected abuse or neglect. It is our organisation's commitment to protect children from abuse and to recognise the important roles all of our staff have in protecting children.

This policy provides a broad framework and expectations to protect children, including (but not limited to) staff behaviours in response to actual or suspected child abuse and neglect. It applies to all staff, including volunteers and part-time or temporary roles and contractors. It is intended to protect all children that staff may encounter, including siblings, the children of adults accessing services and any other children encountered by staff as they provide their service.

In addition to guiding staff to make referrals of suspected child abuse and neglect to the statutory agencies – i.e., Child, Youth and Family and the Police – this policy will also help our staff to identify and respond to the needs of the many vulnerable children whose wellbeing is of concern.

EMS recognises the role of families/whānau and the community to respond to the needs of vulnerable children whose wellbeing is of concern. Throughout New Zealand statutory and non-statutory agencies provide a network of mutually supportive services, and it is important for our organisation to work with these to respond to the needs of vulnerable children and families/whānau in a manner proportionate to the level of need and risk. Contact details for agencies and services in our community are provided as an appendix to this policy.

To ensure that this organisation demonstrates continual improvement in child protection practice, we will work to maintain a good working relationship with child protection agencies and support our staff to protect children from abuse by consulting with experts with specialist knowledge and providing the necessary training options.

We also commit to explore opportunities to work with other providers, including from other sectors, to develop a network of child protection practice in our community.

This policy applies to all staff, including doctors, nurses, contractors, and volunteers.

3) Definitions

- **Child** – any child or young person aged under 17 years and who is not married or in a civil union.
- **Child protection** – activities carried out to ensure that children are safe in cases where there is suspected abuse or neglect or are at risk of abuse or neglect.
- **Child protection champion** – this person has the responsibility within their organisation for ensuring child protection is a key focus, and that appropriate protocols, procedures, staff training and support are in place. A full description is provided as an appendix to this policy.
- **Disclosure** – information given to a staff member by a child, parent or caregiver or a third party in relation to abuse or neglect.
- **Child, Youth and Family** – the agency responsible for investigating and responding to suspected abuse and neglect and for providing care and protection to children found to be in need.
- **New Zealand Police** – the agency responsible for responding to situations where a child is in immediate danger and for working with Child, Youth and Family in child protection work and investigating cases of abuse or neglect where an offence may have occurred.
- **Physical abuse** – any acts that may result in physical harm of a child or young person. It can be, but is not limited to: bruising, cutting, hitting, beating, biting, burning, and causing abrasions, strangulation, suffocation, and drowning, poisoning and fabricated or induced illness.
- **Sexual abuse** – any acts that involve forcing or enticing a child to take part in sexual activities, whether or not they are aware of what is happening. Sexual abuse can be, but is not limited to:
 - **Contact abuse:** touching breasts, genital/anal fondling, masturbation, oral sex, penetrative or non-penetrative contact with the anus or genitals, encouraging the child to perform such acts on the perpetrator or another, involvement of the child in activities for the purposes of pornography or prostitution.
 - **Non-contact abuse:** exhibitionism, voyeurism, exposure to pornographic or sexual imagery, inappropriate photography or depictions of sexual or suggestive behaviours or comments.
- **Emotional abuse** – any act or omission that results in adverse or impaired psychological, social, intellectual and emotional functioning or development. This can include:
 - Patterns of isolation, degradation, constant criticism or negative comparison to others. Isolating, corrupting, exploiting or terrorising a child can also be emotional abuse.
 - Exposure to family/whānau or intimate partner violence.
- **Neglect** – neglect is the most common form of abuse and although the effects may not be as obvious as physical abuse, it is just as serious. Neglect can be:
 - Physical (not providing the necessities of life like a warm place, food and clothing).
 - Emotional (not providing comfort, attention and love).
 - Neglectful supervision (leaving children without someone safe looking after them).
 - Medical neglect (not taking care of health needs).
 - Educational neglect (allowing chronic truancy, failure to enrol in education or inattention to education needs).

For further information on the four types of abuse, download a copy of: 'An interagency guide: working together to keep children and young people safe'
<http://www.cyf.govt.nz/documents/about-us/publications/27713-working-together-3-0-45ppi.pdf>

4) Identifying Child Abuse or Neglect

Our approach to identifying child abuse or neglect is guided by the following principles:

- We understand that every situation is different and it's important to consider all available information about the child and their environment before reaching conclusions. For example, behavioural concerns may be the result of life events, such as divorce, accidental injury, the arrival of a new sibling etc.
- We understand when we are concerned a child is showing signs of potential abuse or neglect we should talk to someone, either a colleague, manager/supervisor or the Designated Person for Child Protection – we shouldn't act alone.
- While there are different definitions of abuse, the important thing is for us to consider overall wellbeing and the risk of harm to the child. It is not so important to be able to categorise the type of abuse or neglect.
- We are aware that the Mongolian spot is a congenital condition exclusively involving the skin on darker skinned babies. The most common colour is blue, and usually, as multiple spots or one large patch on the lower back, buttocks, sides, and/or shoulders. The spot(s) normally disappear three to five years after birth and almost always by puberty. They are not to be mistaken for a bruise which could result in unfounded concerns about abuse.
- It is normal for us to feel uncertain, however, the important thing is that we should be able to recognise when something is wrong, especially if we notice a pattern forming or several signs that make us concerned.
- Exposure to intimate partner violence (IPV) is a form of child abuse. There is a high rate of co-occurrence between IPV and the physical abuse of children.

5) We Recognise the Signs of Potential Abuse:

- Physical signs (e.g., unexplained injuries, burns, fractures, unusual or excessive itching, genital injuries and sexually transmitted diseases).
- Developmental delays (e.g., small for their age, cognitive delays, falling behind in school, poor speech and social skills).
- Emotional abuse/neglect (e.g., sleep problems, low self-esteem, obsessive behaviour, inability to cope in social situations, sadness/loneliness and evidence of self-harm).
- Behavioural concerns (e.g., age inappropriate sexual interest or play, fear of a certain person or place, eating disorders/substance abuse, disengagement/neediness, aggression).
- The child talking about things that indicate abuse (sometimes called an allegation or disclosure).

6) We are Aware of the Signs of Potential Neglect:

- Physical signs (e.g., looking rough and uncared for, dirty, without appropriate clothing, underweight).
- Developmental delays (e.g., small for their age, cognitive delays, falling behind in school, poor speech and social skills).
- Emotional abuse/neglect (e.g., sleep problems, low self-esteem, obsessive behaviour, inability to cope in social situations, sadness/loneliness and evidence of self-harm).
- Behavioural concerns (e.g., disengagement/ neediness, eating disorders/substance abuse, aggression).
- Neglectful supervision (e.g., out and about unsupervised, left alone, no safe home to return to).
- Medical neglect (e.g., persistent nappy rash or skin disorders or other untreated medical issues).

Every situation is different and staff will consider all available information about the child and their environment before reaching conclusions. For example, behavioural concerns may be the result of life events, such as divorce, accidental injury, the arrival of a new sibling etc.

7) Responding to Suspected Abuse or Neglect

In all cases where a member of staff has a concern about a child or young person being or likely to be abused or neglected (refer to Definitions) by an adult or another child or young person, it is mandatory that they report this as soon as practicable to the Child Protection Champion and make referrals/notify key staff to assist in the formulation of a plan to address the care and protection concerns.

A referral to Child, Youth and Family may be made at any time. Staff also have permission to speak to Child, Youth and Family for advice regarding child protection concerns at any time.

EMS recognises the role of families/whānau and the community to respond to the needs of vulnerable children whose wellbeing is of concern. Throughout New Zealand statutory and non-statutory agencies provide a network of mutually supportive services and it is important for our organisation to work with these to respond to the needs of vulnerable children and families/whānau in a manner proportionate to the level of need and risk. Contact details for agencies and services in our community are provided as an appendix to this policy.

8) Responding to a child when the child discloses abuse:

Listen to the child	Disclosures by children are often subtle and need to be handled with particular care, including an awareness of the child's cultural identity and how that affects interpretation of their behaviour and language.
Reassure the child	Let the child know that they: <ul style="list-style-type: none"> ▪ Are not in trouble. ▪ Have done the right thing.
Ask open- ended prompts – e.g., “What happened next?”	Do not interview the child (in other words, do not ask questions beyond open prompts). Do not make promises that can't be kept, e.g., “I will keep you safe now”.
If the child is visibly distressed	Provide appropriate reassurance and re-engage in appropriate activities under supervision until they are able to participate in ordinary activities.
If the child is not in immediate danger	Re-involve the child in ordinary activities and explain what you are going to do next.
If the child is in immediate danger	Contact the Police immediately.

As soon as possible formally record the disclosure	<p>Using the Report of Concern Form (Appendix 2), formally record:</p> <ul style="list-style-type: none"> ▪ Word for word, what the child said. ▪ The date, time and who was present. <p>All written records should be given to the Child Protection Champion for storing in a designated safe place, and for assisting the Child Protection Champion to complete the Child Protection Register (Appendix 1).</p>
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9) Recording and notifying Child, Youth and Family of suspected child abuse or neglect:

What process to follow	For example	Key considerations
Recording	<p>Using the Report of Concern Form (Appendix 2), formally record:</p> <ul style="list-style-type: none"> ▪ Anything said by the child. ▪ The date, time, location and the names of any staff that may be relevant. ▪ The factual concerns or observations that have led to the suspicion of abuse or neglect (e.g., any physical, behavioural or developmental concerns). ▪ The action taken by your organisation. ▪ Any other information that may be relevant. 	Relevant information can inform any future actions.
Decision-making	Discuss any concern with a Child Protection Champion, appropriate colleague or manager/supervisor.	No decisions should be made in isolation.
Notifying authorities	<p>Notify Child, Youth and Family promptly if there is a belief that a child has been, or is likely to be abused or neglected.</p> <p>A phone call to the National Contact Centre is the preferred initial contact with Child, Youth and Family (see below) as this enables both parties to discuss the nature of the concerns and appropriate response options.</p> <p>Phone: 0508 Family (0508 326 459)</p> <p>Fax: 09 914 1211</p> <p>Email: cyfcallcentre@cyf.govt.nz</p>	<p>Child, Youth and Family will:</p> <p>Make the decision to inform the parents or caregivers, in consultation with our organisation.</p> <p>Advise what, if any, immediate action may be appropriate, including referring the concern to the Police.</p>
Following the advice of Child, Youth and Family	Child, Youth and Family advice will include what, if any, immediate action may be appropriate, including referring the concern to the Police.	Child, Youth and Family is responsible for looking into the situation to find out what may be happening, whether our organisation needs to work with the family/whānau or put them in touch with people in their community who can help.

Storing relevant information	<p>Securely store:</p> <ul style="list-style-type: none"> ▪ The record of the concern. ▪ A record of any related discussions (including copies of correspondence, where appropriate). ▪ A record of any advice received. ▪ The action your organisation took, including any rationale. ▪ This concern with any earlier concerns, if the notification is based on an accumulation of concerns (rather than a specific incident). <p>All written records should be given to the Child Protection Champion for storing in a designated safe place, and for assisting the Child Protection Champion to complete the Child Protection Register (Appendix 1).</p>	Records assist in identifying patterns.
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This organisation will always act on the recommendations of statutory agencies, including Child, Youth and Family and the Police. We will only inform families/whānau about suspected or actual abuse after we have discussed this with these agencies.

When we respond to suspected child abuse or any concerning behaviour, all written records including our observations, impressions and communications, should be given to the Child Protection Champion for storing in a designated safe place. These are to be kept separate from our other records, and access will be strictly controlled. A Child Protection Register and Report of Concern Form are provided as appendices to this policy.

If Child, Youth and Family are notified with a Report of Concern, then the child or young person's GP should be informed of this notification.

Staff involved in cases of suspected child abuse are entitled to have support. We will maintain knowledge of such individuals, agencies and organisations in the community that provide support. A list of proficient counsellors in the area of abuse and violence can be found on Stratos' website at www.stratos-ltd.co.nz/employee-assistance-programme.php

10) Safe Working Practices

To avoid situations where staff may be alone with children, all staff should examine the opportunities or possible situations where staff may be alone with children. Wherever possible an open door policy for all spaces should be used (excludes toilets). Staff should be aware of where all children are at all times.

If activities require one to one physical contact (i.e., medical examination etc.) the presence of parents or caregivers is advised.

Where a child or young person requires assistance, e.g., if they are intellectually or physically disabled, if possible involve the parents/caregivers and outside agencies (in education such as the Ministry of Education's Special Education Group) to assist. If this assistance is not available, ensure that the staff members are aware of the appropriate procedures when giving assistance.

Where possible staff should avoid being alone with a child or young person, unless an emergency requires it. Except in an emergency, children and young people are not to be taken from our organisation's premises without parental consent.

Additional guidance on Safe Working Practices is provided as an appendix to this Policy.

11) Allegations Against Staff

All matters involving allegations against staff need to be escalated to the management team.

To ensure the child is kept safe, management may take steps to remove the staff member against whom an allegation has been made from the environment, subject to the requirements of the applicable individual or collective employment contract and relevant employment law, including the Human Resources disciplinary procedures.

Management will consult with Child, Youth and Family and/or the Police before taking any further actions.

Our organisation commits not to use 'settlement agreements', where these are contrary to a culture of child protection. Some settlement agreements allow a member of staff to agree to resign provided that no disciplinary action is taken, and a future reference is agreed. Where the conduct at issue, concern the safety or wellbeing of a child, use of such agreements is contrary to a culture of child protection.

12) Confidentiality and Information Sharing

We will seek advice from Child, Youth and Family and/or the Police before identifying information about an allegation is shared with anyone, other than the manager/supervisor or designated person. Staff should be aware that:

- Under sections 15 and 16 of the Children, Young Persons, and Their Families Act 1989 any person who believes that a child has been or is likely to be, harmed physically, emotionally or sexually or ill-treated, abused, neglected or deprived may report the matter to Child, Youth and Family or the Police and provided the report is made in good faith, no civil, criminal or disciplinary proceedings may be brought against them.
- When collecting personal information about individuals, it is important to be aware of the requirements of the privacy principles – i.e., the need to collect the information directly from the individual concerned and when doing so to be transparent about: the purposes for collecting the information and how it will be used; who can see the information; where it is held; what is compulsory/voluntary information; and that people have a right to request access to and correction of their information.
- Staff may, however, disclose information under the Privacy Act/Health Information Privacy Code where there is good reason to do so – such as where there is a serious risk to individual health and safety (see privacy principle 11/Code rule 11). Disclosure about ill-treatment or neglect of a child/young person may also be made to the Police or Child, Youth and Family under sections 15 and 16 of the Children, Young Persons, and Their Families Act 1989.

13) Training of Staff

We are committed to maintaining and increasing staff awareness of how to prevent, recognise and respond to abuse through appropriate training. As part of their induction, new staff are made aware of the policy on child protection.

Management will support initial child protection training for all service delivery staff.

All staff with service delivery responsibilities are recommended to undertake child abuse and neglect intervention training. The training will consist of:

- An initial training session - within the first three months of employment.
- Refresher training - no later than three yearly thereafter.

- Advanced training for designated staff.

14) Related Documentation and Review

Relevant Legislation

- Vulnerable Children Act 2014
<http://www.legislation.govt.nz/act/public/2014/0040/latest/DLM5501618.html>
- Children, Young Persons, and Their Families Act 1989
<http://www.legislation.govt.nz/act/public/1989/0024/latest/DLM147088.html>
- Care of Children Act 2004
<http://legislation.govt.nz/act/public/2004/0090/latest/DLM317233.html>
- Domestic Violence Act 1995
<http://www.legislation.govt.nz/act/public/1995/0086/latest/DLM371926.html>
- Privacy Act 1993
<http://www.legislation.govt.nz/act/public/1993/0028/latest/DLM296639.html>
- Victims' Rights Act 2002
<http://www.legislation.govt.nz/act/public/2002/0039/latest/DLM157813.html>
- The United Nations Convention on the Rights of the Child (UNCROC)
<http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>
- Vulnerable Children (Requirements for Safety Checks of Children's Workers) Regulations 2015
http://www.legislation.govt.nz/regulation/public/2015/0106/latest/DLM6482241.html?search=ts_act%40bill%40regulation%40deemedreg_vulnerable+children_resele_25_a&p=1

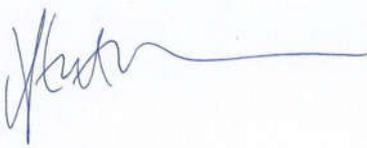
15) Safe Recruitment of Staff (safety checking procedures)

Our recruitment process reflects a commitment to child protection by including comprehensive screening procedures. Safety checks will be carried out, as required by the Vulnerable Children Act 2014.

The Children's Action Plan Directorate has also published a link to the Vulnerable Children (Requirements for Safety Checks of Children's Workers) Regulations 2015, and a supporting document advising organisations on interpretation and compliance:

<http://www.childrensactionplan.govt.nz/childrens-workforce/safety-checking-and-the-workforce-restriction/>

Approved:



Chair

Date: 21 December 2015

Appendix 2 – Report of Concern Form

Child Name:		NHI:	DOB:
		Time:	Date:
Present:			
Notes:			
Advice Received:			
Action Taken:			
Signed:			Date:
Position:			

Appendix 3 – Child Protection Champion

What is a ‘Child Protection Champion’?

Each organisation or service should have someone who holds the responsibility for child protection for that organisation. This person is sometimes referred to as a Designated Person for Child Protection, Coordinator or Lead.

What are the roles and responsibilities of the ‘Child Protection Champion’?

The Child Protection Champion (CPC) has the responsibility within their agency for ensuring child protection is a key focus, and that appropriate protocols and procedures such as child protection policy implementation, staff training and support, are in place. This role is not a ‘job’ within itself, but usually sits as a function of an established role. Responsibilities include:

- Being a source of advice and support for staff who may have child protection concerns
- Ensuring the Child Protection Policy is reviewed regularly, and that staff are well informed
- Ensuring required staff have received child protection training, and that this is recorded
- Ensuring practices and procedures within the organisation have a child protection lens applied
- Overseeing the maintenance and confidentiality of child protection records and documentation.

What does a ‘Child Protection champion’ require to perform this role?

It is essential that the CPC has comprehensive training or experience of child protection to be able to fulfil this role. It is also helpful if the CPC has a keen interest in child protection generally.

Who should hold the role of a ‘Child Protection Champion’?

Selecting the right person for this role is very important. The CPC needs to be available and accessible to staff for advice and guidance, whilst also holding a position of authority to be able to influence the organisation and effect change where necessary.

Appendix 4 – Agencies and Organisations in our Community

Agency	Key contact	Speciality	Phone	Address	Email / Website
Agape Budgeting Service Ltd	Brian McGettigan	Home based budget advise	477 3000	PO Box 13107 Johnsonville Wellington	Agape.budgeting@paradise.net.nz
Barnardos	N/A	Child and family services	801 1710	Level 1 29 Waterloo Rd, Lower Hutt	www.barnardos.org.nz
Benefit Education Service Trust (BEST)	Trish Lynch	Budgeting and advocacy via Upper Hutt Work and Income	529 8106	Suzanne Aubert Centre 3 Perry St Silverstream Upper Hutt	hvbest@xtra.co.nz
Birthright	Christine Prince	Support and practical assistance to one-parent families	567 7123	101 Copeland St Epuni Lower Hutt	birthrighthutt@xtra.co.nz
Folau Alofa Trust	Elama Maea	Men for non-violence	568 3761	34 Beach St Petone Lower Hutt	Folualofa1@orcon.net.nz
Family Works	N/A	Advice, support and advocacy for children, parents and families	528 4164	4 Exchange St Upper Hutt 102 Main Rd Wainuiomata Lower Hutt	Familyworks-upperhutt@psc.org.nz
Hutt City Budget and Advocacy Service	Peggy and Brian	Budgeting and Advocacy via Naenae, Lower Hutt and Wainui Work and Income	566 6357	Harwarden Hs 24 Knights Rd Lower Hutt	info@budgetservice.org.nz
Hutt City Women's Refuge	Sandra Draper	Family / Domestic Violence	0800 733843 (24 Hrs)	47 Laings Rd Lower Hutt	sandrad@hcwr.org.nz
Hutt Rape Counselling Network Inc.	N/A	Court and phone support, counselling and healing	566 5517	Lower Hutt	N/A
Māori Women's Refuge	Kerry Dougall	Family / Domestic Violence	0800 733843 (24 Hrs)	57 Oxford Tce Lower Hutt	kerry@kokiri-hauora.org.nz

Koraunui Marae	Rau Sparrow, Charmaine Peachey	Phone key contact for list of services available at each Marae	939 6662	152N Stokes Valley Rd Stokes Valley	hauora@koraunuimarae.co.nz
Kokiri Marae	Rama Brown		939 4630	7-9 Barnes St Seaview	rama@kokiri-hauora.org.nz
Kokiri Pukeatua	Mereama Storey		564 6814	Fraser St Wainuiomata	storey@xtra.co.nz
Orongomai Marae	Linda Pahi		528 9409	5-7 Railway Avenue Upper Hutt	uppervalleymarae@xtra.co.nz
Wainuiomata Marae	Linda Olsen		564 8395	Cnr Wellington Rd and Fitzherbert Rd Wainuiomata	wainuiomata@xtra.co.nz
Waiwhetu Marae	Peggy Luke		569 6063	4 Puketapu Gr Lower Hutt	waimre@xtra.co.nz
Naenae Boxing Academy	Billy Graham	Training, fitness and coaching for young boys (11-18yrs)	527 4227	Cnr Treadwell & Sladden Sts Naenae Lower Hutt	info@naenaeboxingacademy.co.nz
Naku Enei Tamariki (Māori/Pacific/Pakeha Sections)	Kerry Dougall (Māori)	Family Start and Parents As First Teachers programmes	920 1460	7-9 Barnes St Seaview Lower Hutt	kerry@kokiri-hauora.org.nz
	Junior Paepu (Pacific)		939 9257	25 Peterkin St Wingate Lower Hutt	junior@net-inc.org.nz
	Leslie McSherry (Pakeha)		939 9257	25 Peterkin St Wingate Lower Hutt	lesley@net-inc.org.nz
Parent to Parent	Sharyn Heathcote	Support for families parenting a child with a disability or health impairment	569 9398	Unit 3 28 Bridge St Lower Hutt	sharynh@parent2parent.org.nz
Shakti	N/A	Domestic Violence support for immigrant women	0800 742 584 (24 Hrs)	N/A	www.shakti-international.org/shakti-nz

Strengthening Families	Carolyn Downer	Helping families connect with the support services and agencies they need	917 7153	Level 2, Russell Keown House 1 Laings Road Lower Hutt	carolyn.downer008@msd.govt.nz
Supergrans Charitable Trust	Jeanette Voyce	Practical assistance and support in learning the basics of home management and life skills	566 9778	Level 2 92 Queens Dr Hutt Central Lower Hutt	manager@supergran.org.nz
Te Whanau O Te Maungarongo Support Services	John and Puti Snowden	Adult and children services, and programmes for violent offenders and victims	586 6023	8 Aglionby St (off Railway Ave) Lower Hutt	temaungarongo@xtra.co.nz
Vibe	Kerry Leggett	Health and support services for 10-24yrs	528 6261 566 0525	2 Sinclair St Upper Hutt 12 Daly St Lower Hutt	www.vibe.org.nz
Wellington City Mission (Mission for Families and Mission for Independence)	Olivia Langey	Practical support and early intervention for struggling families, budget service and foodbank	380 1829	200 Riddiford St, Newtown Wellington	langeo@wgtncitymission.org.nz

Appendix 5 – Safe Working Practices

A relationship between an adult and a child or young person cannot be a relationship between equals. There is a potential for exploitation and harm of vulnerable young people. Adults have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification.

Adults should always maintain appropriate professional boundaries and avoid behaviour which might be misinterpreted by others. Adults who work with children must therefore act in a way that is considered to be safe practice.

The giving of gifts or rewards to children or young people should be part of an agreed policy for supporting positive behaviour or recognising particular achievements.

Communication between children and adults, by whatever method, should take place within clear and explicit professional boundaries. This includes the wider use of technology such as mobile phone, text messaging, emails, digital cameras, videos, web-cams, websites, social networking and blogs. Adults should not share any personal information with a child or young person. They should not request, or respond to, any personal information from the child or young person other than that which might be appropriate as part of their professional role. Adults should ensure that all communications are transparent and open to scrutiny.

Any sexual activity between an adult and a child or young person with whom they work may be regarded as a criminal offence and will always be a matter for disciplinary action.

When physical contact is made with a child this should be in response to their needs at the time, of limited duration and appropriate to their age, stage of development, gender, ethnicity and background. Adults should use their professional judgement at all times, observe and take note of the child's reaction or feelings and use a level of contact and/or form of communication which is acceptable to the child for the minimum amount of time necessary.

In circumstances where children need medication regularly a health care plan should have been established to ensure the safety and protection of children and the adults who are working with them. Depending upon the age and understanding of the child, they should, where appropriate, be encouraged to self-administer medication or treatment including, for example, the use of any ointment or inhalers.

There may be occasions when the child or young person requires transport in an emergency situation and where not to give a lift would place the child at risk. Such circumstances must always be recorded and reported to a senior manager and parents or caregivers.

Written parental consent must be sought for all photographs taken of children or young people, whether they are intended for internal or external use. A child's permission should also be obtained should they have the capacity to provide their permission. There are various standard ways to assess this capacity e.g., do they understand their options and the consequences of their choices, do they understand the advantages and disadvantages of each option, and are they under any undue influence.