

European School of Osteopathy Child Protection procedure

Policy Owner	Executive Team
Policy Approver(s)	Executive Team and Health and Safety Committee.
Related Policies	Patient Complaints Procedure, Equal Opportunity Statement Disciplinary Policy, Grievance Policy, Student Fitness to Practice Policy, Code of Conduct for Students and Disciplinary Procedures, ESO IT policies, Dignity at work policy, Health and Safety at work policy, Whistleblowing policy, Chaperoning Policy, DBS, Treatment of Intimate Areas, Admissions Policy and Recruitment Policy
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Policy

The aim of this policy is to ensure that throughout the ESO, children are treated with respect and are protected from abuse and exploitation. As an organisation, we understand and take seriously our duty of care to protect the children with whom we work. Therefore, the ESO has clearly defined procedures, a code of conduct and an open culture of support.

This policy applies to all trustees, employees and students and the ESO will ensure that these stakeholders are familiar with the policy and understand how to use it. Training will be provided for employees and the policy will form part of the MOf curriculum for students as part of an introduction to safeguarding. The policy will be available internally on the ESO Learning Zone and externally via the website. Parents bringing a child to the ESO Teaching Clinic for treatment will be made aware of this policy via the patient consent form.

Any concerns and allegations of abuse will be taken seriously by trustees, employees and students and responded to appropriately following the procedure detailed in this document. The ESO will fully support and protect anyone, who in good faith, reports a concern about abuse.

The ESO has a commitment to safe recruitment, selection and vetting of trustees, employees and students. The ESO requires an Enhanced DBS check for all employees who work with children. All students are required to have an Enhanced DBS check when they start the programme.

A child is legally defined as anyone who has not yet reached their 18th birthday. Therefore any person presenting to the ESO Teaching Clinic, for treatment, who has not yet reached their 18th birthday must be accompanied by a parent or guardian. In certain circumstances, the use of a chaperone for continuing consultations with 16 or 17 year olds may be appropriate with consent from the parent and approval of the Clinic Tutor in charge of the case.

The ESO is committed to a best practice which safeguards children irrespective of their background. The ESO recognises that a child may be a subject of abuse regardless of their age, gender, religious beliefs, racial origin or ethnic identity, culture, class, disability or sexual orientation.

In addition, this policy aims to protect individuals against false allegations of abuse and the reputation of the organisation and professionals.

For employees, failure to adhere to the policy will constitute gross misconduct and could lead to dismissal. For students, their registration on the programme may be terminated.

This document covers:

- the role and the responsibilities of all employees and clinical students who work with children – this work may include direct and indirect contact with children (access to patient’s details, communication via email, text message and phone).
- how to respond to concerns or disclosures of abuse.
- the need to promote a safe working environment where all the rights of children are respected.
- what constitutes abuse
- details of the learning opportunities and training provided to employees and students who work with children.
- how the ESO will protect the children that use its services.

Background and principles

This policy has taken into account the 11 steps to developing a child safe environment recommended by the Royal College of GPs/NSPCC Safeguarding Children and Young People – A toolkit for General Practitioners 2011)

The 11 steps are:

1. be aware of, understand and recognise child abuse
2. develop and maintain a culture of openness and awareness
3. identify and manage the risks and dangers to children and young people in your activities
4. develop a child protection policy
5. create clear boundaries for example with the limits to confidentiality
6. follow safe recruitment practice including obtaining references for all team members
7. support and supervise staff and volunteers
8. ensure there is a clear procedure for addressing concerns
9. know your legal responsibilities
10. have an organisational policy which welcomes and encourages children and young people to participate in your practice
11. provide safeguarding education and training to all members of the team

This policy has also taken into account legislative and government guidance requirements:

- Adoption and Children Act 2002
- The Children Act 1989
- The Children Act 2004

- The Protection of Children Act 1999
- The Human Rights Act 1998
- The United Nations Convention on the Rights of the Child (ratified by UK Government in 1991 and became statutory in Wales 2011)
- The Data Protection Act 1998 (UK wide)
- Sexual Offences Act 2003
- NICE CG89 Child Maltreatment Guidance 2009/11
- Working Together to Safeguard Children 2010

And other internal policies.

These include:

- Equal Opportunity Statement
- Disciplinary policy
- Grievance policy
- Student Fitness to Practice policy
- Code of Conduct for Students and Disciplinary Procedures
- ESO IT policies
- Dignity at Work policy
- Health and Safety at work policy
- Whistleblowing policy
- Admissions policy
- Recruitment policy
- DBS policy

Responsibilities

The ESO recognises that it is not the role of the organisation to investigate or to decide whether or not a child has been abused.

The employees and students at the ESO will work together to ensure that the child protection policy is followed and reviewed when necessary.

Board of Trustees: The Board of Trustees is responsible for ensuring an effective policy and procedure exists to protect the safety and wellbeing of children using its services and to ensure that the policy is reviewed as required.

Executive Team: The Executive Team is responsible for:

- Identifying the roles where working with children is part of that role.
- Ensuring that all employees and students that work with children are recruited using the correct ESO recruitment procedure and are trained/qualified in working with children.

- Ensuring that the necessary procedures are in place for protecting children and those employees and students working with them.
- Ensuring that contractors are aware of the ESO's expectations, policy and procedure
- Ensuring that parents are made aware of the policy and how they can access it.
- Ensuring that the procedures are followed correctly i.e. any issues are reported to the appropriate body, ensuring proper records are kept.

Corporate Services Manager (CSM): The CSM Manager is responsible for assisting and supporting the Executive Team in the above and communicating relevant information in respect of child protection to the Executive Team. The Executive Team may choose to delegate responsibility for some areas to the CSM. The CSM will be responsible for organising staff training, reviewing policy and operating procedures, and conducting an audit/review of safeguarding in conjunction with the Safeguarding Lead.

Vice Principal: The Vice-Principal will be responsible for over-seeing that the contents of this policy are covered within the curriculum.

Employees, Students, Volunteers and Contractors and in particular those working with children are responsible for:

- Ensuring that they are familiar with and understand the child protection policy and procedures relating to their work with children.
- Ensuring they are confident in working with children and have the knowledge and skills to carry out the role.
- Reporting any concerns they may have in respect of abuse or neglect to their line manager or the Safeguarding Lead.
- Participating in any training or development offered to them to improve their knowledge of skills in this area.

Head of Clinical Services (HCS): The Head of Clinical Services is currently the Safeguarding Lead at the ESO together with Julie Tagney, the current psychology lecturer and clinic tutor in children's clinic. The deputies are the Clinic Administration Manager and the Student Welfare Officer.

The Safeguarding Lead and the deputies will:

- act as a focus for external contacts on safeguarding/ child protection matters
- be fully conversant with all aspects of the ESO child protection policy, operating procedures and incident handling procedures

- disseminate safeguarding/child protection information
- act as a point of contact for employees or students to bring any concerns that they have and record them
- assist and support the person bringing the concern to follow the following procedure
- ensure that the person bringing the concern receives any necessary follow-up support.

European School of Osteopathy Child Protection Procedure

Any child using the services of the ESO must be treated with respect and protected from harm. To achieve this, the following procedure should be used. Failure to follow the Child Protection Procedure may constitute gross misconduct and could lead to dismissal. For students, their attendance on the course may be terminated.

There are a number of reasons why children or young persons may be present at the ESO. These include:

1. Patients in the children's clinic
2. Work experience placements
3. Visitors
4. Students enrolled on the M.Ost programme.

1. Children presenting at the teaching clinic:

Any person presenting to the ESO Teaching Clinic, for treatment, who has not yet reached their 18th birthday must be accompanied by a parent or guardian. In certain circumstances, the use of a chaperone for continuing consultations with 16 or 17 year olds may be appropriate with written consent from the parent and approval of the Clinic Tutor in charge of the case. However, a parent/guardian will be encouraged to attend with their child wherever possible.

If it is possible that a 16 or 17 year old may come for subsequent treatment(s) without a parent or guardian, this should be discussed at the initial consultation. All 16 or 17 year old patients will have a chaperone. Ideally the chaperone will be a responsible adult known to the child and of the same gender as the child. If this is not possible a chaperone may be provided by the ESO. The chaperone provided by the ESO will be a third or fourth year student, of the same gender as the patient and the student will be appointed by the Clinic Tutor responsible for the case. All clinical students will receive training in the role of chaperoning a patient. (Please refer to the ESO Chaperoning Policy).

For the initial consultation, consent for treatment will be gained from the parent and the child. A professional judgement will be made by the Clinic Tutor in conjunction with the parent as to whether the child has the capacity to consent to future treatment.

2. Children at the ESO on Work Experience.

The Health and Safety (Training for Employment) Regulations have the effect of giving students on work experience training programmes and trainees on training for employment programmes the status of 'employees'. The immediate provider of their training is treated as the 'employer'.

The ESO therefore has specific duties in respect of work experience students.

The ESO does not offer work experience in the true sense of the word. Instead, work experience students are given the opportunity to sit in and observe practical osteopathy lectures. This is only offered to students who are seriously considering a career in osteopathy. It will be made clear to the child that they are only allowed to observe lectures and are not allowed to participate in the practical exercises. The lecturer and assistants will also be reminded of this prior to the work experience taking place. Work Experience Students are not permitted to observe in the ESO Teaching Clinic. Written permission will be gained from the child's parents to allow the young person to be present at the practical lectures. Children on a work experience placement at the ESO will:

- Be supervised by a responsible competent person
- Undergo induction training
- Be provided with information on risk and any control measures in place
- Be provided with information on emergency procedures

The CSM will be responsible for undertaking the relevant risk assessments.

Please see Appendix One – Checklist for student's observing lectures.

3. Children as visitors

Any children who may be visiting the ESO, as part of an organised event or as individuals must

- Be supervised at all times by a responsible person
- Undergo induction training where relevant
- Be provided with information on risk where appropriate
- Be provided with information on emergency procedures where appropriate

The ESO does not encourage members of staff or students to bring their children to the school. Where this is necessary the member of staff or student is responsible for that child who should not be left unsupervised at any time. The member of staff or student should seek prior authorisation to bring their child on site from the CSM. The child should use the normal signing in and out procedure (if they are not able to sign in and out, this should be done by the responsible adult.)

4. Students Enrolled on ESO Programme who are under the age of 18

Normally students enrolled on ESO programmes of study are over the age of 18. In exceptional cases, the ESO may accept students who are 17, but will be 18 during the first few months of study. Such students are children in the eyes of the law and therefore the ESO has an enhanced duty of care towards them until they reach 18.

The policy of the ESO is to treat students who are under 18 years of age as far as possible in the same way that it treats all other students. Such students will be subject to the ESO's normal rules and regulations and will be able to access opportunities offered in the same way as other students. However, the ESO will vary its normal procedures, or restrict access to some of its facilities and opportunities when it is deemed to be in the best interests of those who are children, or when it is required to do so by law. Decisions to vary normal procedures or restrict access to some facilities and opportunities will be joint decisions made by the Student Welfare Officer (SWO) and the Vice Principal (VP). The ESO will also ensure that children are provided with enhanced welfare arrangements.

Applications from any prospective students who will be under the age of 18 when they start the programme, will be considered individually by the VP, the Admissions Officer and the CEO/Principal, prior to interview. Each case will be treated individually.

The Law - There are a number of particular and general pieces of legislation that have relevance for HEIs in respect of their responsibilities to students under 18 years of age, in particular.

Staff-student relationships - Section 3 of the Sexual Offences (Amendment) Act 2000 provides a new criminal offence of absence of trust which relates to what might before have been perceived as consensual behaviour when it occurs within certain relationships of trust. (See Annex 4)

RESPONSIBILITIES (for students under the age of 18)

Student Welfare Officer (SWO)

The SWO will be responsible for:

- any student under 18 at the ESO.
- monitoring the effectiveness of this area of the policy in conjunction with the Health and Safety Committee.

Admissions Officer

The Admissions Officer will inform the SWO when a prospective under-18 year old student has been offered a place, giving his/her name and date of birth. The Admissions Team will send a letter to the student to pass to their parent/guardian (See Annex Seven). The letter will inform them of the provisions in place for students under the age of 18 at point of entry onto the programme. Information on student services will also be included. In the case of a prospective international student whose parent/ guardian is not UK resident, the parent/guardian will be required to nominate a guardian who is resident in the UK who can act on their behalf in emergency situations. The ESO is not able to assist in finding a suitable guardian.

Once the form has been completed and returned, the Admissions Team will ensure that all relevant staff members are informed and a copy of this policy will be sent to them as a reminder.

Accommodation

It is the responsibility of the parent/guardian to find suitable accommodation for the under-18 year old.

Other enhanced welfare arrangements (in place until their 18th birthday).

The SWO will meet with the student at the beginning of the programme and then at least monthly in term time until they reach the age of 18.

The M.Ost Programme Manager will ensure that any content, materials, resources and learning opportunities provided as part of the degree programme are appropriate for such students.

All ESO staff have responsibility for contacting the Student Welfare Officer (SWO) if they have any concerns about the well-being or safety of student minors. The SWO will take responsibility for ensuring that such concerns are investigated and any necessary action is taken, in accordance with relevant ESO procedures and following guidance and best practice from the ESO Child Protection Procedure, Social Services, the Police and the NSPCC.

If you are worried about a child

Anyone with concerns about a child using the services of the ESO should report the matter to the Safeguarding Lead or one of the deputies. If this is not possible an employee should speak to their line manager. Clinic Tutors should be prepared to act on a concern regarding a child when the safeguarding lead or one of the deputies is unavailable. The issue should be passed on to the safeguarding lead or one of the deputies at the next opportunity. Clinical students worried about a patient should speak to the Clinic Tutor responsible for the case in question. **STUDENTS SHOULD NOT ACT ALONE.**

In the case of a clinic patient, in the first instance, and if the risk to the child is not increased by doing so [situations such as Sexual Abuse or Fabricated & Induced Illness might increase risk], the Clinical Student and Tutor or the Safeguarding Lead or Deputy will inform the child and accompanying carer/ parent that you need to discuss or report your concern.



Spot Abuse

You may be concerned about a child or young person. You may or may not know them, or even their name. Safeguarding is everyone's responsibility. Abuse can take many different forms, such as neglect, sexual abuse, physical abuse and even emotional abuse.



Take Responsibility

Don't assume that someone else will take responsibility and make that phone call. You could help to save a child's life. **If you are worried, report it.**

Tell someone!



Please contact Specialist Children's Services or the Police

immediately:

Kent Central Duty Team
Telephone: 03000 411111
Fax: 03000 412345
Emergency Out of Hours
Telephone: 03000 419191

E-mail: social.services@kent.gov.uk

Kent Police Child Abuse Investigation Unit:

01622 690 690

If you need to advise us of a child or young person moving into Kent from another area, please contact the Safeguarding Unit on:

01622 694157

The above number can be used to 'refer' a child to social services. It is also an advice line, where any practitioner or member of the public can consult a duty social worker to discuss their concerns regarding a child. Consultations are all logged, but are not 'referrals' unless this is deemed by the social worker to be necessary.

In the event of an emergency the Child Abuse Investigation Unit at Kent Police should be contacted on: : 01622 690690

This number should only be used in an emergency.

Employees (Clinic Tutors) or Students may be asked to contribute information to social services and may be expected to provide a written report.

If you are concerned that a colleague or student is abusing a child or failing to follow the Child Protection Procedure you should act on your concerns.

You should write down the details of the incident and pass this onto the Safeguarding Lead, a member of the Executive Team and/or the CSM as soon as possible.

The appropriate person will then instigate the correct procedure.

Where a child's safety is at risk the appropriate action will be taken to ensure the safety of the child. This may include referring the matter to Social services or involving the Police.

If the issue relates to failure to follow procedure the CSM will authorise an investigation. For any proven failure to follow procedure, the disciplinary procedure will be used.

In both of the above cases, the employee will be suspended pending the outcome of either the internal investigation or the investigation carried out by Social Services.

The ESO understands that this is a very difficult and sensitive matter and will provide support to any employee who, in good faith, reports a concern.

Annex 2 - Child Protection Incident Reporting Form

Annex 6 - Body Maps

Employee recruitment procedure- :

- All job applicants are interviewed face to face.
- Two references are requested for each successful candidate.
- All ESO Clinic Tutors are required to have an Enhanced DBS check before they start. This will need to be completed every two years.

DBS check for all ESO students

All students are required to undergo a DBS check at the start of their first year. At the end of the second year prior to entry into the Clinic, students are required to self-certify that nothing has changed since their previous DBS. DBS checks are not available for international students. International students are required to provide a letter of good conduct. For full details, please refer to the [DBS policy](#) which can be found on the ESO Learning Zone.

Staff training

All new and existing Clinic Tutors and those role holders who work with children at the ESO will be required to undergo standard child protection training. Those role holders with specific responsibilities for safeguarding within the organisation e.g. safeguarding lead and deputies will undertake enhanced training. All employees, but especially those working with children will be expected to participate in reviewing any safeguarding issues and the child protection policy. This training will then be rolled out to other staff working with children.

Clinic Tutors and those role holders who work with children at the ESO will also undergo an in-house training session the aim of which will be to ensure that all staff are clear how to implement the policy and procedure and are aware of their responsibilities.

Student Training

The signs and symptoms of child abuse are covered within the M.Ost curriculum under Practitionership in Yrs 1 & 2 and in the Osteopathic Care of Pregnant Women and Children course in Year 3. Students will also be invited to contribute to the reviewing of this policy.

Mentoring and supervision

We understand that being involved in reporting a safeguarding issue can be both upsetting and stressful. The ESO will provide support to employees and students who are involved in safeguarding issues. This will be organised by the Student Welfare Officer.

Whistle blowing

The ESO recognises the importance of building a culture that allows all staff and students to feel comfortable about sharing information, in confidence and with a lead person, regarding concerns they have about a colleague's behaviour. This will also include behaviour that is not linked to child abuse but is perceived to contravene those described in the Osteopathic Practice Standards or the ESO Code of Conduct for Students and Disciplinary Procedures.

Please refer to the ESO's [Whistleblowing Policy](#) which can be found on the ESO Learning Zone.

Complaints procedure

The ESO has a clear procedure that is capable of dealing with complaints from all patients (including children), accompanying adults or parents. This is available on the ESO Website <https://www.eso.ac.uk/eso-policies-2/>

Policy Review

This policy will be reviewed annually or sooner should the need arise.

Annex One – Checklist for work experience students observing lectures.

Annex Two – Child Protection Incident Reporting Form

Annex Three – General guidelines on recognising different types of abuse, indicators and injury patterns

Annex Four – What is abuse and neglect?

Annex Five – Sexual Offences Amendment Act (2000) – Section 3

Annex Six – Body Maps

Annex Seven – letter to parents/guardians of students under the age of 18 when they start the course.

Declaration

The responsibility for ensuring that this policy is reviewed belongs to the Executive Team. The Executive Team may delegate this responsibility to the CSM.

We have reviewed and accepted this policy

Signed by:

Signed: _____

Dated:

on behalf of the ESO

Employees at the ESO Teaching Clinic have been consulted on how we implement this policy

Signed by:

Dated:

Signed: _____

Head of Clinic

Signed by:

Dated:

Signed: _____

Clinic Administration Manager

Revision History

Version	Change	Author	Date of Change
001	Addition of Safeguarding Leads to front page. Changes to page 6 to clarify clinic procedure.	JH	17-12-13
002	Re-branding	JH	14-10-14
003	Addition of Annex 7	Reviewed by Committee	25-03-15
004	Change of team names and role names after re-structuring	Claudia Knox	03.01.2017

Annex One – Checklist for children visiting the ESO for a period of work experience

- Agree the date and time of visit (s)
- Agree the nature of the visit (s)
- Inform the CSM of the above who will complete a risk assessment.
- Confirm the visit in writing to the parents of the young person explaining the nature of the visit
- Get completion of the Health form for Under 18 year olds
- Inform lecturers/assistants of the dates and times of the visit and name of the student. Remind lecturers/assistants that work experience students are not allowed to participate in practical sessions. They are able to observe only.
- Inform class groups involved of the dates and times of the visit and name of the student.
- Issue the Information for Visitors sheet.
- Appoint a student to act as a guide for the young person during the day.
- Ensure that the young person signs in with organising department at the beginning of the day and out at the end of the day.

Annex 2 – Child Protection Incident Reporting Form. Name of child	Venue	Date
Date of Birth	Age	Time
Address Postcode		
Telephone Number	Name of Parent/Guardian	
Are you reporting your own concerns or passing on those of someone else? Give details		
Brief description of what has prompted the concerns: include dates, times etc of any specific incidents.		
Are there any physical signs? Behavioural signs? Indirect signs?		
Have you spoken to the child, young person and or persons present? If so, what was said to whom?		
Have you spoken to the parent(s) guardians? If so, what was said?		
Has anybody been alleged to be the abuser? If so, give details?		

Have you consulted anybody? Give details	
Your name	Position
To whom reported	Date of reporting
Signature	Date

Source: Luce R Safeguarding Children: Legal Framework for Nurses, Midwifery and Community Practitioners. Publishers: John Wiley and Sons 2008

General guidelines for employees (Annex 3)

(Adapted from the Royal College of GPs/NSPCC Safeguarding Children and Young People – A toolkit for General Practitioners 2011)

These guidelines are here to protect children and employees alike. The list below is by no means exhaustive and all employees should remember to conduct themselves in a manner appropriate to their position. Wherever possible, you should be guided by the following advice. If it is necessary to carry out practices contrary to it, you should only do so after discussion with, and the approval of your line manager.

- You must challenge unacceptable behaviour
- Respect a child's right to personal privacy and encourage children, young people and adults to feel comfortable to point out attitudes or behaviours they do not like.
- Respect the wishes of a child as you would an adult
- Remember that children regard adults as role models and ensure that your behaviour, language, gestures, etc , are appropriate and above reproach
- Prevent any other member of staff, volunteer or member of the public from putting any child in a situation in which there is a significant risk to their health and safety
- Protect a child from physical, emotional or sexual abuse.
- Involve children in decision-making as appropriate.
- Be aware that someone else might misinterpret your actions
- Don't engage in or tolerate any bullying of a child, either by adults or other children.
- Never promise to keep a secret about any sensitive information that may be disclosed to you but do follow organisation guidelines on confidentiality and sharing information.
- Never offer a lift to a child in your own car.
- Never exchange personal details such as your mobile number or home address with child.
- Don't engage in or allow any sexually provocative games involving or observed by children, whether based on talking or touching.
- Never show favouritism or reject any individuals.

Internet, mobile phones and electronic equipment

You must always act responsibly with regard to internet, electronic and telecommunications equipment (including use of mobile phones), and use them in a professional, lawful and ethical manner in conjunction with the ESO IT policies.

Inappropriate types of sites

Accessing or downloading data from inappropriate websites, (e.g., pornographic websites or emails, racist, sexist or gambling websites or emails, sites promoting violence and illegal software) on ESO computers or during work time is forbidden and may lead to disciplinary proceedings.

Recognition of abuse

Recognising child abuse is not easy and it is not our responsibility to decide whether or not abuse has taken place. However, it is our responsibility to act if we have any concerns. Guidance follows on recognising the possible symptoms of abuse in the four main areas: physical, emotional, sexual and neglect can be found in Annex Three.

Reactive measures

While every precaution may be taken to prevent an incident from occurring, we recognise that thorough and professional reactive measures are necessary. The ESO Child Protection procedure set out those steps to be taken with respect to any concerns relating to child protection.

Disclosure of an allegation of abuse

If a child discloses information about abuse, whether concerning themselves or a third party, employees must immediately pass this information on to the Safeguarding Lead or one of the deputies and follow the child protection procedures below.

It is important to also remember that it can be more difficult for some children to tell than for others. Children who have experienced prejudice and discrimination through racism may well believe that people from other ethnic groups or backgrounds do not really care about them. They may have little reason to trust those they see as authority figures and may wonder whether you will be any different.

Children with a disability will have to overcome barriers before disclosing abuse. They may well rely on the abuser for their daily care and have no knowledge of alternative sources. They may have come to believe they are of little worth and simply comply with the instructions of adults.

Responding to a child making an allegation of abuse

- Stay calm
- Listen carefully to what is being said
- Find an appropriate early opportunity to explain that it is likely the information will need to be shared with others – do not promise to keep secrets
- Allow the child to continue at his/her own pace
- Ask questions for clarification only, and at all times avoid asking questions that are leading or suggest a particular answer
- Reassure the child that they have done the right thing by telling you
- Tell them what you will do next and with whom the information will be shared
- Record in writing what has been said using the child's own words as much as possible – note date, time, any names mentioned, to whom the information was given and ensure that paper records are signed and dated, and electronic subject to audit trails
- Do not delay in passing this information on.

What is abuse and neglect? (Annex 4)

(Adapted from the Royal College of GPs/NSPCC Safeguarding Children and Young People – A toolkit for General Practitioners 2011)

Definition: A child is considered to be anyone who has not yet reached their 18th birthday.

Abuse and neglect are forms of maltreatment of a child. 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.

There are said to be four types of child abuse

1. Physical Abuse
2. Emotional Abuse
3. Sexual Abuse
4. Neglect

There is also another form of child abuse of which Osteopathic practitioners should be aware and that is Fabricated or Induced Illness in children (FII). Fabricated illness, by the very nature of the aetiology from which it develops, involves the parent/carer seeking numerous opinions about the child. Recent research suggests that FII is significantly under-identified and consultations with osteopaths and other primary care practitioners outside of the NHS may well constitute a considerable and growing area within this consultation seeking process.

General Indicators - The risk of Child Maltreatment is increased when there is:

- parental or carer drug or alcohol abuse
- parental or carer mental health problems
- intra-familial violence or history of violent offending
- previous child maltreatment in members of the family
- known maltreatment of animals by the parent or carer
- vulnerable and unsupported parents or carers

- pre-existing disability in the child.

Physical Abuse

Definition:

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child, including by fabricating the symptoms of, or deliberately causing, ill health to a child.

Indicators:

- Unexplained injuries
- unusual injuries depending on the age of the child
- Improbable explanation
- Reluctance to discuss injury/cause
- Delay or refusal to seek treatment for injury
- Bruising on young babies
- Admission of punishment which seems severe
- Child shows (depending on age):
 - arms and legs inappropriately covered in hot weather [concealing injury]
 - withdrawal from physical contact
 - self-destructive tendencies
 - aggression towards others
 - fear of returning home
 - running away from home

Emotional Abuse

Definition

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person, age or developmentally inappropriate expectations being imposed on children, causing children frequently to feel frightened, or the exploitation or corruption of children.

Indicators:

- Physical/ Mental/ Emotional developmental delay
- Overreaction to mistakes
- Low self-esteem
- Sudden speech disorder
- Excessive fear of new situations
- Neurotic behaviours
- Self-harming/ mutilation
- Extremes of aggression or passivity
- Drug/solvent abuse
- Running away
- Eating disorders
- School refusal
- Physical/ Mental/ Emotional developmental delay

Sexual Abuse

Definition

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 involving children in looking at, or in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways.

Indicators

- Genital itching/pain
- Unexplained abdominal pain
- Secondary enuresis (or daytime soiling/wetting)
- Genital discharge/ infection
- Behaviour changes
- Sudden changes
- Deterioration in school performance

- Fear of undressing (e.g. for sports)
- Sleep disturbance/nightmares
- inappropriate sexual display
- Regressive (thumb sucking, babyish) behaviour
- Secrecy, Distrust of familiar adult, anxiety left alone with particular person
- Self-harm/mutilation/attempted suicide
- Phobia/panic attacks
- Unexplained or concealed pregnancy
- Chronic illness (throat infections)
- Physical/ Mental/ Emotional developmental delay

Neglect

Definition

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, such as failing to provide adequate food, shelter and clothing, or neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators:

- Poor personal hygiene, poor state of clothing
- Constant hunger/thirst
- Frequent accidental injuries
- Untreated medical problems
- Delayed presentation, concealed injuries
- Low self-esteem
- Lack of social relationships
- Eating Disorders
- Children left repeatedly without adequate supervision
- Failing to engage with healthcare
- non-attended appointments

- frequent use of A&E/Out-of-Hours services
- failing to arrange immunisations

Injury Patterns

There are a number of injury patterns that cause immediate concern in terms of Child Protection: amongst which are:

- Multiple bruising, with bruises of different ages
- Facial bruising in non-motile baby
- Ear bruising
- Unexplained oral injury
- Fingertip pattern bruising
- Cigarette burns
 - Accidental burns are superficial, circular, with a tail
 - Deliberate burns are deeper and tend to scar
- Belt/ buckle marks
- Burns/ scalds
 - “glove” and “stocking” scalds, with clear demarcation of forced immersion
 - Face, head, perineum, buttocks, genitalia
 - “Hole in the doughnut” scald: centre of buttocks is spared when child forcibly immersed in scalding water (surface of bath takes time to warm: hence flat surface relatively cooler than water. Absence of this sign might hint at premeditation?)
 - “Splash” pattern – while droplet burns may indicate splashing trying to escape (and therefore potentially accidental), they may also suggest hot liquid thrown at child (which might cover larger, more diffuse area)
- Bites
 - Animal bites puncture, cut and tear
 - Human bites are bruised, crescent-shaped, and often do not break the skin
- Fractures
 - Multiple rib fractures
 - Different age of fracture
 - Spiral fracture of long bones: twisting force

Further information on injury patterns can be found at:

http://www.nspcc.org.uk/inform/trainingandconsultancy/learningresources/coreinfo/coreinfo_wda54369.html

Fabricated or Induced illness in children (FII)

This is a précis of the NSPCC research briefing of FII. For the full article please go to www.nspcc.org.uk/inform

Useful to read: DOH guidelines also - www.nhs.uk/conditions/Fabricated-or-induced-illness

This is when a child is presented for medical attention with symptoms or signs which have been fabricated or induced by the child's carer.

- FII is a form of child abuse with boys and girls equally affected.
- It is perpetrated by those who have care of the child (usually the mother) and usually involves secondary medical services. Consequently it may be detected first by GPs.
- FII is seen in children of all ages. The reported severe or most dramatic events are usually seen in children under the age of 5 years (newborns in particular are the most likely to be harmed). However, there is a spectrum of significant FII across age groups. Older children may actively collude in the sick role with their parent.
- Although relatively rare this should not undermine or minimise its serious nature or the need for practitioners to be able to identify when parents or carers are fabricating or inducing illness in children.
- FII is a spectrum of disorders rather than a single entity. At one end less extreme behaviours include a genuine belief that the child is ill. At the other the behaviour of carers includes them deliberately inducing symptoms by administering drugs, intentional suffocation, overdosing, tampering with medical equipment, and falsifying test results and observational charts.

The task for key professionals is to distinguish between the over anxious carer who may be responding in a reasonable way to a very sick child and those who exhibit abnormal behaviour.

There are some warning signs which may suggest that a child is being subjected to FII. Examples are:

- The child has repeated and unexplained illnesses or symptoms.
- The child has unexplained multiple illnesses or symptoms.
- The child's supposed symptoms only occur when the mother is present.
- The mother appears to know a lot about medicine.
- Although the mother stays with the child all the time while he/she is in hospital and attends to him/her well, she may not appear as concerned about the child's wellbeing as the health care professionals who are providing treatment; in contrast she may appear overly concerned.
- The father is not involved in the care of the child, or his involvement is minimal. Note however that fathers are sometimes involved in FII.
- The mother talks to the medical team a lot and tries to develop a friendly relationship with them. However, if anything related to her views on what's wrong with the child are challenged she becomes aggressive, confrontational, and may become abusive. The parent is keen for the child to undergo tests which most parents would only agree to if they were absolutely necessary. She will even encourage doctors to perform tests and procedures which may be painful for the child. However, the parent may not agree to the child being admitted for observation or investigation of the reported symptoms.
- Documents or other sources indicate that the mother has changed doctors frequently, and/or has visited different hospitals for her child's treatment.

The NICE guidance on when to suspect child maltreatment (National Collaborating Centre for Women's and Children's Health, 2009) also adds:

- An inexplicably poor response to treatment or medication.
- As soon as old symptoms are resolved, new ones appear.
- Normal daily activities for the child are compromised more than would be expected for a particular medical activity (for example, confinement to a wheelchair).

Further examples can be found in the practice guidance on FII issued by the RCPCH (2009).

Annex 5 - Sexual Offences Amendment Act (2000) – Section Three

3 Abuse of position of trust.

(1) Subject to subsections (2) and (3) below, it shall be an offence for a person aged 18 or over

(a) to have sexual intercourse (whether vaginal or anal) with a person under that age; or .

(b) to engage in any other sexual activity with or directed towards such a person, .

if (in either case) he is in a position of trust in relation to that person.

(2) Where a person (“A”) is charged with an offence under this section of having sexual intercourse with, or engaging in any other sexual activity with or directed towards, another person (“B”), it shall be a defence for A to prove that, at the time of the intercourse or activity.

(a) he did not know, and could not reasonably have been expected to know, that B was under 18;

(b) he did not know, and could not reasonably have been expected to know, that B was a person in relation to whom he was in a position of trust; or .

(c) he was lawfully married to B.

(3) It shall not be an offence under this section for a person (“A”) to have sexual intercourse with, or engage in any other sexual activity with or directed towards, another person (“B”) if immediately before the commencement of this Act.

(a) A was in a position of trust in relation to B; and .

(b) a sexual relationship existed between them. .

(4) A person guilty of an offence under this section shall be liable.

(a) on summary conviction, to imprisonment for a term not exceeding six months, or to a fine not exceeding the statutory maximum, or to both;

(b) on conviction on indictment, to imprisonment for a term not exceeding five years, or to a fine, or to both.

(5) In this section, “sexual activity”.

(a) does not include any activity which a reasonable person would regard as sexual only with knowledge of the intentions, motives or feelings of the parties; but .

(b) subject to that, means any activity which such a person would regard as sexual in all the circumstances.

Annex 6 – Body Maps

Annex Seven

Letter for parents/guardians

Dear

Admission of Applicants under the age of 18.

We are very pleased to have been able to offer a place to [name] at the ESO to start on [date]. I am writing to you as [his/her] parent/legal guardian as [he/she] will be under 18 years of age at entry.

English law defines those under the age of 18 as minors and thus universities have an implied enhanced duty of care to any of its students who have not yet reached the age of 18. I am therefore contacting you to let you know of the policies and procedures we have in place to try to ensure that we fulfil this duty.

Firstly it is important to be aware that the ESO is not 'in loco parentis' and therefore will not act in a parental capacity in relation to your child. It is therefore essential that we have an up-to-date contact address for someone who is normally resident in the UK who is able to act in this capacity in the event of an emergency.

Our policy is to treat students who are under-18 years of age as much as possible in the same way as it treats all other students. Student minors will be subject of the ESO's normal rules and regulations and will be able to access the majority of the campus facilities and opportunities offered in the same way as all other students.

The ESO has no on-site accommodation. It will therefore be up to you to make sure that your child has somewhere suitable to live during the course.

We would ask that you remind your child that they would be breaking the law should they consume or purchase alcohol before they are 18. We do not have bars on site but the Student Association do run parties on site at which alcohol is served.

I should also like to let you know that all members of staff with pastoral/advisory responsibilities for student minors have been DBS checked. Due to the professional nature of the programme, all students are DBS checked when they enroll. Faculty, who are registered osteopaths, are required to be registered with the General Osteopathic Council. Registrants with the GOsC are now required to have an Enhanced DBS check. Those osteopaths who registered before this was a

requirement are required to declare that they have no convictions, spent or unspent. Relevant staff are also DBS checked on appointment.

If you have any concerns about anything in this letter or the future well-being or safety of your child, please do not hesitate to contact me. My contact details are

I should be grateful if you would complete and return the consent form below and confirm the key contact name in the UK in case of emergency. The offer of a place to your child may be withdrawn if the consent form is not completed and returned prior to the start of term. A full version of our child protection policy and procedure is available on the ESO website.

Yours sincerely

Admissions Officer



ESO Admission of students under 18 years of age.

Name of student	
Date of birth	
<ol style="list-style-type: none"> 1. I have read and understood the letter from the ESO outlining its policies and procedures in relation to students who are under 18 years of age. 2. I understand that the ESO is not <i>in loco parentis</i> and that in cases of emergency the ESO will always endeavour to contact the appointed guardian of the above student while they remain an minor. 3. I consent to the ESO acting on medical advice in the best interests of the above to authorise emergency medical treatment if it is not possible to contact the nominated guardian. 4. I understand that the ESO is an adult environment and that [name] will generally be treated as an adult. 	

5. I understand that ESO cannot release information relating to [name's] academic progress or personal life without their express permission.
6. I have provided full name and contact details of the person living in the UK who will act as a guardian in the case of an emergency.

I (name) _____ Parent/Guardian (please delete as appropriate) of the above declare that I have read and accept the above conditions.

Signed: _____ Date: _____

UK Parent/Guardian

Name: _____

UK Address: _____

_____ Postcode _____

Telephone:

Home

Mobile

Work

Email

I confirm that I am the parent/Guardian of the above student or I agree to act as Guardian to the above student until they reach the age of 18. (delete as appropriate)

Signed: _____ Date: _____