



Heswall
Disabled Children's
Holiday Fund



Statement of Purpose

Founded 1961
Version 16 (2024)

Heswall Disabled Children's Holiday Fund SOP 2021, 14/4/2021
Registered as a charity in England and Wales (1177670 – formerly 507077)
Registered Ofsted Residential Holiday Scheme for Disabled Children (URN: 1027082)

www.heswallcamp.org.uk





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Use of Terminology

The following terms are used in this document with the following meanings:

“**Charity**” means the organisation known as Heswall Disabled Children’s Holiday Fund. This is the umbrella charity that fundraises and plans for the annual residential holiday.

“**Holiday**” means an event for the purpose of which the Charity operates as a Children’s Holiday scheme for a period of up to one week and “**Holidays**” shall be construed accordingly.

“**Camp**” means the annual residential holiday arranged by the Charity.

“**Event**” means any activity that does not occur on a camp and can include day projects, monthly book clubs or fundraising activities.

“**Project**” means an activity for which a budget has been generated and can include a Camp or Event.

“**Children**” means the children chosen as recipients of a Holiday from the charity without monetary charge from the Charity and “**Child**” shall be construed accordingly.

“**Young Adult**” means any person between the ages of 18 and 25, chosen as recipients of a holiday or event at a project that isn’t a children’s camp.

“**Helper**” means the staff recruited by the Charity who act in the role of carers as defined by the appropriate legislation.

“**NMS**” refers to the National Minimum Standards as published by the Department for Education.





National Minimum Standards.

Throughout this document, various policies are explained and where appropriate reference is made to the relevant Residential holiday schemes for disabled children: National Minimum Standards as published by the Department for Education.¹

Relevant standards are:

Standard 1 – The child’s wishes and feelings and the views of those significant to them

Standard 2 – Promoting positive behaviour and relationships

Standard 3 – Safeguarding children

Standard 4 – Children missing from the holiday scheme

Standard 5 – Promoting good health and wellbeing

Standard 6 – Providing a suitable physical environment for the child

Standard 7 – Statement of Purpose

Standard 8 – Fitness to provide or manage the holiday scheme

Standard 9 – Suitability to work with children

Standard 10 – Sufficient staffing of the holiday scheme

Standard 11 – Training and development of staff

Standard 12 – Employee support and supervision

Standard 13 – Handling allegations and suspicions of harm

Standard 14 – Managing effectively and efficiently and monitoring the holiday scheme for disabled children

Standard 15 – Records

The Standards are highlighted in the text thus: **[NMS - Standard No.]**

¹ Residential Holiday Schemes for Disabled Children, National minimum standards, DFE-00136-2013
<https://www.gov.uk/government/publications/residential-holiday-schemes-for-disabled-children>





A Short History of the Heswall Disabled Children's Holiday Fund

In 1960 the late George Eustance of West Kirby (a leading member of the Christian Toc H movement) whilst visiting his brother-in-law, who was recovering from poliomyelitis at Fazakerley Hospital, Liverpool, came across a large group of polio disabled children. It was felt that these children were in need of outside help in their battles to recover from their illnesses. George asked the late Alastair Shaw (1929-2002), who had himself suffered polio upon leaving Oundle before he took up a place at the Royal Agricultural College, to help him arrange a holiday for some of these children. Thus Alastair, the late Frank Lamb, a classics master at Calday Grammar School, educated at Caius College, Cambridge, and the late Councillor Arthur Norman Conway (1901-1991) helped George Eustance to arrange a camp under canvas for children from the British Polio Fellowship in Liverpool.

This Camp was held on the playing fields of Calday Grange Grammar School, West Kirby, 1961. Toc H being a men's organisation did not find it easy coping with the very active behaviour of a Camp for both boys and girls, and so it was decided that for 1962 a Boys' Camp would be held at Liverpool Boys' Association Camp at Heswall. A Camp leader was sought and Harold E "Waddy" Waddington (1917-1994), a boys' club leader from Liverpool, was invited to fill this role, which he willingly undertook for 20 years until handing over to Dr. Martin Crossley Evans, in 1982, succeeded by Mr William Brown in the summer of 2005, Mr Andrew Powell in 2011, Miss Steph Griffin in 2019 and in 2021 Miss Sophie Rice. In 2021 a second camp in the South West of England was founded and is led by Mr Toby Maddocks.

After Toc H disbanded it was left to Alastair Shaw to form a new committee of interested persons. Under the Chairmanship of his father-in-law, Frank Vaughan Needham, a well-known Heswall interior furnisher, Rotarian and member of the Heswall U.R.C., with Laurie Pearce, a bank manager, as Honorary Secretary, the new committee, included Alastair, Frank Lamb, Charles and Alastair Kameen, Mike Byrne, Sheila Shaw, Graham Baldock and others, and was registered as a charity.

Vaughan Needham was succeeded by Mike Byrne who held that office until 2012, succeeded by Mr Vincent Keating, then Capt. Charlie Bough. Mike was ably supported by Meriel Balshaw as Honorary Secretary and Graham Baldock (1951-2022) as Honorary Treasurer. Charlie is supported by Andrew Powell as Vice Chair, Grant Wray as Honorary Secretary and George Bemrose as Honorary Treasurer.

The Camp was originally held at the Liverpool Boys' Association Camp in Broad Lane, Heswall, until 1984, when it was transferred to Kingsmead School, Hoylake. In 2000 the Camp transferred to Barnstondale Camp, Barnston, Wirral. following a lottery grant having made this venue wheelchair friendly and apparently altogether suitable for the purpose of the camp. The Heswall Camp continues to be held at Barnstondale to this day.





The need for a second camp in the South West of England was highlighted by helpers who regularly travelled from the Bristol region to support Heswall Camp. Dr. Martin Crossley-Evans having been Warden for Clifton Hall, University of Bristol, has introduced many of his wards to the camp and thus strong links exist with this region. In 2019 a flying day was arranged in Gloucester that publicised what the charity are able to offer and many parents from the South West spoke about how a residential camp was sorely needed.

2020 saw an unprecedented pandemic affect the world but the charity again rose to the challenge and created a weeklong digital camp in place of the annual physical camp. Many videos and streams were shared via social media platforms and again volunteers showed their passion and commitment. Links with parents from the South West were strengthened through this camp.

In 2021 the charity held it's first South West camp and it's hoped that this project will also develop it's own unique history and traditions whilst leaning on the lessons learnt by HDCHF over the past 60 years.





Overall Aims, Underlying Ethos and Philosophy

The Charity aims to provide activity-based Holidays for Children and young adults who are disabled or who have special needs. In providing these Holidays it enables children with disabilities to have a period of up to one week away from their normal living environment.

The Charity aims to provide holidays for children and young adults who suffer from a diagnosed disability. This can take the form of a social, learning or a physical disability. Each child and young adult has to apply to the charity for a holiday and then they are assessed by an experienced trustee to ensure that they fit our capabilities for care. No financial contributions are required from the Children, young people, their families, guardians, or carers.

The activities organised for Children and young adults are intended to enhance the individual's future development and create further opportunities for personal growth. The Holidays encourage participation in events to which they may not previously have been exposed. This helps to build confidence and optimism in the person, as well as giving them an exciting positive experience. This should hopefully help them to play a fuller role in society and prepare them to live as independently as possible in the future.

The families and the carers of the Children and young adults also receive valuable and rare respite in the knowledge that their ward is being well cared for and that they can contact the Holiday at any time.





Care Aims

1. To provide holidays of up to seven days in length, which are fun, stimulating, and where possible encourage personal development and a knowledge of basic dietary education.. [NMS - Standard 2]
2. To provide each child on the holiday with access to voluntary carers who have demonstrated skill in dealing with disabled children. [NMS - Standard 2]
3. To provide 24 hour medical care through the auspices of a local General Practice. [NMS - Standard 4] [NMS - Standard 5]
4. To select children with any disability for which we deem ourselves capable, whilst ensuring that selection of particular children will not have an unduly adverse effect on the group dynamic of the holiday.
5. To respect each child's right to privacy. [NMS - Standard 6]
6. To provide necessary accommodation and materials for the physical and social welfare of the child. NMS 6
7. To create a supportive and community spirited environment that encourages the awakening of social and creative abilities with the group identity at its core. [NMS – Standard 2]
8. To allow contact with parents and families during the week. NMS1
9. To accommodate all religious needs on an individual basis. NMS 1,2, 5,6
10. To value the unique identity, diversity and importance of all the children receiving a holiday from the Fund. NMS1, 2 5, 6
11. To maintain strong relationships with community services which provide ongoing support to socially disadvantaged and disabled people. [NMS – Standard 2]
12. To maintain rules and discipline whilst only using physical restraint as a last resort and only to protect the child or others from harm. NMS2,3, 5, 6, 8, 9, 10, 11, 12, 13, 14
13. To gather feedback from parents, social workers and children to evolve constantly and improve the service we provide. NMS 11,15
14. To provide funding to individual children identified as in need of a holiday that for whatever reason fall outside of the charities capability to provide a direct holiday at the camp. NMS 3,6,14
15. To recruit and train suitable volunteers or employees and to support these personnel (volunteers, carers) to ensure adequate support throughout camp for all people, Child or Adult. NMS 8,9,10,11,12,13,14,15





Helpers and Personnel Care Aims

The charity's care and management team are all volunteers with 1 full time employee and the charity recognise its duty of care for these people on the holiday. To fulfil this duty of care the charity aims:

- 1) To provide the helpers with all information required for the care and protection of the children in their care and of themselves.
- 2) To identify children who require 1 to 1 care and to assign each to a helper within the bounds of their skills and capabilities.
- 3) To provide all helpers with the necessary training.
- 4) To review each child on a daily basis to ensure that any problems are identified early and acted upon appropriately.
- 5) To provide relief helpers to allow 1 to 1 helpers time to address their personal needs.
- 6) To gather feedback from the helpers and evolve the holidays and the trust accordingly.

The charity is committed to providing helpers who are sufficiently qualified to provide personal care to all children attending camp. To this end there will always be a minimum of 2 helpers for every 3 children working at any one time with the number of helpers ideally being equal to the number of children. All helpers are volunteers but bring relevant practical experience to the camp. Examples of the helper's day jobs have included: Teachers, Engineers, Human Resources Managers, Doctors, Nurses, IT Consultants, Trainers, Buyers and parents. We also have a number of students on camp who are often from backgrounds or working towards careers in care, medicine, teaching or sports with the disabled.

The charity understands that helpers on camp, in residential roles, are effectively on permanent duty. All helpers are supported in their roles and are able to ask for time off if they are struggling both physically or emotionally. The health of helpers is high on the charities list of priorities and the charity understands that tired or stressed helpers will be at increased risk of making incorrect decisions. The structure of the Camp was set up to allow helpers to be able to voice their concerns and ask for help when needed. It also provides a mentoring structure so those helpers who don't ask for help but who do need it are identified quickly and supported as appropriate.





Venue

[NMS - Standard 6]

The Charity does not own any premises. It sources the venue for the Holidays from an appropriate venue that has been assessed and approved by the board of trustees. The Charity invests time and effort in reviewing the venue for the Holiday each year with the intention that it is continually developed to improve facilities. Long term relationships will be built with the venue provider.

Each year the Charity reviews the suitability of the venue in line with a number of essential requirements so as to enable the proper and safe care of the Children. [NMS - Standard 3]

Essential Facilities

The following are the facilities considered by the Charity to be essential and are used for selection of any new venue.

Laundry

Although not provided as a standard service, the venue must provide facilities both for washing and drying of clothes. This is particularly important because some of the Children do not have adequate clean clothing for one week.

Private Grounds

The Children are encouraged to participate in onsite activities. For this reason, it is very important that the chosen venue has grounds which are not overlooked and have a definite boundary. Some children also do not understand boundaries and for their safety the site boundary should be secure for both entering and leaving.

Catering/ Kitchens

The venue must be able to provide kitchens which meet the relevant health and safety standards. The kitchens have lockable doors to ensure that they can be secured from the Children when they are not in use. Where asked for, the venue should provide catering staff who have appropriate qualifications for their position. Where the charity provides catering, from a third party provider, the caterer's certification should be checked to ensure the quality and minimum standards of nutrition are exceeded.

Currently most food is provided by our own catering staff and the menu for the week is agreed with the charity who will be aware of any specific dietary requirements including allergies of both the Children and that of the carers on the Holiday. The helpers have access to facilities to make drinks for the Children at all times. [NMS - Standard 5]





Accessibility

All day areas that the Children use should have corridors and doors wide enough for wheelchair access. In addition, handrails, ramps and other mobility aids should be in place. The venue should have a current safety certificate and should have successfully passed an independent accessibility audit. HDCHF will also conduct its own accessibility audit prior to using a venue.

Stairs

Any stairs used by the Children must be wide enough for a helper to safely accompany them to go up and down the stairs. Where upper floors are used a disabled lift should be in place to provide access.

Dining Room

There must be a dining room or area of adequate size for all the participants of the Holiday (Children and carers) to dine together. Dining together is an essential tool in generating a community spirit for the Holidays. The dining room should also be easily configurable to users in wheelchairs and should not have fixed tables / benches.

Recreational Rooms

There should be a number of rooms available to allow for a range of activities to take place at the same time. This is important as Children are encouraged to interact with the other children rather than stay in their dorms. Access to the dorm rooms is limited during the day to protect personal belongings and to stop bullying from taking place there.

Toilet Facilities

Sufficient disabled access toilets should be available at the venue to cater for the number of children on holiday. These must have sufficient aids to cater for the range of disabilities that the Holiday is accommodating based on the Volunteer Helpers' assessment of the Children's requirements.

Décor

The venue should be decorated to a suitable standard with sufficient furniture in each room for the purpose that it will be used for on the Holiday.

Staffroom

There must be a room suitable for the use of off-duty helpers during the evenings. Such a room must be situated so as to ensure that it would not disturb any of the Children's bedrooms.

Staff Smoking Area

There should be an area designated for the helpers to smoke. This should be outside of any buildings that the Children may use, must not be accessible to the Children and must be out of sight of any of the Children's areas. There should be facilities for the safe extinguishing and disposal of smoking materials.





Medical Room

There must be a private room for appropriately trained helpers to administer medication and for the camp doctor to perform any examinations or medical procedures. All medicines are located in a locked box and access to the medicines is restricted to authorised personnel only.

Female Staff

A separate dormitory needs to be allocated to female staff.

Living Accommodation

All sleeping accommodation must be close together in the same part of the building(s) to allow a helper quick access to all rooms. There should also be a space with comfortable chairs close to the rooms where any night duty carer would hear any noise from the rooms. For any rooms where the night duty helper would not be able to hear if a Child got out of bed an audio monitor will be made available.

Bathrooms

Bathrooms must provide sufficient facilities for the Children being catered for on the Holidays. The rooms must be large enough for a Child and two helpers to move around safely. This will be individually assessed by the registered manager and Volunteer Helpers taking into account the time period of the Holidays. Both shower and bath facilities must be available at the venue. Locks must be fitted on all bathroom doors to ensure privacy but which can be opened from the outside with the use of a simple tool.

Bedrooms

These must be in the form of a room of between 2 and 8 beds or in the form of a dormitory with doorless bedroom cubicles. There must be sufficient beds and space for the number of occupants being catered by the room. There should be storage space for the clothes and other personal belongings of the occupants.

Sports Hall/ Hall

A large hall for all the participants of the Holiday to organise discos, magic shows and other recreational activities.

Sports Field

Playground and Equipment





Existing Venue's Provision for Heswall Camp

Barnstondale Centre
Storeton Lane
Barnston
Wirral
CH61 1BX

Centre Director: Jon Muspratt

Manager: Mark Radcliffe

Tel: 0151 648 1412

Email: info@barnstondale.org

Web: <http://www.barnstondale.org>

Registered Charity No. 1087502

Barnstondale Centre provides residential and non-residential breaks to groups of young people from the wider Merseyside area that are considered disadvantaged in any way i.e. financially, socially, physically or emotionally.

It is set in the heart of the Wirral Peninsula in 15 acres of countryside that includes an ancient woodland dale, stream and pond. Barnstondale provide an environment which is far removed from everyday inner-city life. They offer facilities, routine and an activity base to assist group leaders in facilitating their own self-devised programmes in order to work on improving self-esteem, widening horizons and increasing the motivation of the young community.

The Centre offers completely accessible facilities and accommodation, full board or self catering, for up to 150 people via dorms, log cabins and en-suite rooms.

Facilities include: Classrooms, meeting rooms, art room, assembly hall, leaders lounges, tuck shop, stage venue, floodlit all weather pitch, outdoor football pitch, adventure playground, a variety of indoor/outdoor sporting facilities, games rooms and the opportunity to experience a wide range of morale building outdoor pursuits i.e. archery, canoeing, orienteering, problem solving, abseiling and rock climbing on and off site.





Accommodation

Accommodation is provided in specially designed log cabins:

Orchard & Dale Cabin

Orchard and Dale wings are situated within the same log cabin but can be utilised completely independent of each other. This offers our users the option of being able to use the whole building or just one part depending on group size. Therefore giving users the option of bringing smaller groups or dividing larger groups by choice i.e. gender, age or staff.

Both wings offer independent multi use activity areas and kitchenette situated in a beautiful loft space on an upper floor which is accessible by lift. However, Dale wing also has the benefit of self catering facilities for smaller groups Orchard provides accommodation for up to 30 people and has its own multi use activity room and kitchenette. Dale wing sleeps 18 people and as well as providing a multi use activity area also offers self catering facilities.

Pine Log Cabin

For ALL users: -

Downstairs - Self-contained venue with flexible accommodation.

9 en-suite bathrooms, can sleep 9 in individual rooms,

18 in 2 bedded rooms and up to 54 with 6 to a room in double bunks.

All combinations of these arrangements are possible.

These rooms are all suitable for wheelchair users.

Also downstairs two areas for use as sitting or seminar rooms.

Upstairs - accessible by lift, a wonderful party/ conference/ assembly room with small kitchen and its own cloakroom facilities for male, female and disabled.

Traditional dorm

Barnstondale also provide more traditional dormitory accommodation. This is split into two main dorms for up to 56 young people with shared toilets and showers. There are also 6 separate 2 bed rooms for group leaders.

Meadow Cabin

Barnstondale has constructed a modern family orientated disabled dormitory with sensory room and it's own self-catered dining facilities.





Existing Venue's Provision for South West Camp

Barton Camp
Barton Road
Winscombe
North Somerset
BS25 1DY

Chair: Robert Denzil Hollis
Manager: Brian Hall
Tel: 01275 392 304
Email: bartoncamp@mail.com
Web: <https://www.bartoncamp.org/>

Registered Charity No. 1092921

Barton Camp is a fully accessible 101 bed residential centre.

Bristol Children's Help Society is the charity responsible for Barton Camp. They provide subsidised camps to ensure children with any form of disadvantage can experience outdoor adventure and enjoy a great time.

It is set in the west of the Mendip Hills Area of Outstanding Natural Beauty. Barton Camp is located near to the Village of Winscombe with access to the M5 at two nearby junctions and the A38 - it is a rural location on the very western edge of the Mendip Hills. It is served by a minor road, which a 30-seater coach can travel down, and has a drop-off and pick up car park.

Barton camp is split into two buildings. Hardwick Centre and Hervey Centre which sleep 66 and 35 respectively. Joining the two buildings is a heated outdoor pool with a small amount of additional accommodation. The Centre offers mixed-accessible facilities and accommodation. Beds are typically in bunk format with some that can be adjusted to lift the upper bunk to a storage position. Some beds are singles and there are a range of bedrooms spread throughout the site suitable for adults and night shift sleeping rooms. The site is navigable by wheelchairs by ramps and sloped walkways - this gives access to some outdoor break-out areas.

Facilities include: Swimming Pool, dining room and kitchen, 2 activity rooms, Sports Hall, and the opportunity to experience a wide range of outdoor pursuits such as campfires and forest school.





Accommodation

Accommodation is provided in modified 1970's era buildings:

Harvey Centre sleeping accommodation

The Harvey Centre has split level accommodation on 2 levels - lower level accessible to wheelchair users at present. These dormitories have a mixture of rigid bunkbeds and some single beds for up to 35 people. The ground floor includes it's own dining room and kitchen.

Harwick Centre sleeping accommodation

The Harvey Centre has split level accommodation on two levels - lower level accessible to wheelchair users at present. These dormitories have a mixture of rigid bunkbeds and some single beds for up to 66 people. The ground floor includes its own dining room and kitchen.





Fire and Safety

[NMS - Standard 3]

The venue providers are expected to give a full assessment of the hazards involved with their respective venue. The Leaders, Senior Helpers and Volunteer Helpers will take precautions to minimise the risks. Full risk assessments completed by the venue will be required for all holidays.

The venue providers must show the Charity their emergency evacuation procedures. On the first day with Children on site, the Volunteer Helpers must conduct a full evacuation practice in accordance with those procedures. However, if it is deemed that the use of an audible or visual alarm may cause adverse effects to any child then the Leader should ensure that provision is made to carry out the evacuation procedure without those children present. Any issues that arise as a result of this practice must be dealt with immediately to the satisfaction of the venue providers and the registered managers. During the Holiday it is the responsibility of the camp leader to ensure that all children are out of the building in the case of an emergency. It is then the Leader's responsibility through the use of a register to ensure that all Children and carers are out of the building. No person may re-enter the building until it has been declared safe by the venue provider or member of the emergency services.

As part of the pre-camp training of the volunteers, they are taught manual handling skills. These allow the volunteers to evacuate the Children safely in the event of an emergency without the use of lifts and other mechanical aids.

Consultation with Children

[NMS - Standard 1]

Each year the children are informally consulted by the 'Parental Liaison officer', to gain feedback on how the camp is progressing and if there are any improvements that could be made. This is done informally alongside normal day to day activities.





Activities, Excursions and Therapies

The Charity aims to make the Holidays as action packed and as fun as possible. It strongly believes that exposure to a wide variety of stimulus is the best possible therapy for the Children accommodated by the Holidays whilst at the same time promoting their participation in educational, recreational, sporting and cultural activities, so long as the necessary care and safety aspects of any activity can be catered for. As such, there is a long list of activities both on and off site, which the Charity encourages the Children to take part in. All these activities are assessed for their suitability by the Volunteer Helpers and risk assessment forms are completed each year depending on which activities are planned.

A sample of some of the activities which the camp provides is listed below these are considered to provide a therapeutic and enjoyable experience and promote the participation of Children in education, recreation, sports and culture.

Onsite	Offsite
Art Session	Theme parks
Dragon Drumming workshop	Horse riding
Camp Fair	Zoo
Falconry	Visits to the seaside
Wirral Disability Sports	Canal Boats
Fire brigade visit	Aquarium
Police visit	Cinema
Magic show	Community farm
Disco and Karaoke	Falconry centre
Adventure playground/ assault course	Ice-cream Parlour
Talent show	Raft building and canoeing
It's a Knock Out competition	Swimming
Music sessions	10 pin bowling





I'm a helper, get me out of here	RAF Cranford
Ladybugs picnic	Police Horse Academy
Reading	Museum of Science and Industry
Everton Disabled Football	Harry Ramsdens
Chinese Lanterns	MacDonalds
Campfire	Theatre Workshop
Water Fight	Flying

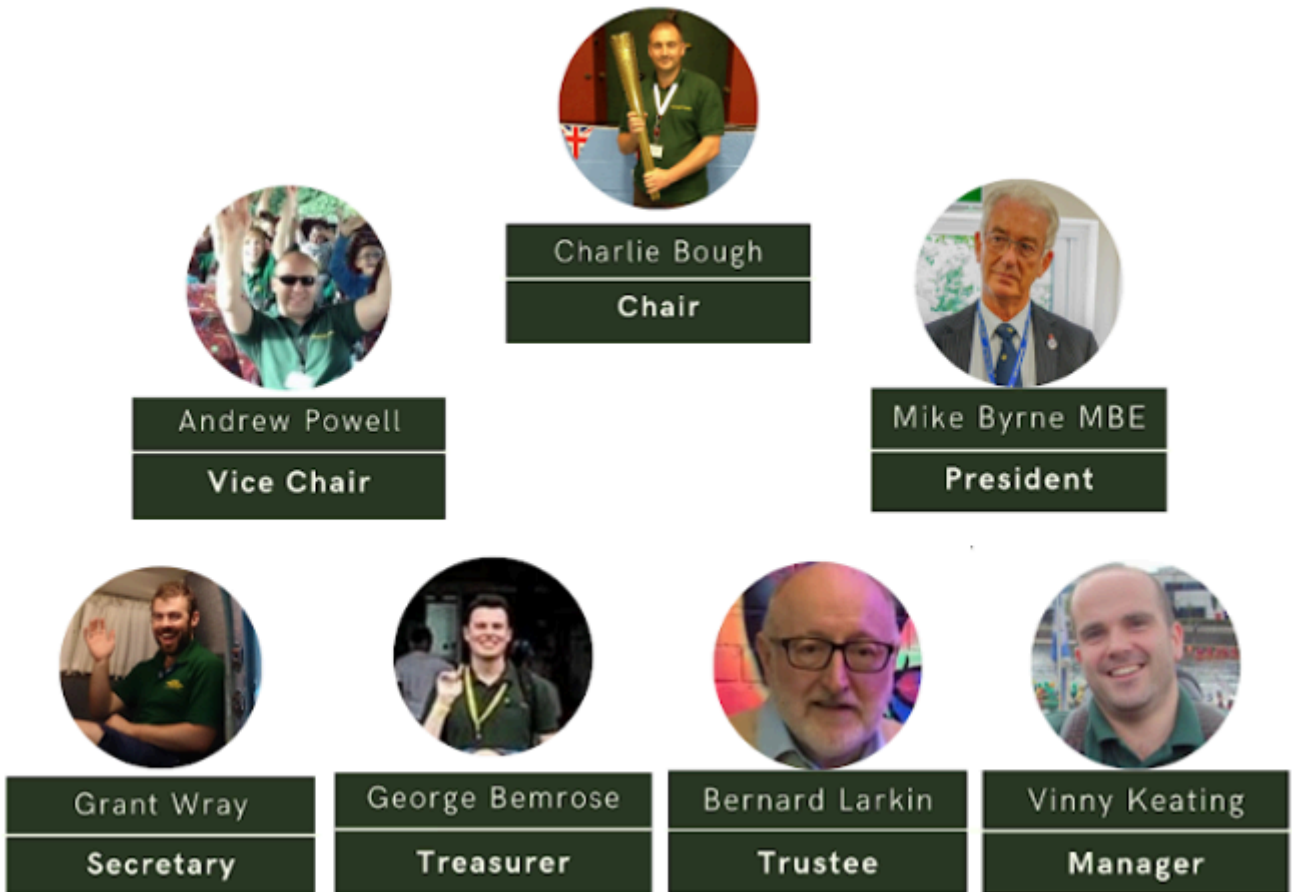




Organisational Structure of the Charity

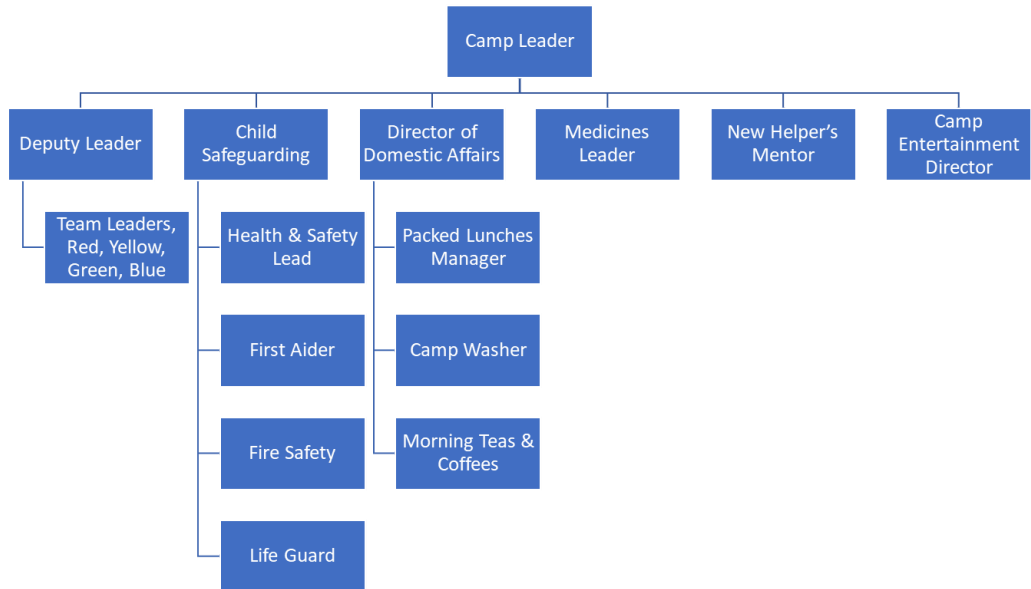
The structure of the Charity has evolved organically since it started in 1960. It has seen many changes as the original founding members have progressed through life from school leaving age to demanding jobs with families and other similar time consuming commitments.

The structure of the Charity is depicted in the structure diagram below which illustrates the direct line of responsibility and chain of command for the operation of the Holidays.





Camps are organised as follows:





Roles / Care Responsibilities

[NMS - Standard 8]

The Registered Provider

Heswall Disabled Children's Holiday Fund²

9 Milton road

Waterloo

Liverpool

L22 4RE

The Responsible Individual

Capt. Charlie Bough
2 New Farm Cottages
Rickmansworth Road
Northwood
Middlesex
HA6 1HB

Charlie has been volunteering with Heswall Camp for 15 years as a helper including 8 years as a committee member and Vice Chairman. 29 years in aviation as a pilot and Training Captain have given me a huge amount of interpersonal experience and skills helping me and the Charity maintain a high- level Team mentality that is the backbone of our camp. A keen desire to set and maintain high standards through continuous professional training that also helps to build the loyalty our charity and volunteers enjoy.

The Registered Manager

Vincent Keating
9 Milton Road,
Waterloo.
Sefton.
Merseyside.
L22 4RE.

Vin first came into contact with HDCHF as a child and attended 5 camps before being accepted as a helper. He has since completed 23 camps and now serves on the board of trustees as Chairman. In 2012 he was appointed Registered Manager for the Charity to Ofsted. Vin brings many years of experience from his job working with the UK Border Agency, where he has been a safeguarding officer working with child refugees.

² Heswall Disabled Children's Holiday Fund, <http://heswallcamp.org.uk>





Trustees and Executive Committee of the Charity

The Charity has 5 trustees each providing their different skills to the Charity. There are also committees for each project made up of both sexes and are a broad cross-section of ages and backgrounds.

In addition to the trustees there is an Executive Committee which comprises the chairman, vice chairman, secretary and treasurer.

Under the direction of the chairman, the Trustees and Committee work to provide sufficient resources and regulation for the Holidays to operate in a safe and efficient manner capable of providing for all reasonable requirements of the Children. **[NMS Standard 10]** This includes:-

- the vetting of all personnel involved with the Charity.
- developing the Charity's training programs.
- organise training and social events outside of the Holiday. **[NMS - Standard 11]**
- reviewing and appraising Volunteer Helpers.
- reviewing and updating policy.
- inspecting the Holidays to ensure that the policies of the Charity are being adhered to.
- Provide sufficient volunteers / staff to ensure the Holiday is appropriately run, with the aim to be able to support 1 to 1 care of all children should that be deemed necessary.

Leader / Deputy Leader

[NMS - Standard 14]

Responsibilities

- To organise and run the Holiday in accordance with the Holiday timetable and in reference to all policies and procedures. **[NMS - Standard 12]**
- To implement changes recommended by the registered provider.

Relevant Qualifications and Experience

Other than a minimum of four years' experience as a senior helper the Charity sets no specific qualifications for the role of Leader. It is considered that as the Leader is a long term active member of the Charity their accumulated experience combined with the experience of the Senior Helpers ensures that all the necessary skills are present. However, most of the senior helpers do have relevant transferable qualifications and the current volunteers include doctors, nurses, teachers and other professionals.

Training

Training for the role of Leader is provided on an "on the job" basis. All leaders must demonstrate suitability and maturity. The leaders are supported by a Deputy Leader & a team of senior helpers. To be considered for the Senior Helper position the candidate must have participated with the Charity in the role of a Volunteer Helper and demonstrates the abilities and maturity required for a supervisory role.





Supervision

The Senior Helpers are the senior staff members actually on site. Each Holiday is subject to inspection by an independent person appointed by the Charity each year and they may make unannounced formal inspections to assess and conduct supervision of the Volunteer Helpers. Any advice or changes required by the registered provider are passed on to the Volunteer Helpers immediately and are expected to be implemented. [NMS - Standard 12]

Development

The Volunteer Helpers receive training via a mixture of on-line and face to face training and receive feedback on best possible practices and techniques from the registered manager and also from any inspecting trustee. Any person showing suitable and relevant interest in HDCHF can apply to become a member and will be asked to confirm continuing membership each 3 years, and as such are entitled to attend the annual general meeting and are encouraged to use their experience on the Holidays to develop the Charity and ensure continued improvement in the quality of the Holidays for the end users. The Charity will sponsor any training in specialist skills that the Volunteer Helper volunteers to go on to fulfil the role and also any training recommended by the registered manager. (This covers registration fees and study aids only). [NMS - Standard 11] [NMS - Standard 12]

Camp Doctor

Responsibilities

- To offer advice to the charity on medical and nursing conditions prior to the Holiday.
- To review all medical forms, prior to the Holiday to anticipate any problems and to discuss special requirements with the Leaders and Registered Manager. [NMS - Standard 5] [NMS - Standard 11]
- To check the medical forms for discrepancies in medication dosages etc. and to check these with the parents and/or GP prior to the Holiday if possible, or at the first opportunity. NMS - Standard 15]

Medication Team

Responsibilities

- To collect medication from parents or the Children's bags on their arrival at the venue.
- To keep a drug chart/book recording all required medication for each Child and the dates and times of administration. Record to be signed by 2 authorised signatories. [NMS - Standard 14] [NMS - Standard 15]
- To administer medication to the Child as per the GPs instructions on the medical form
- To keep medication safe at all times.
- To return all medication to the parents at the end of the Holiday.
- To keep a record of all accidents and incidents involving Children and/or carers, and to inform parents of those accidents/incidents at the end of the Holiday or sooner if necessary. NMS - Standard 14] [NMS - Standard 15]
- To have available the contact numbers for the local GP and hospital. NMS - Standard 15]





Selection, Qualification and Experience

The dispensing team manager for the Holiday will not necessarily hold the qualification of registered nurse, pharmacists or doctor but will be someone of unimpeachable character who has obtained senior helper status. Due to the high level of responsibility of this role, the Charity, where possible, tries to find Senior Helpers who have some prior experience of dealing with medicines. This includes medical students, registered first aiders and nurses. Whilst on the Holiday the medication team is guided and supported by the Leaders and will have care plans and recent prescriptions or doctors letters as appropriate to follow. Where doubt lies over whether medication should be administered or not the medication team will always seek the advice of a medical professional or the parent/carer. A helper who does not yet hold senior helper status may be selected for the management of the team but must in this case hold a recognised qualification and experience appropriate to the role.

Supervision

The Leaders of the Holiday are the medication team's direct managers during the week and will ensure that the necessary supervision is provided. [\[NMS - Standard 12\]](#)

Refer to Medicines policy for full details. (print copy for reference) (Heswall camp/policy/medicine)

First Aid Team

Responsibilities

- To deal with all minor injuries and medical problems (e.g. constipation) and to advise on the best course of action for the more serious ones.
- To ensure each child's care plan is understood and acted upon by the helpers.
- To advise carers on the management of common conditions and important/relevant serious ones (e.g. epileptic fits). [\[NMS - Standard 14\]](#)
- Recently completed or refreshed on a nationally recognised first aid qualification.

Volunteer Helpers

Selection, Qualification and Experience

As for all other roles within the Charity this is an entirely voluntary position. Helpers require no previous experience or qualification, just a strong will to help others and lots of energy. The selection process includes filling in an application form, sending a CV showing a complete work history with no gaps, references from two non family member referees who have known the person for two years or more, and a short interview.

The volunteer needs to be an adult, 18 years or older and must successfully complete the Enhanced DBS check. Enhanced DBS checks are conducted on all Volunteers, Trustees, Managers, Leaders and the executive committee on a rolling 3 year basis to ensure all checks are fully up to date. [\[NMS - Standard 10\]](#)

Training





Upon the successful application to be a helper for the Charity the helper receives the camp handbook and also must attend any training courses as identified will enhance their skills prior to their first camp. [NMS - Standard 11]

Activity Helpers

Helpers not 18, but keen to assist will be carefully assessed for maturity and reliability, will be selected as per standard volunteer process, however will not be allowed to offer any intimate care to the Children at camp, HDCHF is keen to remain flexible in helping volunteers with disabilities feel confident in being part of the future of the charity.

Supervision

The Leaders supervise the whole team on the Holiday and a meeting is held every evening where all issues of care are discussed and suggestions from the Leaders and Senior Helpers are given. [NMS - Standard 12] In addition the helpers are trained to avoid situations which put the Child at risk of abuse and situations which invite accusation of wrong doing. Except in case of emergency, no helper will be left alone with a child.

Development

[NMS - Standard 11]

After completing the Holiday the Volunteer Helpers attend the end of camp meeting of the charity. Immediately following this meeting the Chair hands over to the Camp Leader who invites feedback from all volunteers on all aspects of the holiday.

On the Volunteer Helper's first Holiday they are supervised by the new helper's mentor who monitors their actions and behaviour to ensure compliance with camp policies and also to identify training improvements.

In addition to this "on the job" method of learning, all carers are encouraged to find specific courses in special skills which would be of use to a Holiday. The Charity will sponsor the carer to attend these courses with registration fees and study aids. Examples include makaton, BSL and lifting techniques. [NMS - Standard 11]

Venue Provider and Staff

To provide the venue, the facilities and the services agreed with the Volunteer Helper and registered manager. Staff will not be allowed unsupervised access to the Children on site unless they have undergone CRB Enhanced Disclosure check and the Charity's vetting procedure.

Hired Services Personnel

These include caterers, coach drivers and all personnel hired by the Charity to provide a service on the Holiday. They will have to provide evidence to the Volunteer Helpers of suitable qualifications to fulfil their role on the Holiday.





They will not be allowed unsupervised access to the Children unless they have undergone **DBS** Enhanced Disclosure checks and the Charity's vetting procedure.

Heswall Camp Heroes

This group of volunteers are fully DBS'd by the charity and recruited in the same fashion as any other volunteer and act as support staff focussing on non-child related workstreams. Particularly supporting in the cleaning and dining support areas. They are not intended to be left in a supervisory category for any child or young adult.





Children

Applications

The Charity actively seeks to find the children in the North West and the South West of England, with a catchment area of the Wirral, Liverpool, Cheshire for the NW and Bristol and Somerset for the SW camp, who are most in need of receiving a Holiday with the high level of care the Charity provides. To do this the Registered Managers are in regular contact with local Social Services departments and special schools. Unsolicited applications are also welcomed from any source. As a result of this the number of applications generally outnumbers the available spaces on the Holidays.

Number of Spaces/Size of Holiday

Each Holiday operated by the Charity aims to take approximately 30-35 children of any sex for the NW and approximately 20 for the SW. [NMS - Standard 3]

Selection Criteria

This procedure is designed to select those most in need bearing in mind the following key criteria whilst supporting the charity's equality and diversity policies.

1) Age

Children must be between the ages of 9 and 16. Young adults start at 16 to 25. Exceptions are dealt with on case by case basis.

2) Disability

The Charity will consider a child with any form of disability categorised as LD Learning Disability and PD Physical Disability and this has in the past included:-

Mild to Severe Cerebral Palsy

Muscular Dystrophy/ Duchenne

Downs Syndrome

ADHD

Autism

Spina Bifida

Microcephaly

Mild to Severe Learning Disabilities

Mild to Severe Epilepsy

Various Syndromes

Prada Willi

Osteogenesis Imperfecta

Cerebral Folate Deficiency

Urological conditions & Catheterisation

Pulmonary Stenosis

Sleep Disorders

Goldenhar Syndrome

Scoliosis

Neurodevelopmental disorder

Ewing's Sarcoma

PEG feeds





Where the Charity is taking a child purely on the basis of their disability and care requirements (i.e. there are no circumstances of financial deprivation) the board of trustees will vote on progressing the child's application. The Charity will always prioritise places to those Families with the greatest needs that we can care for.

3) Financial Deprivation

The ability of a child's family, parents or guardians to provide that child with a Holiday will be considered. This is done in a qualitative manner, with no formal means testing, based on information from Social Services, special schools and assessment by the Registered Manager or their representative during visits to the children's home.

4) Social Deprivation

The child's social and family circumstances are also considered in the selection process. Such circumstances may include children from a single parent family, in foster care or local authority home as well as those with a serious illness in the family or bullying at school.

5) Venue

The Charity will only offer a child a Holiday if the facilities offered by the venue are of a sufficient standard as determined by the Registered Provider and the Registered Manager.

6) Group Dynamic

Due to the close living arrangements on the Holiday the Charity will, in its selection process, also consider how group dynamics will be affected by individual children or the number of children with similar physical or mental traits. This criterion does not, however, exclude any disability conditions from attending the Holiday. The Registered Manager will consider this intention when making their initial selection based on their own experience of the Holidays organised by the Charity and the Responsible Individual is consulted on the selection process before children and families are informed.

9) Has the child been on a Holiday before?

The Charity does allow children to attend further Holidays.

10) Locality

For ease of transportation the Charity will where possible select children from within the North West of England in case the child needs urgent collection, however, applications are accepted from other regions in the UK.





Selection Process

The process of selecting Children is very difficult and the Charity would like to be able to provide Holidays for as many children as possible. The selection process is conducted by the Registered Manager or a suitable representative of the charity who has knowledge of the applications, based on the criteria above and the registered provider is consulted on the proposed Children before the families are informed. The Charity aims to inform the families as soon as possible thereafter.

A summary of the selection process timetable (which may vary from year to year and depending on circumstances) is as follows:-

Date	Process	Who
January	Contact Special Schools Social Services and known families	Applications rep from Committee
February	Visit Special Schools	Applications rep from Committee
February/ March	Receive Applications	Applications rep from Committee
March	Initial Selection	Applications rep from Committee
March/ April	Home Visits	Applications rep from Committee
	Second Selection	Applications rep from Committee
May	Consult Charity Trustees	Applications rep from Committee / Trustees
End June	Final Selection	Registered Manager/ Camp leader

The Registered Manager will also select some children to be placed on a reserve list. At the first opportunity when a place becomes available, for example, through a Child's cancellation, the place will be filled by a child from the reserve list. The Charity does not accept any emergency or late applications for a Holiday but will hold some unsuccessful and late applications for consideration in subsequent years.

Children's Religious Needs

The policy of the Charity is not to discriminate against children on their religious or ethnic backgrounds. Where a child or the child's family wish for the child to make religious observances or require a special diet, etc. the





Registered Manager will discuss this with them before the Holiday to make appropriate arrangements to the satisfaction of all parties.

Record Keeping

To facilitate selection of children for the holiday an application form is sent to the Parent / Guardian of the child. This application form forms the basis of all records kept on the child. The form is attached in the appendix. The contents of the form include questions on:

1. The child's name, address and contact details of the parent / guardian / placing organisation.
2. The child's date of birth.
3. The child's disability, where diagnosed, or Medical Consultants description of symptoms.
4. A needs statement describing the level of support the child needs.
5. What medicines the child takes whether prescribed or not.
6. Contact details for the child's GP / Consultant.
7. A statement from the child's GP or Consultant.

With permission of the parent or guardian a photo is taken of the child to assist in safeguarding.

Further records are created to support medicines and accident reporting.

The handbook also contains records of all persons working on the holiday.





Notifiable Events

Although not covered by the National Minimum Standards, the charity understands and complies with Schedule 5 of The Residential Holiday Schemes for Disabled Children (England) Regulations 2013. Notifiable events are:

Column 1	Column 2					
<i>Event:</i>	<i>To be notified to:</i>					
	Commission	Placing authority	Secretary of State	Local authority	Police	Health England
Death of a child accommodated in the scheme	yes	yes	yes	yes		yes
Referral to the Secretary of State pursuant to section 2(1)(a) of the Protection of Children Act 1999(1) of an individual working at the scheme	yes	yes				
Serious illness or serious accident sustained by a child accommodated in the scheme	yes	yes				
Outbreak of any infectious disease which in the opinion of a registered medical practitioner attending children at the scheme is sufficiently serious to be so notified	yes	yes				yes
Allegation that a child accommodated at the scheme has committed a serious offence		yes			yes	
Involvement or suspected involvement of a child accommodated at the scheme in prostitution	yes	yes		yes	yes	
Serious incident necessitating calling the police to the scheme	yes	yes				
Absconding by a child accommodated at the scheme		yes				





Any serious complaint about the scheme or persons working there	yes	yes				
Instigation and outcome of any child protection enquiry involving a child accommodated at the scheme	yes	yes				





Procedures and Policy During The Holiday

Activity Planning

Every evening the Leaders describe the events of the following day to the whole care team. This allows the carers to make any necessary preparations in advance and to discuss any issues for their particular child.

Supervision of Children

The Charity specifies that the Children must be under adult supervision at all times. This includes helpers supervising each dormitory building on night watch duty. Teams are organised to ensure that a child is always supervised by a minimum of 2 adults to guard against inappropriate behaviour or allegations of wrong doing from the child. When the Children go to bed it is the responsibility of the allocated helpers in the dorms to ensure that their Children are settled in bed and a fixed lights out time is enforced. A night watch is then established until the volunteer helpers wake the following morning. Because of the nature of the disabilities encountered a minimum of 2 helpers are allocated to night watch duty to each cabin to provide night care and at no time will only one helper be present in the dorms after lights out. This is to ensure full supervision at all times. Only in case of emergency is it allowed for a helper to depart the night watch, and in this case the assigned night watch supervisor should be woken to provide support.

Support of educational needs

The holiday is normally conducted in August during school holidays and only lasts for one week so the camp does not provide any direct educational support to the children. From time to time, individual children do have educational aims that need to be supported on camp such as holiday homework or 'What I did over the summer' type activities. These are assessed by the Leaders on an individual basis and supported where practical. Many Volunteer Helpers have a professional educational background and these helpers are used to support the educational activity.

Indirectly, many of the off-site activities that are arranged include visits to museums or other venues that have education value. Past examples include the Museum of Science and Industry³, Cheshire Waterlife Centre⁴ and the Museums of Liverpool⁵.

³ Museum of Science and Industry, Manchester, <http://www.mosi.org.uk/>

⁴ Cheshire Waterlife Centre, <http://www.cheshirewaterlife.co.uk/>

⁵ Museum of Liverpool, <http://www.liverpoolmuseums.org.uk/>





Recreational Drugs and Alcohol

Recreational Drugs and Alcohol are specifically not allowed on the holiday. The Leader may allow small numbers of helpers to go to a local pub for relaxation purposes or private counselling after lights out but this must be approved by the Leader or Deputy Leader in advance and only where the total number of helpers on site do not drop below 20.

The Leaders in consultation with the registered managers may take any steps they deem appropriate including excluding a carer from the Holiday should that carer fail to observe the above restrictions.

HDCHF does have a code of conduct which all volunteers are aware of and have signed. Appendix 1

All carers, whether on or off duty, must remain on-site except with the express permission of the Leaders.

Evening Review

On each evening during the Holiday, the Volunteer Helpers feedback their experiences with the whole of the care staff. This allows opportunity for constructive feedback and positive input on how to improve the care being provided.

Carer Development

The Holiday is a continuous development opportunity for the Volunteer Helpers under which they can discuss methods and techniques with other more experienced staff and with the Leaders. The Charity provides literature and approved manuals on techniques for the carer's use on the Holiday. Volunteer Helpers are encouraged to constantly observe and to provide constructive feedback on each other.

Contact with Parents and Guardians

Experience in the past has shown that home-sickness becomes more extreme when the child makes contact with loved ones. However, it is important that children can make contact with parents / guardians as part of their safeguarding and also maintaining their relationships. To support this, there is a pay telephone box in the dining room but children may also request the use of camp facilities to make calls. Contact from parents and guardians in the first instance goes to the Leaders or Registered Managers and where requested is passed onto the Children.

Mobile phones are not excluded from the holiday but parents are advised of the risk of sending expensive items such as these on the holiday. Children are asked not to 'Flaunt' their use on camp as many children from deprived backgrounds would take this as a form of bullying.





Children's Property

Parents and Guardians are advised of the usual risks of theft that can occur on holidays and as such are advised not to send expensive items such as electronics and designer clothing. Security of the children's property is important to the charity as in many cases the children come from a deprived background. Where an incident of theft is reported measures are taken to recover the stolen item up to and including searches of the dorms and the rest of the site. All parents are advised to mark clothing with name tags to avoid loss.

Parents and guardians are advised that insurance for personal property should be taken out but that the charity has public liability insurance to cover any other instances.

Equality and Diversity

The charity is committed to achieving equal opportunities in everything we do, and welcome the contribution that a diverse community can offer. To meet these aims we will:

- treat all people who come into contact with the charity equally according to needs, irrespective of their race, colour, ethnic origin, religion or beliefs, gender, transgender, age, sexual orientation, HIV status, physical, mental, sensory or learning disability, marital status or economic status or any other factor.
- not tolerate harassment or intimidation of any kind and will respond to all reports of harassment/intimidation
- encourage all individuals to apply to us for employment. We value the differences amongst our staff and aim to use their differences in a positive way, towards meeting our objectives
- be committed to ensuring that equality of opportunity underpins all our procedures, policies and work practices.

Our commitment to diversity supports our established equal opportunities policy. It offers the opportunity to:

- combat prejudice, stereotyping and harassment
- continually improve our customer care by ensuring that our services reflect the needs of the children who attend our holidays

Visit by the Registered Provider

At some point during the camp, an individual will attend the holiday with the purpose of checking the performance of the camp. This person will not be residential at the camp but should be associated with the charity in some way. This will be known as the Regulation 29 review.

The person carrying out the visit will interview, with their consent and in private, the children and helpers on the camp to ensure they understand the standard of care provided by the camp. This interview will not compromise the safeguarding of the child as this person will hold DBS clearance. The Responsible Individual will nominate a helper





to stay with the child during this interview if their medical condition warrants it and to ensure safeguarding principles are adhered to.

The person will inspect the premises and sites used by the scheme to provide care and accommodation for the children, inspect the records of any complaint and prepare a written report on the conduct of the scheme.

The report will be formatted as a tick box questionnaire to allow a standardised report to be created focussed on the key questions that need to be audited. A further free text area will be provided to allow the report author to expand on any points they feel necessary to properly complete the report.

The report will be submitted to HMCI (Ofsted), The Responsible Individual, The Registered Manager, the Trustees and the Charity committee.

Report by the Responsible Individual

Following the camp the Responsible Individual will prepare a report detailing any events that occurred on the camp. This will be known as the Regulation 30 report.

The report will record the following:

1. The deposit and issue of money and other valuables handed in for safekeeping.
2. Accidents involving, and injuries to, persons in premises or sites used by the scheme to accommodate children.
3. Illnesses of children accommodated by the scheme.
4. Complaints in relation to children accommodated by the scheme and the outcomes of those complaints.
5. Allegations or suspicions of abuse in respect of children accommodated by the scheme and the outcome of any related investigation.
6. Visitors to premises or sites used by the scheme to accommodate children, including visitors to children accommodated.
7. Notifications of the events in Schedule 5.
8. The use of measures of control, discipline and restraint in respect of children accommodated by the scheme.
9. Risk assessments for health and safety purposes and subsequent action taken.
10. First aid, medical treatment or medicines administered to a child accommodated by the scheme.
11. Fire drills and tests of alarms and of fire equipment.

This report to prepared in a timely manner and issued by 3 months from the end of camp .





Child Safeguarding & Behaviour Management Policy

[NMS - Standard 3]

The Charity's Child safeguarding Policy is attached in the appendices.

The Charity's Behaviour Management Policy is attached in the appendices.

Sleeping Arrangements

In some cases the Children on the Holidays require supervision 24 hours a day. This may be due to a tendency to wander, a lack of awareness of danger, epileptic seizures or any number of other reasons.

To protect the Children from themselves and each other whilst still enjoying a relaxed atmosphere the Children sleep in small dormitory rooms, normally with a minimum of two Children. There will always be a minimum of 2 helpers on night watch or sleeping night watch duty in each cabin to provide for night care. It is part of the safeguarding policy that no carer should be the only adult in a bedroom with the Children and the system works on the basis of safety in numbers. This protects the Children from unauthorised personnel accessing the dorm and also the adults from accusations.

Children may not enter a bedroom (other than the one in which they are sleeping) without express permission from a helper. In most cases this entry will not be approved.

Adults may not enter a dormitory room unless they have received Enhanced DBS disclosure and are Volunteer Helpers. Venue staff may only enter a dormitory when there are no children in the dormitory for maintenance purposes and are encouraged to do so whilst the camp is off-site.

No one may enter a bedroom in which members of the opposite sex sleep unless he or she is appropriately supervised or an emergency response is required. By preference the supervision should be made by an adult helper who is of the same sex as the children sleeping in the dormitory.

Emergency access to dormitories may be warranted without permission in specific cases. For example if an evacuation of the dormitory has been ordered and a rescue is required or there is an ongoing medical situation that requires immediate access. During these circumstances it is permissible for an adult to enter a bedroom by themselves to provide rescue or support children in need of medical care. In these instances, a formal review will be conducted by the Leader to determine if the circumstances demanded a breaking of the 2 adult rules and to give feedback of the findings to all necessary parties.





Bathing of Children and Intimate Care

Guidelines and skills for the bathing of Children are set out in the training for the carers at the start of the Holiday and are in the Helper Training Manual. The Charity has had to consider maintaining a Child's right to privacy and the need to protect the Children from abuse whilst bathing.

Where a Child is capable of doing so, that Child is encouraged to bathe themselves. When this is not possible the Child and parents or guardians are consulted to gain consent for the helpers in the child's dormitory to assist but with a minimal invasion to the Child's privacy. When bathing a Child, the carer must avoid being alone with the Child and doors to the bathroom must be closed, where practical, but not locked. When it is necessary for a carer to provide intimate care for a Child, that carer must take steps to protect the Child's dignity and right to privacy.

Unauthorised Absence of a Child

Wirral Safeguarding, March 2022 Pan Merseyside Missing Protocol:

<https://www.wirralsafeguarding.co.uk/wp-content/uploads/2022/03/Pan-Merseyside-Missing-Protocol-March-2022-1.pdf>

[NMS - Standard 4]

So long as the supervision of the children follows procedure, the unauthorised absence of a Child should not happen on the Holidays. In the event that this does happen and a Child's whereabouts becomes unknown, this must be reported directly to the Leaders who will immediately trigger an appropriate response which will likely include the search of the venue or surrounding area if off-site on an excursion. If the Child is not found following that search the police will then be notified to assist in expanding the search. The leaders will carry details of the Police missing from care coordinator where the venue is sited. As this authority will have been informed of the camps presence prior to the start of the holiday, this authority will always be used as the first point of call even whilst on excursions.

Merseyside Police will ask the following standard set of questions whenever an individual is reported missing:

- **Child's full name?**
- **Full description of individual (Inc clothing and distinctive marks)?**
- **Who are their known associates?**
- **Has the individual been reported missing before?**
- **Has the child made any preparations for being missing/absent?**
- **Is their behaviour out of character?**
- **Do they have access to a mobile phone?**
- **Do they use social network sites? (Facebook etc.)?**
- **Do they have access to a vehicle?**
- **Do they have cash/access to cash?**





The following questions are used as **Critical Questions**, to assist the Police in determining whether the individual is 'missing' or 'absent'.

- **Is the child on any essential medication?**
- **Does the child suffer from any physical (disabilities) or mental health issues?**
- **Has the child previously self-harmed or made threats to self-harm or injure another person?**
- **Would you consider the child is being sexually or criminally exploited?**
- **Are there any additional vulnerabilities (creating a risk to the child or the public)**

Risk Guidance Chart

No apparent risk (absent / away from placement)

There is no apparent risk of harm to either the child or the public.

Actions to locate the child and/or gather further information should be agreed with the person notifying the Police.

Low risk (missing)

The risk of harm to the child or the public is assessed as possible but minimal.

Proportionate enquiries should be carried out to ensure that the individual has not come to harm.

Medium risk (missing)

The risk of harm to the child or the public is assessed as likely but not serious.

This category requires an active and measured response by the police and partner agencies in order to trace the missing child and support the person reporting.

High risk (missing)

The risk of serious harm to the child or the public is assessed as very likely.

This category almost always requires the immediate deployment of police resources – action may be delayed in exceptional circumstances, such as searching water or forested areas during hours of darkness. There should be a press/media strategy and/or close contact with outside agencies. Family support should be put in place where appropriate.





Parents and family members are expected to undertake the following basic measures to try and locate their child if considered safe to do so:

- **Search bedroom / house / outbuildings / vehicles;**
- **Contact known friends and relatives where the child/ young person may be;**
- **Visit locations that the child is known to frequent, if it is safe to do so.**
- **Report their child as missing to Merseyside Police via telephoning 101, or in cases of an emergency 999.**

When a professional becomes aware that a child is, has been missing, they should advise the parent or carer to notify the Police immediately, if the parent has not already done so. If there is any concern the parent has not, and will not, report the child missing, the professional should notify the Police by telephoning 101 or 999 in a case of emergency. Merseyside Police will ensure that the professional's missing report is recorded as a missing episode. Action should be taken as appropriate to the duration of time the child or young person has been missing for. In any agency assessments of risk and safeguarding concerns, consideration should be given to the fact that the parent / carers has not reported their child as being missing and the risk this has placed the child in.

The professional does not need to inform the Integrated Front Door (IFD) of the missing child report, as this will automatically be undertaken by the Police. However, if any assessment identifies any safeguarding concerns they should make a professional safeguarding referral to the IFD. Merseyside Police ensure that their missing persons database automatically notifies all children being reported as missing / absent to the IFD each following working day. If the child continues to be missing, the partnership investigation to ascertain their whereabouts will ensure contact is made with the child or young person's educational setting and inform the Designated Safeguarding Lead within the educational setting that the child or young person has been reported as being missing.

If a child subject of a Child Protection Plan goes missing with their parents, consideration of the risks posed to the child must be undertaken by Children's Social Care and a multi-agency Strategy Meeting should be considered. The timing of the decision to hold a Strategy Meeting must be based upon the individual child's circumstances and the risks associated.

The Team Manager and relevant Service Manager must ensure that Merseyside Police are informed to take relevant action to ascertain the child's location.





When a child or young person is identified as not being at a location they are expected to be, the reporting individual (care provider / foster carer / social worker etc) must take proactive steps to trace the child's whereabouts prior to contacting the police. Such steps would include:

- Physical checks of the residence, including the child's bedroom and any other location the child may be hiding within the house / building.
- Physical checks of any garden, garage, sheds, grounds and surrounding area(s) or any location the young person is known to frequent.
- Attempting to contact the missing person directly, via mobile phone, text, or social networking sites such as Twitter or Facebook.
- Contacting the missing person's family and friends.
- Make reference to any risk assessments, placement plans or action plans that allow for some leeway with curfews for 'boundary testing'.

Carers should call Merseyside Police to report the child as missing via calling 101, or, in an emergency via 999. Any carer reporting a missing episode must call the police and not wait to notify the Out of Hours Social Care Emergency Duty Team or allocated Social Worker, as this causes double reports of missing incidents and there can be a delay in ascertaining the child's whereabouts. If the child or young person has a history of being missing, their Care Plan and Placement Plan should reflect the actions the carers should take upon a child being absent or missing. The child's allocated Independent Reviewing Officer (IRO) should ensure the Care Plan and Placement Plan are regularly reviewed to address 'missing' and 'absent' behaviour and associated risks.





2.5.4 Actions to be undertaken when a 'looked after child' is missing

Whenever a looked after child goes missing (be they a residential child care worker, social worker, foster carer or duty social worker notifying the Police) they should make the following information immediately available to the police:

- A description of the child (including description of clothing, if known).
- When the child was last seen and with whom.
- A recent photograph (including the date of the photo and confirmation that it is a true likeness of the missing person).
- Family addresses.
- Known acquaintances.
- Any previous history of running away or going missing.
- The names and address of the child's GP, school and dentist.
- Circumstances which increase the risk to a child should be drawn to the attention of the Police and any health concerns and details of any medication e.g. the need for any time-based treatments such as diabetes.
- Legal status of the child or young person - absconder or missing.
- Any action agreed or taken.
- Length of time in current placement.
- Overall length of time in the Care System.
- Reason for the missing person being in 'care'.
- Immediate circumstances prior to disappearance (i.e. phone call received, visitor etc).
- Missing person's demeanour immediately prior to disappearances (excited, anxious etc).
- When the person raising the Alert is or has been made aware of the location of a missing person, this must also be disclosed.
- Details of all actions that have already been undertaken to locate the child or young person - i.e. names and telephone numbers of family and friends already contacted by the residential staff in an attempt to locate the missing person.

It would also be helpful for a copy of the 'Missing' Risk Assessment to be made available to the Police.





3.1 DESIGNATED RESPONSIBILITY FOR CHILDREN AND YOUNG PEOPLE GOING MISSING AND MULTI-AGENCY MONITORING

Each area should have a designated Missing From Home Strategic Partnership lead who should ensure that Missing Children remains a priority by having an oversight of the following:

- Implementation of "missing from home and care" protocols and procedures.
- Reporting information about patterns of absence among looked after children to the Director of Children's Services and to councillors responsible for "Corporate Parenting".
- Providing data monitoring information to the LSCB and themes to inform the partnership agencies actions to address these, to aim to reduce future missing episodes for children and young people, aiming to ensure they are safeguarded from exploitation.

3.2 ROLE OF THE WIRRAL SAFEGUARDING CHILDREN BOARD

The WSCB should monitors agencies compliance with this Procedure and ensure that children and young people going missing or absent are effectively safeguarded by individual agency action and the partnership working effectively together.

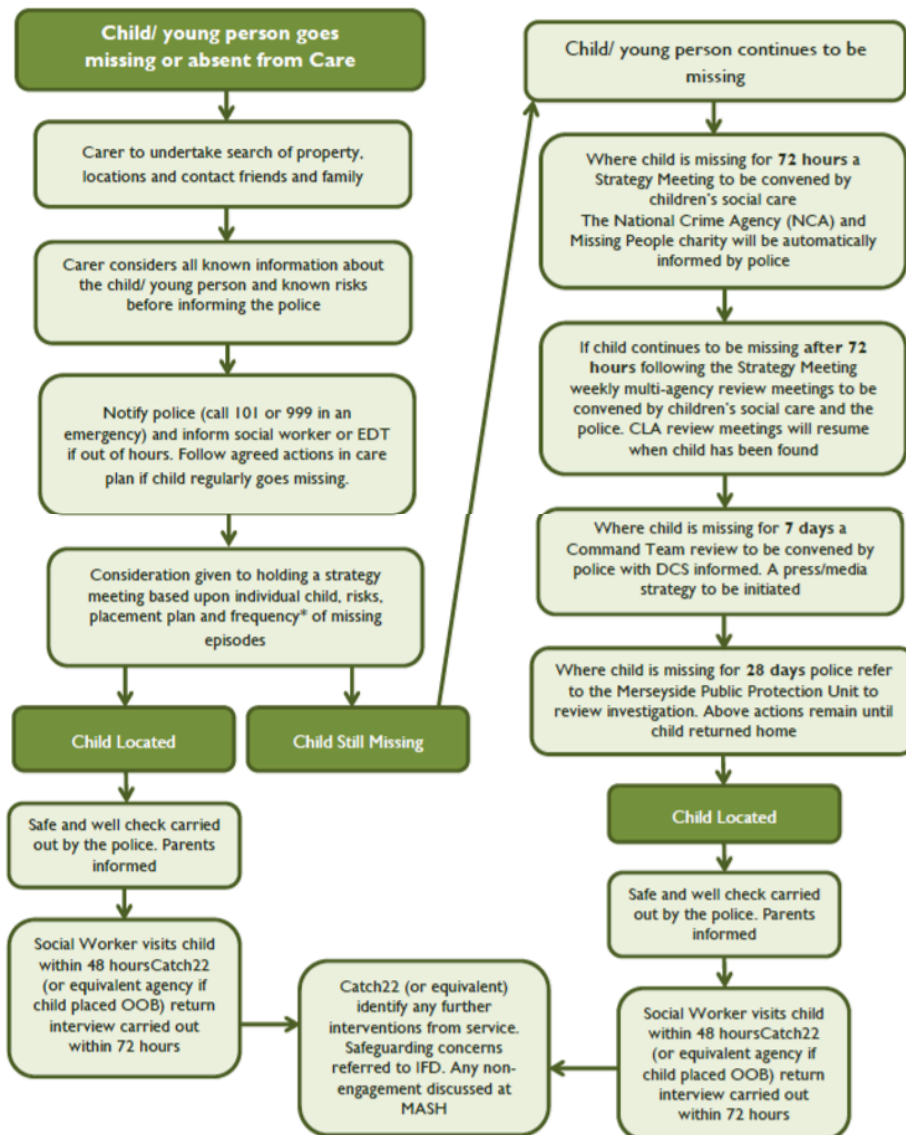
Appendix Four - Useful Contacts

Wirral Safeguarding Unit	0151 666 4442
Children's Specialist Services - Integrated Front Door	0151 606 2008
Emergency Duty Team (EDT) - out of hours	0151 677 6557
Catch22 Missing and Child Sexual Exploitation Service	0151 604 3617
Catch22 Helpline	0808 168 9698
Education Social Welfare Service	0151 637 6060
Lead Police Officer for Missing Children	0151 777 2995
Job Centre Plus	0845 600 8196
Child Benefit Office	08453 021 444
Foreign and Commonwealth Office	020 7008 1500
National Missing Persons Helpline	0500 700 700
UK Trafficking Centre (UKHTC)	0114 252 3891





Appendix Two – Missing from Care Flowchart



Merseyside Division Missing from Care Coordinator

Suzanne Cotterill

Bromborough Police Station,

Bromborough Village Road,

Bromborough,

CH62 7ER

0151 666 4582 / 07780 508 918





The registered manager and registered individual will be notified of any unauthorised absences and the Leaders are expected to take immediate steps to ensure it cannot occur again. This may include the expulsion of the negligent party from the Holiday or increasing the number of helpers directly working with the child.

The Charity does not consider itself to be a secure care home or refuge.

Suspicion of Abuse

Due to the vulnerable nature of the Children who are eligible for the Holidays, all staff on the Holiday will receive training at the start of the Holiday on how to identify the signs of abuse and the correct procedures to follow. Further information is in the Child Protection Policy.

As part of the training, it will be made clear to all staff that it is their responsibility to report any suspicion of abuse immediately to the Leaders, the registered manager or the responsible individual. It is NOT the responsibility of the staff member or the charity to investigate any suspicions. These will be investigated by Social Services and / or the police.

If any member of the charity or helper suspects an incident of abuse towards a child they should immediately contact the Child Protection Officer. No investigation of the suspicion will be carried out. The Child Protection Officer's responsibility will be to ensure the child is in a place of safety and the LADO (Local Authority Designated Officer) will be contacted for support. The child protection officer will also instigate record keeping at this point of anything that comes to their attention.

Immediate actions if a child chooses to speak about an incident of abuse

If a child chooses to disclose, you SHOULD:

- be accessible and receptive;
- listen carefully and uncritically at the child's pace;
- take what is said seriously;
- reassure the child that they are right to tell;
- tell the child that you must pass this information on;
- make a careful record of what was said.

You should NEVER:

- take photographs or examine an injury;





- investigate or probe aiming to prove or disprove possible abuse – never ask leading questions;
- make promises to children about confidentiality or keeping ‘secrets’;
- assume that someone else will take the necessary action;
- jump to conclusions or react with shock, anger or horror;
- speculate or accuse anybody;
- confront another person (adult or child) allegedly involved;
- offer opinions about what is being said or about the persons allegedly involved;
- forget to record what you have been told;
- fail to pass the information on to the correct person;
- ask a child to sign a written copy of the disclosure.

Arrangements to Protect and Promote the Health of the Children

Arrangements are in place to protect and promote the health of the Children accommodated at the venue. These include the provision of a Camp Doctor and a trained Medicine Team. [NMS - Standard 5]

Medicine Dispensing Policy

The charity makes reference to the NICE ‘Managing medicines in care homes’⁶.

For full policy, refer to appendix 3

Principles of safe and appropriate handling of medicines

We have identified nine core principles relating to the safe and appropriate handling of medicines.

- 1 People who use our scheme have freedom of choice in relation to their provider of pharmaceutical care and services including dispensed medicines and a person-centred approach should be utilised at all times.
- 2 Medicine dispensing staff know which medicines each person has and the scheme keeps a complete accurate account of medicines.
- 3 Any volunteer who helps people with their medicines are competent and appropriately trained by health-care practitioners.
- 4 Medicines are given safely and correctly, and volunteers preserve the dignity and privacy of the individual when they give medicines to them.
- 5 Medicines are available when the individual needs them and the scheme makes sure that unwanted medicines are disposed of safely.
- 6 Medicines are stored safely.
- 7 The scheme has access to advice from a pharmacist or Doctor.

⁶ National Institute for Health and Care Excellence “Managing medicines in care homes”.
<https://www.nice.org.uk/guidance/sc1/resources/managing-medicines-in-care-homes-pdf-61677133765>





8 Medicines are used to cure or prevent disease, or to relieve symptoms, and not to punish or control behaviour.

9 Where the scheme needs to use covert medicine techniques, this should only be where the individual receiving the medicine does not have the capacity to make decisions about their treatment or care.

The medicines team are provided with a copy of “Managing medicines in care homes” and are trained by the camp doctor at the start of every holiday to ensure that the medicines coming to that particular camp are dispensed correctly. All medicines are dispensed using the ‘buddy’ system to ensure medicines are not dispensed incorrectly. 2 signatures are required on the ‘MAR Chart’ when recording the dispensing of medicines.

Where medicine needs to be administered by the scheme using covert techniques, and following a specific review involving those with Parental responsibility, the Camp Leader and healthcare professional that has prescribed the medicine, then specific written permission is sought from those with parental responsibility to ensure the best interests of the individual are respected.

The ‘MAR’ Chart is an important document that identifies each medicine that the service user brings to camp. As these medicines are provided as needed by the service users own GP / Consultant, the type and amount of medicines that are brought to camp may vary from those listed during the application procedure to attend the camp. It is therefore very important that any changes to those listed on the child’s application form are understood and are agreed at the start of the holiday. The medicines team must take charge of any medicines during the ‘reception’ activity and all medicines are recorded on the MAR chart and their Purpose / Use understood by the medicines team. If any doubt about a medicine is identified during this period, the Camp Doctor must be consulted. As a last resort the service user can be denied the holiday if the safe dispensing of a medicine cannot be guaranteed.

The MAR chart allows the Medicines dispensing team to track how much medicine is brought to the holiday, what happens with each dosage and then how much is returned when the child leaves the holiday. The chart must be completed correctly and at every point that a medicine is dispensed.

Control, Restraint and Discipline

All the carers receive training on techniques for maintaining discipline with the Children which are detailed in the Helper Training Manual. These techniques mainly focus on distracting the Child by finding something the Child would prefer to be doing. Whilst the Charity will not undermine any discipline the Child has received away from the Holiday, it is not seen as the Charity’s position to correct behavioural traits of the Children.

All helpers are instructed not to use any form of restraint on a child unless they have received formal training approved under the Physical Interventions Accreditation Scheme (Bild). Any intervention that is required will be recorded by the Child Protection Officer on the restraints record. The default position will always be to remove other children in order to isolate a child who is displaying serious behavioural issues. Helpers who are not trained in restraints techniques should not restrain a child as to do so may cause injury to the child or the helper themselves.





All carers that have received Bild accredited training will have a copy of their certificate held in their personnel folder.

Bullying

It is the charity's aim to promote a culture within HDCHF where children feel safe and listened to, and where the message is clearly and consistently conveyed that bullying of any sort will not be accepted. We believe that:

- ✓ Bullying should be tackled within a safeguarding and "Children's Rights" framework.
- ✓ Children have the right to be safe and grow up without fear of being bullied.
- ✓ Children have the right to participate and influence decisions which determine their future lives.
- ✓ Children should be supported in achieving safe outcomes, crucial to their wellbeing in childhood and adult life.

Bullying is more common amongst ambulant children and is more likely to occur after "lights out". It is general practice for the volunteer helpers to stay in the dormitory block after lights out until the children have settled down to prevent such incidents.

Bullies are people outside the bounds of society and will regard the absence of an anti-bullying policy, or failure to implement a policy effectively, as encouragement and approval of their antisocial behaviour.

It should also be remembered that the child bully often comes from a dysfunctional aggressive home environment where he or she is learning by example.

More details on how to handle bullying are contained in the behaviour management plan and within the helper's handbook.

Complaints Procedure

[NMS - Standard 13]

In the instance of a complaint being lodged regarding the conduct of any Child or member of the Charity on a Holiday then this complaint must be heard by the Leaders and appropriate action will be taken where necessary. All complaints must be reported by the Leaders to the Responsible Individual who will involve the relevant agencies as set out the Charity's Complaint Procedure.

Any complaint may be made directly to the registered provider whose contact details are available and provided to the parents and guardians of Children, Social Services, Children's doctors and special school teachers.

All complaints will be fully investigated as detailed in the Charity's Complaints Procedure.





Whistleblowing Policy

[NMS - Standard 9]

All of us at one time or another experience concerns about what is happening at work. Usually these are easily resolved. However, when the concern feels serious because it is about the welfare of a child, clinical malpractice, health and safety or a possible fraud that might affect others or the charity itself, it can be difficult to know what to do.

Helpers may be worried about raising such a concern and may think it best to keep it to themselves, perhaps feeling it's none of their business or that it's only a suspicion. They may feel that raising the matter would be disloyal to friends, helpers or to the organisation. They may decide to say something but find that they have spoken to the wrong person or raised the issue in the wrong way and are not sure what to do next.

The charity is committed to running the organisation in the best way possible and to do so we need the help of the helpers. The whistleblowing policy is designed to reassure helpers that it is safe and acceptable to speak up and to enable them to raise any concern they may have about malpractice at an early stage and in the right way. Rather than wait for proof, we would prefer the matter to be raised whilst it is still a concern.

The policy applies to all those who come into contact with us; Trustees, Leaders, Senior Helpers, Helpers, Event staff or service users

If something is troubling, which the charity should know about or looked into, please contact the chairman of the charity. If you do not wish to contact the chairman then please contact any trustee on the committee. If you do not want to report the concern to a member of the Charity then the independent charity 'Public Concern At Work' is available on 0808 168 0225 or by email: advice33@pcaw.co.uk.





Post Holiday Review and Development

Carer Development

The Volunteer Helpers keep the main handbook which does not contain any personal identifiable information about the children as a reference guide and the Charity will aid them both financially and as an organisation to gain any relevant skills the carer wishes to pursue in readiness for subsequent Holidays.

All the Volunteers and members of the Charity are invited to an annual reunion chaired by the registered provider during which all the Holidays are reviewed and discussed to share information learnt from each Holiday and to ensure that this is used for future improvements. All attendees are invited to provide feedback and comments on their Holiday.

Volunteer Helper Development

As described in the roles section the Volunteer Helper receives an informal appraisal shortly after the Holiday of their performance from the New Helper Mentor. This will involve an assessment of any internal inspection report by the visiting trustee and planning how to implement any further changes that may be required for the following year's Holiday. In the appraisal there will be an opportunity for constructive feedback in both directions.

Children - Relationships and Social Development

[NMS - Standard 2]

Each Child keeps a diary on the Holiday recording each day of the Holiday, their emotions, names of friends made, etc. This document is given to the Child to take home with them and is used by the families to learn about the experiences of the Holiday and encourage social interaction. Where a number of Children have participated from one school this document is often used by the teachers and Children to discuss events of the Children's summer break.

Placement Plan Reviews

Due to the short period of the holidays full we implement a placement record that focuses on the key information which is proportionate to the objectives of the camp. This information where not included as part of the application is gathered by an informal 'handover' between the helpers assigned to a dormitory and the parent / guardian at the start of the Holiday.

Equal Opportunities

The Charity promotes equal opportunities for all and has an Equal Opportunities Policy.





Post Camp Feedback

The Charity encourages feedback from the children attending holidays. In many cases this takes the form of thank-you cards and letters and Facebook feedback.





Contacts

The Registered Provider

Heswall Disabled Children's Holiday Fund

C/O Vinny Keating

9 Milton Road

Waterloo

Liverpool

L22 4RE

07989 745 685

The Responsible Individual

Charlie Bough

2 New Farm Cottages

Rickmansworth road

Northwood

Middlesex

HA6 1HB

07768402158

The Registered Manager

Vincent Keating

9 Milton Road,

Waterloo.

Sefton.

Merseyside.

L22 4RE.

07989 745 685

Office of the Children's Commissioner

Children's Commissioner for England

Sanctuary Buildings

20 Great Smith Street

London

SW1P 3BT

0800 528 0731

<https://www.childrenscommissioner.gov.uk/about-us/contact/>

info.request@childrenscommissioner.gov.uk





Ofsted

Piccadilly Gate
Store Street
Manchester
M1 2WD
0300 123 1231

By email

enquiries@ofsted.gov.uk

Wirrals Safeguarding Children Partnership

Email – To send us an email please click davidrobbins@wirral.gov.uk

Wirral Safeguarding Children Partnership
PO Box 290
Brighton Street
Wallasey
CH27 9FQ

0151 606 2008 9am – 5pm Monday to Friday.

Outside of these hours call 0151 677 6557.

For email contacts and any other contacts not shown here please check

<https://www.wirralsafeguarding.co.uk/wscb-contact-us/>

Children's Commissioner

020 7783 8330.

Children's Commissioner for England

Sanctuary Buildings
20 Great Smith Street
London
SW1P 3BT

<https://www.childrenscommissioner.gov.uk/about-us/contact/>





Appendices

Appendix 1: Code of Conduct

Code of Conduct for Trustees, Committee members, Volunteers, Charity members or any persons involved with Heswall Disabled Children’s Holiday Fund (HDCHF)

This Code sets out the standards of behaviour expected of HDCHF trustees and committee members. In addition to trustees and committee members of HDCHF, it applies to all members of Trustee/committee Board or sub-committees and all members of the Charity and its Volunteers or any other person involved with the charity (All persons). The Code incorporates the Nolan principles of standards in public life. It aims to ensure that all persons observe the highest standards of propriety and act in the best interests of HDCHF and its objectives at all times.

Equality and diversity

All Persons behaviour and attitudes must be consistent with the values of HDCHF and the agreed equality and diversity strategy. We have no sway or discrimination toward any Gender, Religion, Race, Colour, Background, Sexual preference, Disability or Financial ability to pay to any person or persons related to our Charity.

Respect

All Persons must treat each other, from within or without the Charity that they come into contact with when working in their role; with respect and courtesy at all times. They must respect the role of Volunteers, Trustee, committee or staff and let them achieve their role unhindered. Support and assist where possible, we can all learn from each other, regardless of length of service within HDCHF.

Listen to what others have to say and keep an open mind.

Bullying

Bullying of any description will not be accepted by any Trustee, Committee Member, Volunteer, Charity Member or any Persons related to the charity.

Commitment

All persons must devote sufficient time preparing for and attending meetings to ensure they add value to the Board’s or the Committee’s work.

Strive to attend all meetings, sending apologies to the chair for necessary absences.

Contribute positively to the discussions.





Integrity & personal benefit

Trustees and committee members and any person holding a leadership role should promote and support the principles of good governance by their leadership and example.

All persons are required to use their knowledge, expertise and experience to take the best decisions they can in the interests of the charity.

No person should place themselves under any obligation to people or organisations that might try to inappropriately influence them in their work.

All persons should take decisions solely in terms of HDCHF's interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends. No Person should benefit from their position beyond what is allowed by the law and what is in the interests of HDCHF. HDCHF resources must be used prudently.

Conflicts of interest

All Persons should identify and promptly declare any actual, potential or perceived conflicts affecting them. They must absent themselves from any discussion where there is any such conflict.

Probity

All Persons must comply with any rules agreed by the Trustees and Committee including those relating to the acceptance of gifts and hospitality and the avoidance of activities which might compromise HDCHF's neutrality.

Openness and accountability

All persons must be open, responsive and accountable to each other, volunteers or any other interested parties such as Sponsors, Donors, Ofsted or the Charity's Commission for example about their decisions, actions and work, including their use of HDCHF resources. This will be facilitated through Trustee reports and AGMs and any other form of media we can, to foster complete inclusion of those involved in HDCHF.

All Persons must disclose anything in their past which could bring HDCHF into disrepute e.g. removal from any previous governance role or membership of organisations which may conflict with the aims, principles and values of HDCHF. An Enhanced DBS is a requirement of involvement with HDCHF.

Confidentiality

All persons must respect the status of confidential issues they read and discuss. They are bound to maintain the status of this material and any discussions. Where any source of illegal impropriety is discovered and outside regulatory forces need to be contacted, confidentiality may not be promised to ensure complete openness for all parties involved.





Discipline

With the expansion of the charity it is essential that we maintain self-discipline, remain open to learning from ours or others errors and strive to maintain the highest standards of care, respect for each other and work together to achieve a common goal.

Lead by example, Behaviour Breeds Behaviour.

Where any person’s behaviour falls below yours or the Charity’s expectations, avoid responding in kind and remember to remain Adult, ensure safety of Children and others around you first. Remain factual, if possible discuss with the person involved.

If further input required; seek to remain factual and report to the Committee leadership for further discussion.

All persons within and without the Charity have a voice and can speak up, all input to ensure the safe and smooth running of the charity is welcomed.

Where the expected behaviour is in doubt any person related to our charity can expect to be temporarily suspended whilst other Trustees or Committee members assess evidence and any need for discipline.

Where any meetings are called to discuss discipline; good HR policies should be considered standard practice, all persons should seek advice and meetings with individuals should be witnessed to protect both the Charity and any person/ persons being questioned.

Where any doubt about Safeguarding or any unseemly misconduct is found then any person related to the charity could reasonably expect links with the charity to be severed.

This code is subject to updates and All persons are bound by those updates, found on www.heswallcamp.org.uk

Statement of acceptance

I have read and understood the above Code of Conduct. I agree to abide by the standards set in the code.

Signed:

Name (please print)

Date





The Nolan Principles

The Seven Principles of Public Life

The Seven Principles of Public Life, known as the Nolan Principles, were defined by the [Committee for Standards in Public Life](#) . They are:

- **Selflessness** Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
- **Integrity** Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
- **Objectivity** In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
- **Accountability** Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
- **Openness** Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands it.
- **Honesty** Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
- **Leadership** Holders of public office should promote and support these principles by leadership and example.





Appendix 2 Safeguarding policy

Heswall Disabled Children's Child Safeguarding Policy

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1.

Use of Terminology

The following terms are used in this document with the following meanings:
Heswall Disabled Children's Holiday Fund (herein after referred to as HDCHF).

2.

Introduction

HDCHF is committed to the practice, which protects children and vulnerable adults from harm. Committee and volunteers will accept and recognize their responsibilities to develop awareness of the issues, contained in the associated guidelines, which may cause harm to children or vulnerable adults.

We will endeavour to safeguard children and vulnerable adults by:

- Stating that the welfare of children/vulnerable adults is paramount
- Adopting child protection/vulnerable adult guidelines through a code of practice for staff, volunteers and members.
- Sharing information about child protection and good practice with children/vulnerable adults, parents/guardians and volunteers
- Sharing information about concerns with agencies that need to know, and involving parents/guardians and children/vulnerable adults where appropriate.
- Responding to all suspicions and fully co-operating with the relevant investigating agencies
- Following carefully the procedures for recruitment and selection of staff and volunteers.
- Providing effective management for staff and volunteers throughout supervision, support and training.





Our child protection policies and guidelines are there to be acted upon to protect volunteers as well as children and vulnerable adults.

Child abuse can and does occur outside the family setting. Although it is a sensitive and difficult issue, child abuse *has* occurred and does occur within institutions and may occur within other settings.

HDCHF is committed to reviewing its policy and good practice guidelines at regular intervals.

3.

Four Main Definitions of Abuse

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts.

They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment 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. It may feature age or developmentally inappropriate expectations being imposed on children.

These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in

normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or





treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

In a case of child abuse, abuse may involve/occur in one or more of the above.

4. Symptoms of abuse

Evidence that a child may be being abused include:

- Unexplained or suspicious injuries such as bruising, cuts or burns, particularly if sustained on part of a body not prone to such injuries.
- An injury for which the explanation seems inconsistent.
- The child describes what appears to be an abusive act involving him/her.
- Unexplained changes in behaviour e.g. becoming withdrawn or displaying sudden outbursts of temper.
- Inappropriate sexual awareness.
- Engaging in sexually explicit behaviour.
- Distrust of adults, particularly those with whom a close relationship would normally be expected.
- Difficulty in making friends.
- Not socialising with other children.
- Variations in eating patterns including overeating or loss of appetite.
- Loss of weight for no apparent reason.
- Becoming increasingly dirty or unkempt.

It should be noted that this list is not exhaustive and the presence of one or more indicators, does not prove that abuse is taking place. It is not the responsibility of those working, whether paid or voluntary, to decide that abuse is occurring to a child, but it is their responsibility to act on any concerns.

The individual should inform the Charity child protection officer(Safeguarding Officer) who will contact Social Services child protection officer or the NSPCC protection officer.

5. Consequences of abuse

Abuse in all forms can affect a child of any age. The effects are so damaging that, if not tackled, they can affect an individual into adulthood. For example, an adult who has been abused as a child may find it difficult or impossible to maintain a stable trusting relationship, become involved with drugs or prostitution, attempt suicide or even abuse a child.

The effects on disabled children/vulnerable adults may have an increasing impact on their lives, as these groups already suffer from many additional disadvantages.

There have been a number of studies which have shown disabled children are at an increased risk of abuse through various factors, such as stereotyping, prejudice, discrimination, isolation and an inability to protect themselves or they may have difficulty communicating the fact that the abuse has occurred.

Children from ethnic minorities, who may in addition experience racial discrimination, can prove more vulnerable to abuse as their social backgrounds may consider this acceptable. They then have cultural pressure that can continue the cycle of abuse.

6. Listening to the child





If a child says or indicates that he/she is being abused or has been abused, the person receiving this information should:

- React calmly so not to frighten the child/vulnerable adult.
- Tell the child she/his not to blame and that it is right to tell.
- Take what the child says seriously, recognizing the difficulties inherent in interpreting what the child, who has impairment, is implying.
- Keep questions to a minimum to ensure a clear and accurate understanding of what has been said. Giving time to listen to the child without prompting. (Do not interrogate). Questions should be:

Necessary – the purpose of questions at this stage is to establish whether or not there is a concern, not to interrogate the child or conduct an investigation.

Non-leading – do not use questions that suggest an answer.

Open ended – avoid questions that invite only a 'yes' or 'no' answer.

- Reassure the child, but do not make promises of confidentiality that may not be feasible in the light of subsequent developments.
- Make a full record of what has been said, heard and/or seen as soon as possible. Make clear distinction between fact and opinion. Record dates, times etc. accurately.
- Inform the child protection officer immediately whenever you have cause to believe that a child is being harmed or is likely to be harmed.

Before commencing any action it would be sensible to:

- Inform the child protection officer. (Safeguarding Officer)
- All allegations or concerns that a child is being harmed or is likely to be harmed must be reported to Social Services or the Police.
- If there is uncertainty about whether or not a child is at risk, advice can be sought from Social Services.

Responding to Suspicions or Allegations:

It is not the responsibility of a Committee member or helper to decide whether or not child abuse is taking place. However, there is a responsibility to protect children in order that the appropriate agencies can make enquiries and take the necessary action to protect the child.

The Social Services Department has a statutory duty under The Children Act 1989 to ensure the welfare of a child. When a child protection referral is made they have a legal duty to investigate. This may involve talking to the child and family/guardian or carer and gathering information from other people who know the child. Inquiries may be carried out jointly with the police.

7. What do you do if you have concern?

There is always a commitment with parents and carers where there are concerns about a child to keep them fully informed. Therefore, in most situations, it is important to talk to parent/guardian or carer to help clarify any initial concerns.

However, there are circumstances in which a child may be placed at a greater risk if such concerns

were shared (eg where parent/guardian or carer may be responsible for the abuse or not able to respond to the situation appropriately). In these circumstances, or where concerns still exist, any suspicion, allegations or incident of abuse must be reported either to Social Services or Police or the child protection officer who will contact Social Services or Police

It is the responsibility of the Responsible Person to ensure that Social Services have been informed.





If the Responsible Person is not available, the person discovering or being informed of the abuse should immediately contact Social Services/Police. (Local Social Services No: 0151 639 0761)
The Social Services together with the Responsible Person where appropriate, will decide how and when parent/guardian or carers will be informed.





8. Records and information

Information passed on to Social Services or the Police, must be as helpful as possible, hence the necessity of making detailed records. Information should include the following.

1. The nature of the allegation
2. A description of any visible bruising or other injuries.
3. The child's account, if given, of what happened and how any bruising or other injuries occurred.

Reporting the matter to the police or Social Services should not be delayed.

It may be of assistance to Social Services/NSPCC to provide them with any information eg date of birth, names etc.

Wherever possible, referrals telephoned to the Social Services/Police should be confirmed in writing within 24 hours. A record should be made of the name and designation of the Social Services member of staff or police officer to whom the concerns were passed, together with the time and date of any call, in case any follow up is needed.

9. Complaints against Committee members / Volunteers

This would include anyone working with a child in a paid or voluntary capacity on behalf of HDCHF.

The charity child protection officer may be informed of situations where they are unsure about whether the allegations constitute abuse or not and are therefore not sure what action to take. Social Services can be asked to give hypothetical advice. There may be circumstances where allegations are about poor practice rather than abuse, but these should nevertheless be reported because they may be one of a series of other instances which together cause concern.

It is acknowledged that feelings generated by the discovery/suspicion that a Committee Member or volunteer is or may be abusing a child/vulnerable adult, will raise concerns among other Committee members or volunteers. This includes the difficulties inherent in reporting such matters. However, it is important that where there is concern for the welfare of a child because of reporting abuse or harassment, action should be taken immediately.

HDCHF assures all Committee members and volunteers that it would fully support and protect anyone who, in good faith, reports his or her concern that a colleague is or may be, abusing a child/vulnerable adult.

Where there is a complaint of abuse against a volunteer or Committee member there are 3 types of investigations.

- A disciplinary or misconduct investigation
- A child protection investigation
- A criminal investigation

The result of the police and Social Services investigation will influence the disciplinary investigation,

Referring Allegations

If, following consideration, the allegation is clearly about poor practice the HDCHF Committee should deal with it as a misconduct issue as opposed to a child protection matter. An example is where a volunteer is requested to assist moving a person with a disability without appropriate training.





Any allegation/suspicion that a child has been abused, either by a member of Committee or a volunteer, should be reported to a responsible volunteer/Committee member. They will take such steps as considered necessary to ensure the safety of the child in question and any other child who may be at risk. They will follow the procedures as set out in these guidelines.

The Child Protection Officer will refer the allegation to the Social Services Department/NSPCC who may involve the police.

The parents/guardians of the child will be contacted as soon as possible following advice from the

Social Services department.

10. **Good Practice**

All children have a right to be safe and be treated with dignity and respect. False allegations of abuse are rare but the following basic guidelines will help safeguard children, volunteers and Committee members.

Recruitment and Selection of Committee / Volunteers

Anyone may have the potential to abuse children in some way; it is therefore important that all reasonable steps are taken to ensure unsuitable people are prevented from working with children/vulnerable adults. It is essential the same procedures be used consistently whether for Committee members or volunteers.

HDCHF Standards

1. All Committee members who will come into contact with children/vulnerable adults and all helpers will undergo personal **DBS** disclosure checks once it is deemed appropriate by the HDCHF Committee.

2. HDCHF will keep records of all Committee members who will come into contact with children and helpers.

3. If HDCHF becomes aware or is informed of information from a reputable source (e.g. Police, NSPCC, Social Services etc.) that an individual is not suitable to be in contact with children, HDCHF has the right to stop the individual from attending any further camp activities or associated events.

4. HDCHF Committee will inform parents and volunteers of our child protection policy/procedures.

5. A complaints procedure will be available to HDCHF volunteers.

6. HDCHF Committee must report all incidents to HDCHF insurers, as appropriate.

Good Practice in the Care of Children

Promoting good practice can reduce the possibility of potentially abusive situations and help to protect staff/volunteers.

The following are more specific examples of care which should be taken.

- Always be publicly open when working with children. Avoid situations where a volunteer and an individual child are working unobserved. For example, if assistance is required when toileting, two

helpers should be present.

- If any form of physical manual support is required, there should always be at least two members of staff present. Care is needed, as it is difficult to maintain hand positions when the child is constantly moving.

Some parents/guardians are becoming increasingly sensitive about physical manual support and their views should always be carefully considered.

- Where a mixed group of boys and girls are on holiday or participating in a trip, male and female volunteers/members of Committee should accompany them.





As a general rule it makes sense for Committee/volunteers not to:

- Spend excessive amounts of time alone with children.
- Take children alone on car journeys, however short. Sometimes it is required, but you may need parental consent.
- Take children to your home where they will be alone with you.

If the case arises where situations are unavoidable they should only occur with the full knowledge and consent of the HDCHF Committee or the child's parents/guardians.

You should never:

- Engage in rough, physical or sexually provocative games, including horseplay.
- Share a room with a child alone.
- Allow or engage in any form of inappropriate touching.
- Allow children to use inappropriate language.
- Make sexually suggestive comments to a child, even in fun.
- Allow allegations made by a child to be left unrecorded or not acted upon.
- Do things of a personal nature for children they can do for themselves.

It may sometimes be necessary for staff or volunteers to do things of a personal nature for children,

particularly if they are young or have impairments. These tasks should only be carried out with the full consent of parents and the children involved and as part of an agreed care plan. There is a need to be responsive to the child's reactions - if a child is fully dependent upon you, talk with him/her about what you are doing, give choices where possible. This is particularly so if you are involved in any dressing or undressing of outer clothing, or where there is physical contact or lifting or assisting a child to carry out a particular activity.

If you accidentally hurt a child; he/she seems distressed in any manner; appears to be sexually aroused by your actions; or misunderstands or misinterprets something you have done, report any such incident as soon as possible to another colleague and make a brief written note of it. Parents/guardians or carer's should be informed of the incident after consultation with a member of the HDCHF Committee.





Appendix 3 Medical policy

Medicine Dispensing Policy

The charity makes reference to the NICE ‘Managing medicines in care homes’”

Applications

The charity places utmost importance on the care and safety of the disabled children.

Places are considered by a planning committee including experienced volunteers and trustees.

We aim to select children with any disability for which we deem ourselves capable, whilst ensuring that selection of particular children will not have an undue adverse effect on the group dynamic of the holiday.

We also consider the age and maturity of the child as an indicator of ability to spend time away from home being cared for by someone new.

The charity is happy to offer places regardless of geographical boundaries but does consider whether parents/carers can collect their child in case of emergencies or ill health.

The charity and its trustees will obtain relevant and accurate information regarding the medicines and care routines of each child. We provide an application form which parents/carers complete and this will request how and why certain medications and therapies are administered as well as requests for prescriptions and documentation from relevant professionals.

The application form will be reviewed by a medical professional volunteering for the charity. They will scrutinise the information and where necessary request more details from the parent/carers and medical professionals involved with the child’s care.

The charity will nominate a suitable volunteer to conduct a home visit, who may not be a medical professional but will be fully aware of the application and any issues raised by the medical professional volunteering for the charity. This volunteer will get to know more about the child as an individual and their care routines. Factual information such as prescriptions and gathered.

We aim to understand their likes and dislikes, what they understand about their condition and care and where those issues about them rather than their diagnosis. We believe this leads to better experience while they are with us and will influence activities, teams and dorm allocation as well as identifying who is the best volunteer to assist that child. These details will be revisited prior to camp, with an open dialogue tailored to the needs of the child and their parents/carers and again at registration.

The application process references allergies and includes over the counter medication to offer continuity of care. Non prescribed medicines may be administered upon the advice of parents/carers and medical professionals as required.

The charity has the responsibility to refuse at place at camp at any stage of this process in the best interest of the child and the volunteers who provide care.

Training and Selection





The dispensing team manager for the Holiday will not necessarily hold the qualification of registered nurse, pharmacist or doctor but will be someone of unimpeachable character who has obtained senior helper status. Due to the high level of responsibility of this role, the Charity, where possible, tries to find Senior Helpers who have some prior experience of dealing with medicines. This includes medical students, registered first aiders and nurses. Whilst on the Holiday the medication team is guided and supported by the Leaders and will have care plans and recent prescriptions or doctors letters as appropriate to follow. Where doubt lies over whether medication should be administered or not the medication team will always seek the advice of a medical professional or the parent/carer. A helper who does not yet hold senior helper status may be selected for the management of the team but must in this case hold a recognised qualification and experience appropriate to the role.

The medicines team are provided with a copy of "Managing medicines in care homes".

At our annual training weekend Leaders including the Responsible Individual and Registered Manager will speak to the dispensing team and ensure they understand the process and MAR charts. Any applications which need to be highlighted to them will be discussed in further detail.

Leaders including the Responsible Individual and Registered Manager will be available for further conversations prior to and during camp.

There will be a further conversation immediately prior to camp and the trustees will actively seek their input on evaluating the camp afterwards.

Responsibilities

- All medicines are dispensed using the 'buddy' system to ensure medicines are not dispensed incorrectly. 2 signatures are required on the 'MAR Chart' when recording the dispensing of medicines.
- To collect medication from parents or the Children's bags on their arrival at the venue.
- To keep a drug chart/book recording all required medication for each Child and the dates and times of administration. Record to be signed by 2 authorised signatories. [NMS - Standard 14] [NMS - Standard 15]
- To administer medication to the Child as per the GPs instructions on the medical form.
- To keep medication safe at all times.
- To return all medication to the parents at the end of the Holiday.
- The dispensing team can influence training prior to camp and care plans throughout the week as part of their feedback and making a contribution to our development. [NMS - Standard 14]
- To keep a record of all accidents and incidents involving Children and/or carers, and to inform parents of those accidents/incidents at the end of the Holiday or sooner if necessary. NMS - Standard 14] [NMS - Standard 15]
- To administer medications for minor injuries and medical problems (e.g. constipation) following advice from parents/carers and to support liaison with medical professionals in more serious cases.
- To have available the contact numbers for the local GP and hospital. NMS - Standard 15]

Supervision

The Leaders of the Holiday are the medication team's direct managers during the week and will ensure that the necessary supervision is provided. [NMS - Standard 12]

The trustees will obtain the support of a local GP who may be able to prescribe medicines and offer advice during the camp week.





There is no obligation on members of the dispensing team to act as medical professionals while on camp.

The trustees, Registered Manager and Responsible individual will implement process and action plans as required in the event of illness during camp, leaving the dispensing team responsible for dispensing medicines in an organised and timely manner to ensure the health and safety of the children in our care.

Principles of safe and appropriate handling of medicines

The charity will ensure 24 hour medical care through the auspices of Heswall Medical Centre & Pensby Surgery 2.

[NMS - Standard 4] [NMS - Standard 5]

We have identified nine core principles relating to the safe and appropriate handling of medicines.

Royal Pharmaceutical Society of Great Britain's "The Handling of Medicines in Social Care.

<http://www.rpharms.com/support-pdfs/handlingmedsocialcare.pdf>

1 People who use our scheme have freedom of choice in relation to their provider of pharmaceutical care and services including dispensed medicines and a person-centred approach should be utilised at all times.

2 Medicine dispensing staff know which medicines each person has and the scheme keeps a complete accurate account of medicines.

3 Any volunteer who helps people with their medicines are confident and capable of doing so. Where required additional training and support will be sought by the charity to enable this.

4 Medicines are given safely and correctly, and volunteers preserve the dignity and privacy of the individual when they give medicines to them.

5 Medicines are available when the individual needs them and the scheme makes sure that unwanted medicines are disposed of safely.

6 Medicines are stored safely.

7 The scheme has access to advice from a pharmacist or Doctor.

8 Medicines are used to cure or prevent disease, or to relieve symptoms, and not to punish or control behaviour.

9 Where the scheme needs to use covert medicine techniques, this should only be where the individual receiving the medicine does not have the capacity to make decisions about their treatment or care and with the agreement of parents/carers in advance.

MAR charts

The 'MAR' Chart is an important document that identifies each medicine that the service user brings to camp. As these medicines are provided as needed by the service users own GP / Consultant, the type and amount of medicines that are brought to camp may vary from those listed during the application procedure to attend the camp.

The MAR chart allows the Medicines dispensing team to track how much medicine is brought to the holiday, what happens with each dosage and then how much is returned when the child leaves the holiday. The chart must be completed correctly and at every point that a medicine is dispensed.

It is important that any changes to medicines listed on the child's application form are understood and are agreed at the start of the holiday. The medicines team must take charge of any medicines during the 'reception' activity and all medicines are recorded on the MAR chart and their Purpose / Use understood by the medicines team. If any doubt about a medicine is identified during this period, the Camp Doctor must be consulted. As a last resort the service user can be denied the holiday if the safe dispensing of a medicine cannot be guaranteed.

