Go Outdoors!

Guidance and good practice on encouraging outdoor activities in residential child care

"Looked after children are first and foremost children and all children need and deserve the chance to experience the joy of playing outdoors."

Adam Ingram MSP
Minister for Children and Early Years

"It is vital that residential workers, who are expected to act as responsible parents, do not become excessively concerned about the ordinary activities of everyday life. Accidents will happen and can't be risk-managed away."

Jennifer Davidson
Director, SIRCC

"Children can't be protected from every risk associated with play and recreation, nor should they be, for a key part of growing up is learning how to avoid or minimise hurts and accidents."

Tam Baillie
Scotland's Commissioner for Children & Young People

Issued by

SIRCC Scottish Institute for Residential Child Care

SCCYP! Scotland's Commissioner for Children and Young People

The Scottish Government

Endorsed by

HSE

ABI

care commission

ADSW Association of Directors of Social Work

RoSPA The Royal Society for the Prevention of Accidents

Introduction

In 2007, Scotland's Commissioner for Children and Young People published *Playing it Safe: A report on outdoor activities for looked-after children*. It raised serious concerns that children and young people were missing out on a range of normal outdoor activities because adults were afraid of being sued or 'getting the blame' if an accident occurred. This seemed to be a particular problem for young people in residential care. In response to requests from local authorities across Scotland and with the encouragement of the Scottish Government, Scotland's Commissioner for Children and Young People and SIRCC have issued this guidance, which promotes the right of children and young people in residential care to participate in everyday outdoor activities. Such activities might include playing in a park or field, riding a bike, trips to the beach or countryside and trips to theme parks or other commercial facilities. These are ordinary activities which you might expect any child or young person to undertake, whether they are in care or not. It is designed to help practitioners and managers to carry out their duty of care safely and responsibly. It also clarifies legal responsibilities and promotes practice which is in accordance with high professional standards and sound principles. The broad principles outlined in this guidance apply to all types of residential settings including respite care, children's homes, residential schools and secure accommodation.

Risk-averse practices not only breach children's rights, but also rob looked-after children of opportunities to learn how to manage risk themselves. Learning to manage risk contributes to healthy physical, psychological and social development, as well as providing opportunities for learning and enjoyment. A risk-averse and bureaucratic living environment undermines good outcomes for children.

The guidance contains four key messages:

1. Residential care providers and commissioners should encourage appropriate risk-taking, recognising both the immediate and long-term positive effects of outdoor play and activities for young people in care;

2. There is no need to complete complex and repeated risk assessment forms for normal everyday outdoor activities;

3. Parental consent is not required for a child to participate in routine activities provided by the residential establishment;

4. Residential care providers should develop appropriate, proportionate and defensible risk assessment policies and procedures specific to their situation.

Who is this guidance for?

This guidance is for managers of residential services, and individual residential practitioners, and it is also intended to inform local authority outdoor education staff.

The basis of good practice - exploding the myths

The following section of the guidance sets out the basis for good, confident care practice, by tackling some of the misunderstanding and myths which have grown up around this subject.

Myth 1 - If you don't do the paperwork, a child or young person will be put in danger!!!

> *"A young person wanted to do the West Highland Way Walk (and I was willing to accompany them) but they are not allowed. Swimming in the sea, or paddling or pedalos, even when water is knee high is not allowed."*
>
> **(Residential practitioner, Playing it Safe, 2007)**

> *"When children spend time in the great outdoors, getting muddy, getting wet, getting stung by nettles, they learn important lessons – what hurts, what is slippery, what you can trip over or fall from."*
>
> **(Peter Cornall, Head of Leisure Safety, RoSPA)**

> *"There can be no question but that adventure is good for our children – it helps keep them fit, helps them learn and develops social skills and a sense of responsibility."*
>
> **(Judith Hackett, Chair HSE, 2007)**

Playing it Safe demonstrated that where guidance on outdoor activities exists, it can be complicated, bureaucratic and often based on generic guidance inappropriate for residential units. Many of the procedures work on the assumption of worse possible scenario (i.e. prevention of a fatality). In many cases, the procedures enacted are disproportionate to the risk. Statistics show that the number of deaths of looked-after children and young people has remained at around 14 per year over the past 20 years. The figure of 14 is for all looked-after children (i.e. those looked after at home or with relatives, those in foster care and those in respite units as well as those in residential schools or units). The majority of deaths have been of children affected by life-limiting illness. The second largest cause is road traffic accidents. The third most likely cause is suicide, particularly among teenage boys (Social Work Inspection Agency, 2009). The HSE reports that there are approximately three deaths (from all causes) on all school trips per annum. The best estimate is that there are between seven and ten million adventure activity days per annum. So, while the death of any child is a tragedy, the fact is that accidental deaths are highly unlikely. Risk-averse practice is not just about fear of the worse possible scenario. It is also about the fact that everyone tends to be more cautious when looking after other people's children. In residential care, this feeling is even more heightened. The young residents are 'other people's children'.

If anything were to go wrong, care staff know that they have to deal not only with parents but also with the purchasers of residential services, the media and the politicians. If children are removed from parents because they were not well cared for, and then they are injured in our care, what does this say about us? In that case, is it not easier just to avoid any risky activity?

This is a challenge for staff and organisations; however, accident prevention is about children and young people learning to be safe. Yet how can a child or young person learn if they are not given the chance to take risks and put their learning into practice? This is an important aspect of the proactive work we do with children and young people while they are in care. If young people can be supported to learn about dangers and manage risk themselves, in an age-appropriate way, they will become wiser adults.

Myth 2 - It's health and safety!!!

One of the reasons why practitioners and organisations restrict the activities of children and young people is because of what they perceive to be the requirements of health and safety legislation. The Health and Safety Executive have refuted the myths associated with their role in a consistent manner, through press releases and also through the 'myth of the month' feature on their website (**www.hse.gov.uk**). In its latest strategy document, the HSE says that leaders of organisations need to promote 'a common-sense, practical approach to health and safety'.

> *"There is a tendency in some sectors to take exactly the same approach to trips as they would to running a factory…doing complicated formulaic sums rather than asking the simple question 'Is the risk acceptable or unacceptable?'"*
>
> **(Gavin Howat, HSE / AALA)**

The HSE does not require that complex risk assessment forms are completed for children and young people with regard to everyday outdoor activities: nor does it require that parental consent is obtained. In the spirit of proportionality, staff should use their professional judgement and knowledge of the child or young person to assess if the risk is acceptable or not.

> *"Good leadership maintains a focus on the real health and safety issues and distances itself from the 'jobsworth' approach and those instances where health and safety is used as a convenient excuse for not doing something"*
>
> **(HSE, 2009, p9)**

Interestingly, the HSE also license certain adventure activity providers, through the *Adventure Activities Licensing Authority*. If such a provider needs and has a license, they will have their own inspected health and safety arrangements. If residential staff are taking children and young people to such a facility, then much of the work of assessing and managing risk is already done. The Care Commission will, however, expect that residential staff have verified that the activity provider is appropriately licensed and registered.

Hence, the only questions that need to be asked are:

- Does the young person want to go?
- Is this a beneficial activity for the young person?
- Are the young people and staff physically able to undertake the activity?
- Have you noted the destination and when you expect to be back?
- Have you noted any special needs for any young person and ensured that these are met (for example if the young person has asthma, do they have their inhaler with them?)
- Are staff: child ratios and the transport arrangements in accordance with unit procedures?
- If attending a specialist activity provider, do they have a licence and what activities are they licensed to provide?

The HSE view is to keep the risk assessment straight forward. There is no need to use complicated forms if a simple written assessment will suffice. This written assessment could be noted in the daily log, and a short account and perhaps a photograph of the child enjoying the activity could be added to the child's personal file after the activity (See example one at the end of this paper).

Myth 3 - The insurance companies won't let us do it!!!

> *"As far as insurers are concerned, organisations tell them what their activities will be and the insurer covers them for those activities…if they are covered, they are covered."*
>
> **(Matthew Young: ABI)**

There seems to be an idea that insurance companies require complex risk assessments for each activity. Alternatively, units have suggested that some activities cannot take place because insurance companies do not allow them. The point was clarified by the Association of British Insurers. Organisations buy insurance (often through an insurance broker) to cover the activities that they intend to do in the year ahead. When buying the insurance the organisation should explain the processes they have in place to assess and cope with the identified risks, and insurers will quote a price for the policy. If the insurance is purchased, it will cover the organisation in case of negligence that causes loss or damage to people or property.

Insurers neither have to be constantly informed nor require forms to be filled out for parental consent on behalf of the children and young people who will be taking part in the activities. However, if an organisation starts doing a completely new or different activity which was not mentioned when buying the insurance, then that organisation should talk to their insurer or broker. The onus is on the organisation to tell the insurer what they do when they take out the policy. Insurers are interested in managing risk, not eliminating it completely.

Myth 4 - We need parental consent!!!

> *If we go to the beach we can't go in the water. Some outings depends if there is a driver on shift...parental consent forms need to be signed*
>
> **(Young person, Playing it Safe, 2007)**

Children and young people in residential care live apart from their parents. They are subject to legislation which directs most aspects of their life. Day to day care is delegated to residential practitioners. Specific parental consent is not usually sought for any other aspect of the child's life within the unit. There is no legal requirement for staff to obtain parental consent before taking looked-after children on trips; certainly it is not a requirement of the Children (Scotland) Act 1995. Managers and practitioners may wish to reflect on the fact that specific parental consent is not usually sought for other aspects of daily life within the unit (such as a trip to the cinema) and there is no reason why it should be sought for routine outdoor recreational activities, such as a trip to the beach or countryside.

It is emphasised within the guidance which accompanies the 1995 Act that staff should, in most cases, promote contact with parents, *informing* them regularly about a whole range of matters. Working in partnership with parents and ensuring their views are taken into account are important aspects of residential work. Working in partnership with parents will involve *consulting and informing* them about various activities and perhaps even including them in certain trips (Scottish Office, 1997, p.7-8). This type of practice, however, is quite different from asking parents for their consent before children can take part in outdoor activities.

One source of the confusion may be to do with the way **schools** seek 'signed parental consent' for every trip that involves taking children away from the school. This is also not a statutory requirement but is considered good practice by education authorities. It appears that this 'good practice' rule concerning the 'non-routine' activities of schools ('non-routine' in the sense of activities which take place away from the school premises) is being applied inappropriately to the routine, normal activities in the residential unit which is the child or young person's home.

Myth 5 - We need to go through our risk assessment procedures!!!

> *"Swimming, a life guard needs to be there, we are not allowed to go to the beach unless staff have the bronze medallion. In relation to bikes, a risk assessment has to be carried out including where the young person wants to cycle, there needs to be the use of a helmet, a bike repair kit and a first aid box needs to be brought on the bike."*
>
> **(Residential practitioner, Playing it Safe, 2007)**

The purpose of risk assessment should be to facilitate the safe undertaking of activities. Yet ***Playing it Safe*** demonstrated that the practice of undertaking complex paper-based risk assessments which has proliferated in recent years, was a significant factor **preventing** children and young people from undertaking activities. Risk assessment procedures appear to be the main block to spontaneity and normality in activities for children and young people in care. The research revealed that risk assessment procedures were an area where staff from the independent sector appeared to have a more measured approach. Even here, however, there were problems when a facility had to manage the risk assessment procedures of a number of local authorities, as well as their own. Obviously in secure care settings children and young people are not free to undertake trips and activities outside the unit in the same way as other children. Nevertheless whether inside the unit or when supervised outside it, they should still be able to participate in a wide range of outdoor activities and the principles outlined in this section will still apply.

While practitioners should work to keep children and young people safe, this need not be at the expense of a 'normal' life. Complex risk assessment processes can lead to risk-averse practice, especially when it comes to what should be routine and simple activities. Complicated paper-based procedures can rob practitioners of their confidence in their own judgement. More dangerously, interfering with professional judgement could lull the practitioner into a false sense of security whereby they believe that if they have followed the correct procedure, no harm can come to the child. Sadly, there was also the sense that if the risk assessment procedure was completed, then the practitioner had 'covered their back' which was indicative of a blame culture within organisations. On some occasions, children are being asked to sign risk assessment forms! While young people might benefit from being involved in the risk assessment process through them having an increased understanding of the hazards and risks of an activity, this should be part of a longer-term goal within the care plan.

Policy considerations

This section has been included to provide the context for this guidance, and illustrates how the guidance fits in with a childrens rights approach and is consistent with current policy and practice.

The report*, Extraordinary Lives* (SWIA, 2006), made it clear that as a group, looked after children and young people have poorer physical and mental health than that of their peers. This review devoted a section to 'Healthy, Active Children' which stated:

> *"Children and young people should be active with opportunities and encouragement to participate in play and recreation, including sports."*
>
> **(Scottish Executive, 2005, Ministers Vision for Children)**

The National Care Standards (Scottish Executive, 2005) were devised to ensure that children in residential care have access to the same opportunities as all other children in Scotland. The standards state that 'your daily life in the care home should be as similar as possible to that of other children and young people' (Scottish Executive, 2005, p25). *The National Care Standards* refer to the fact that children and young people should not be over-protected, but allowed to experience acceptable risks. Children and young people need to learn and some of this learning may result in bumps and bruises. This is normal.

Getting It Right For Every Child (2006) has eight indicators, one of which is that all children should be active. How can we ensure children are healthy and active if we do not allow them learning opportunities? Easier access to outdoor activities would help meet this indicator for children and young people in residential care. Similarly *We Can and Must Do Better* (2007) has 19 actions, three of which refer to the health of looked-after children. Greater and easier access to activities would have a beneficial outcome here.

The Curriculum for Excellence (CfE, 2008) is central to Scotland's biggest education reform programme. The CfE encourages partnership which can provide a focus on '24/7 learning'. The CfE discusses learning in terms of the four capacities which should be developed in children and young people, who should be:

- successful learners;
- confident individuals;
- responsible citizens;
- effective contributors.

In terms of CfE guidance on health and wellbeing, it is stated that a child and or young person should:

> *"...expect my learning environment to support me to... assess and manage risk and understand the impact of risk-taking behaviour."*
>
> **(CfE, 2008, p.1)**

More normalised access to outdoor activities is one way in which this objective can be met.

These are Our Bairns (2008) notes that one measure by which a corporate parent knows they will have been successful is:

> *"when looked-after children and young people and care leavers participate in sports, the arts or other cultural and leisure activities"*
>
> **(Scottish Government, 2008, p.68)**

The Scottish Government has prioritised play within its social policy frameworks - the *Early Years Framework, Equally Well* – the health inequalities framework, and *Achieving Our Potential* – the anti-poverty framework, as not only is play a major contributor to outcomes around physical activity and healthy weight, it is central to how children learn, both in terms of cognitive skills and softer skills around relating to other people. But in order for children to access play opportunities, we need to remove barriers to play – such as the perception of risk. This is why the Scottish Government together with Play Scotland, the Care Commission, the Police and other partners are leading a debate on understanding and balancing the benefits of play against risk.

Finally, a benchmark for residential child care workers is the *United Nations Convention on the Rights of the Child*, both in its own right and because of the way it has informed the Children (Scotland) Act 1995. Article 31 has particular relevance in this area. It says that:

> *"States Parties recognise the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child"*

It is clear that policy and good practice dictate that guidance for outdoor activities should be simpler and better understood in terms of its origins. So what criteria should be used when developing guidance?

Developing organisational guidance to support good practice

One of the comments that was made both in *Playing it Safe* and in the Scotland's Commissioner for Children and Young People survey was that residential care practitioners should ask 'what would a reasonable parent do?' This was linked to the idea of defensible risk (finding ways of letting young people take risks as long as these are explored with them, encouraging them to manage risks during activities) as opposed to defensive practice (not allowing children or young people to take any risks). Some issues have to be addressed at an **organisational** level as well as at the level of the **individual residential unit or practitioner**.

Good practice for the individual residential unit or practitioner:

- In the early stages of the child's placement, their hobbies, interests and aspirations should be discussed and recorded as part of the placement plan so that a range of activities can be made available to them. It should be remembered that if young people have little or no experience of activities, these may well not feature in their interests and aspirations. If this is the case, staff should plan positively to expand young people's range of experiences and to give them access to new activities, perhaps by planning to offer 'tasters'. In this way, as the placement develops, they will be able to make an informed choice as to whether or not they wish to develop interests to which they have been introduced. This initial assessment, outlining the benefits of outdoor activities and any particular vulnerabilities of the child or young person, should be updated as part of the general placement plan during reviews, or more frequently if the circumstances of the child change;

- When the child is admitted to the unit, the social worker and the parents / carers (if applicable) should be informed by the unit about the types of activities in which the child may be involved. This could be done as part of the unit information pack (See example two at the end of this paper). Their opinion about any limitations on the child's ability to take part in activities should be sought and recorded;

- If a residential unit uses a local outdoor facility on a regular basis (e.g. a park or local woods), a resource risk assessment should be filled in once, in relation to that facility, as part of the unit-wide information. The assessment should outline the hazards which should be discussed with young people before they use the facility (See example three at the end of this paper);

- As part of the unit approach to safety, regular consultations and informal discussions should take place with children and young people concerning outdoor activities and risk and the way in which their staff handle it;

- Decisions about a child taking part in outdoor activities should be made based on professional judgement and should involve as little bureaucracy and paperwork as possible. Staff do not need to complete specific risk assessment paperwork, have specialist qualifications or gain parental or social work consent for straightforward, everyday outdoor activities;

Good practice for the organisation:

- Management should support individual residential practitioners to operate informed professional judgement reflecting the balance between the value of the activity and the risks;
- Residential managers should seek to challenge those actions that would disturb the balance between the value of activity, risk and safety;
- Specific health and safety guidance for residential child care units should be developed. School-based, outdoor education or organisation-wide guidance is not appropriate as these are intended to be used in a different context. Managers should identify and challenge the ways in which the interpretation of safety issues can frustrate opportunities for children and young people to enjoy outdoor activities freely and without undue hindrance;
- Organisational guidance should reflect managed risk-taking, promote proportionality and dispel the myth of absolute safety;
- Guidance should promote interesting and exciting outdoor activity provision which focuses on benefits to wellbeing, while being mindful of the need to avoid unacceptable risks. Simple guidance will encourage staff to ask 'how can we do this and what are the benefits' and will promote ways of thinking how these may be managed appropriately;
- As a basic rule, guidance should encourage staff to replicate what a reasonable parent would do in a particular situation.

Let's Go!

The children and young people with whom residential staff work are among the most vulnerable in our society. It may be that they have never had access to some of the opportunities which other young people take for granted. While in residential care, their experience should equip them to overcome some of the adversities they have faced in their life and to allow them to experience the sheer enjoyment that can come from outdoor activities. A short excerpt from the poem entitled *The Dignity of Risk* puts this well:

What if you never got to make a mistake?

What if you never got to make a decision?

What if the only risky thing you could do was act out?

This guidance should give practitioners and organisations the confidence to abandon risk-averse practice and develop a more positive approach.

Record Keeping for Outdoor Activity

Example One: Day-to-day risk assessment

The written documentation for risk assessments for everyday activities should be as simple as possible. The following is all that is required to be noted in the daily log book and this will serve the dual function of recording that a risk assessment has taken place and reminding staff of any key points they should cover. No consents are needed.

- Does the young person want to go?
- Is this a beneficial activity for the young person? Have the benefits and hazards been discussed with him / her?
- Are the young people and staff physically able to undertake the activity?
- Have you noted the destination and when you expect to be back?
- Have you noted any special need factors for any particular young person and ensured that these are met (for example if the young person has asthma, have they got their inhaler with them?)
- Is the staff: child ratio and the transport arrangements proportionate and in line with unit policy ?

Example of note in log book

17.6.09

Rob and Kelsey keen to go to Ayr beach. They want to sunbathe and go swimming as it's a gorgeous day and the weather forecast is good of the rest of the day. It's a beneficial activity so I discussed the hazards and benefits as recorded in our resource risk assessment for Ayr Beach. Rob and Kelsey can both swim. Gave Kelsey sun tan lotion in case of sun-burn. They are going with Ian (RCCW) on the bus at 12.00 and should be back for 17.00.

Example Two:
Extract from unit information leaflet

Anytown House, Gibton

Activities

In our house, we encourage you to take part in activities, both inside the house and outside. When you start to live with us, we will talk to you about your interests and we will write these into your placement plan.

While you are living with us, you can have your TV and hifi in your room. We have loads of games that you can play as well, both board games and on the unit computer.

We arrange outings to swimming, gym, bowling, cinema and to the local country park. During holidays or weekends we like to go further afield, to places like the beach or the hills. The staff at the house will talk to you about all of the things you might be interested in trying and we'll try our hardest to make sure you get to try them. If you want to join in any of these activities you'll be very welcome !

Example Three:
Hazards and risks for resource called...

Anytown Park, John Street

HAZARDS **A hazard is something that could be prejudicial to safety or social, emotional or physical well-being.**	RISKS **Risks are consequences arising from hazards. The consequences of taking a risk can be both positive (such as becoming rich from winning the lottery) or negative (such as getting killed by a car when crossing the road).**
Trees which could be climbed	***+ve*** + *exercise from climbing* + *sense of accomplishment if you go high up* ***-ve*** - *could fall out of tree and hurt yourself or break something*
Boat Pond	***+ve*** + *exercise from going on row boats* + *learning about wildlife round the pond* ***-ve*** - *could fall into pond and hurt yourself and get infection*

Assessment of Risk for *Anytown Park*

RISK	The risks are increased by:	The risks are reduced by:
Falling out of tree and hurting yourself	↑ showing off, maybe as part of a group ↑ climbing too high ↑ not knowing how to climb	↓ don't get involved in competitive behaviour with others ↓ only climb high enough so you can drop to the ground easily ↓ get some lessons at the climbing wall
Falling in the boat pond	↑ carrying on in the boat ↑ showing off, maybe as part of a group	↓ follow the boat pond instructions ↓ don't stand up in the boat ↓ don't have too many people in the boat ↓ wear any safety equipment provided by boat operator

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Useful Websites

Adventure Activities Licensing Authority – www.hse.gov.uk/aala
Royal Society for the Prevention of Accidents - www.rospa.com
Child Safety Education Coalition - www.csec.org.uk

Members of the Reference Group

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