Camphill School Aberdeen

Social Pedagogy in Practice

Co-worker Information Handbook

FULL VERSION

July 2015

1) CAMPHILL SCHOOL ABERDEEN: OUR GUIDING VISION

Camphill School Aberdeen, a part of the international Camphill Movement, aims to create a community in which vulnerable children and adults, many with learning disabilities, can live, learn and work with others in healthy social relationships based on mutual care and respect. The foundation of our work is an acknowledgment of the spiritual uniqueness of each human being, regardless of differences such as ability, religious or racial background. This is also expressed in anthroposophy, developed by Rudolf Steiner. Our social pedagogical approach integrates education, care, crafts and therapy to create a holistic response to the needs of individuals. A particular feature of our community life is the cultivation of social integration through the celebration of personal anniversaries, seasonal activities and festivals.

The primary task of the School is the care and education of children and young people with additional learning and support needs. Believing that each person's needs are unique, we aim to formulate responses and approaches which are highly individualised, such as one-person learning programmes/lessons, learning in the outdoors, etc.

As a community that recognises the need for self-development to help others effectively, our work reflects innovation in educational, social and therapeutic practice. We fully support the management and enhancement of the Social Pedagogy degree programme in partnership with the University of Aberdeen as this significantly contributes to our continuing academic and professional development. We are committed to an engagement with the wider society, thereby promoting our work and facilitating a mutually beneficial flow of information and learning.

Creating a community where children, young adults and co-workers feel a sense of belonging, support and growth is very important to us and we endeavour to live and work together in ways which promote this aspiration. Fundamental to our approach is the recognition of the strengths and abilities of each member of our school community. We are committed to treating everyone with respect and dignity and to enabling them to discover their potential. We work towards a future where people with additional learning and support needs are fully included in society.

The School is governed by a Council of Management (The Council) which holds legal responsibility. The Council delegates responsibility for day-to-day management to the Executive Director, and an Executive, which liaises with the internal management team and delegates the business of the School to Task Groups. The executive also act as a direct line of communication to the Council and Camphill Meeting. Our commitment is to management based on consent, consensus, collaboration, accountability, self-regulation, and the delegation of responsibilities to groups and individuals.

We seek to develop a living and working community based on equality of rights and opportunities, collaboration, freedom, and empowering, trusting and respectful relationships.

Whilst we are physically located across three estates, we operate as one School and strive to create a unity of purpose and collegiate working whilst acknowledging the rights of each

estate, within the boundaries of this Guiding Vision Statement and other agreements, to develop its own community identity, culture and practice.

We are committed to caring for the land, strive to value the environment and use, where possible and practical, sustainable resources. We integrate this philosophy and practice into the daily life of the School, creating learning opportunities to support and enhance a healthy lifestyle such as land work, gardening, etc.

Whilst maintaining our ideals and working methods, we remain open to new opportunities to contribute to the care and education of children and young people with additional learning and support needs and seek to understand and respond to the wishes and preferences of carers and relevant authorities. This may entail adjustments to care and education models as adopted by the wider society, for example, a greater day pupil provision and developments beyond our current physical and task boundaries.

This Guiding Vision Statement has been formulated by the Development Plan Reference Group following extensive consultation. Our commitment is to review it annually through similar open and extended dialogue processes.

2) SOME GUIDING PRINCIPLES

"Only the help from one person to the other, the encounter of their spiritual being, an awareness of the other's individuality, without enquiring into creed or world conception or political affiliation, but simply the meeting, eye to eye, of two individualities-only this creates the kind of curative education which may counter and heal the threat to our innermost humanity"

(Karl König) *Delrow Chronicle 1985*

"*The healthy social life is found when in the mirror of each human soul the whole community finds its reflection and when in the community the strength of each one is living"*

(The motto of the Social Ethic -Rudolf Steiner)

The social pedagogical approach rests on an image of the child or young person as a complex social being with rich and extraordinary potential who needs to be given the right ingredients for optimal development. For social pedagogues there is no universal solution, each situation requires a response based on a combination of information, emotions, reflection and knowledge.

(Children's Workforce Development Council)

"The aim of the Camphill movement is to serve the true image of the human being wherever it is threatened or in danger of being distorted'

(K. König in Hansmann 1992:28)

"As co-workers and members of the Camphill Community we share in spirit and practice the striving to accept the destiny of each individual who has joined us with his strengths, his endeavour and his frailty. We try to recognise the best in each other and to hold on to it

faithfully once we have seen it. We know that all of us have times when we are weak and times when we are stronger, therefore we depend on faithfulness towards each other."

(Henning Hansmann: Education for Special Needs)

3) SOCIAL PEDAGOGY - A POSITIVE STRENGTH BASED APPROACH

In CSA we are committed to practice social pedagogy.

"Social pedagogy is a holistic approach to development, using reflection and personal relationships to explore, inspire and empower".

(Essex Residential Practitioner's Network, May 2009)

Social pedagogy cannot be defined in a nut shell- in fact it would be more appropriate to call it 'social pedagogies' because the core of social pedagogy is how we as carers apply our values to our daily practice/life with the vulnerable children and young people in our lives. The basis of social pedagogy is not risk, policies and law (that is one important part) but the building of trusting relationships – being there not for someone but with someone.

Pat Petrie at the Thomas Coran Institute based at University College London has identified the following key principles of social pedagogy:

- *A focus on the child and young adult as a whole person, and support for the person's overall development.*
- *The practitioner seeing him/herself as a person, in relationship with the child or young person.*
- *While they are together, children and staff are seen as inhabiting the same life space, not as existing in separate, hierarchical domains.*
- *As professionals, pedagogues are encouraged to constantly reflect on their practice and to apply both theoretical understandings and self- knowledge to their work and to the sometimes challenging demands with which they may be confronted.*
- *Pedagogues should be both practical and creative; their training prepares them to share in many aspects of children and young people's daily lives, such as preparing meals and snacks, or making music, building kites and other creative activities.*
- *In group settings, children and young people's associative life is seen as an important resource; workers should foster and make use of groups.*

4) CHILD/ADULT PROTECTION

"The welfare of the child is paramount", Children (Scotland) Act, 1995

It is Camphill School Aberdeen's policy to promote the practice of good quality care and education for all its children and young people. Accordingly it is paramount that the physical, emotional, spiritual and educational needs of each individual are considered thoroughly and provided for.

The wellbeing of each child or young person is the central concern of all co-workers as is the encouragement of each one's development of his/her own self-esteem, identity, uniqueness

and potential. Each child or young person is encouraged to develop those skills, which will lead to the development of his/her whole personality and to the acquisition of those skills necessary for the independence and ability to carry responsibility for his/her actions to the best of his/her ability. To the extent that each one is unable to master this through some consequence of their disability, his/her safety is the responsibility of the co-workers who care for him/her.

To facilitate that this care is maintained at a high standard:

- All co-workers are made aware of the importance of respecting and upholding the child or young person's dignity and rights to proper care and attention at all times.

- Co-workers are made aware of the importance of each child or young person feeling at home within the house in which he/she lives, and that adequate space is allocated to him/her for his/her personal belongings and need for privacy.

- Co-workers are made aware of the importance of maintaining regular, open contact between families and school, and other carers and school. Arrangements are made for regular contact by phone and/or letters to other important carers or friends. This is never withheld as a punishment.

- Co-workers are made aware of the importance of listening to children and young people who have concerns they wish to voice. Co-workers have the responsibility to make the house co-ordinator (within a house) or the teacher (within a class) aware of the concerns so that the issues can be taken up appropriately.

- Co-workers are made aware that the School supports an anti-bullying policy. Any sign of bullying should be reported immediately.

- Co-workers are made aware of the procedures for child protection in the school and the name of the appointed co-worker who is responsible for child protection in the estate. Camphill School Aberdeen follows the **National Guidance for Child Protection in Scotland 2014**

- Co-workers are made aware of their responsibilities to report any suspected or alleged misuse/abuse of a child or young person whether this is from some source out-with the school (i.e. family or public), or related to the concern of an employee or co-worker or other child/young person within the school.

- Co-workers are made aware of the importance of helping and educating children and young people to learn about and promote their own safety.

- Co-workers are made aware of the extra attention required to safeguard the needs of all children and young people, and this is more especially so for those who have no form of verbal communication available to clearly indicate a concern of misuse/abuse.

- Co-workers are made aware that in dealing with incidents of abuse, secrecy/ confidentiality cannot be promised. The child or young person needs to receive the appropriate guidance to understand why help must be obtained for their protection.

The identification and diagnosis of child abuse:

The identification and diagnosis of child abuse is rarely simple. The features are made up of a complex mix of medical symptoms and signs, social and emotional presentation, behavioural characteristics and background factors. What follows is a brief guide to help professionals look out for and pick out those factors that can lead to or indicate abuse.

Child abuse is often episodic in character. Before a child is injured or neglected, a build-up of stress may take place. Many children are abused as a result of factors that existed prior to the child's birth. This is why child abuse can so easily be highlighted with the benefit of hindsight.

''Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting, or by failing to act to prevent, significant harm to the child. Children may be abused in a family, or in an institutional setting, by those known to them or, more rarely, by a stranger.''

(National Guidance for Child Protection in Scotland 2010)

<u>Significant harm</u> can arise from a single event or may result from an accumulation of events or circumstances.

Different ways that children can be harmed:

1. Physical abuse:
    a. Bruises, etc.
    b. Remember 'skin maps'
2. Neglect:
    a. Food, clothing, cleanliness, shelter, warmth
3. Emotional abuse:
    a. Rejection, isolation, terrorising, ignoring, bullying
4. Sexual abuse:
    Sexual abuse is any act that involves the child in any activity for the sexual gratification of another person, whether or not it is claimed that the child consented or assented

Other risk indicators:

5. Financial abuse
6. Cyber abuse:
    Internet/Xbox/chat rooms, etc.
7. Mobile phone abuse
8. Domestic abuse
9. Parental alcohol misuse
10. Parental drug misuse
11. Children or young people experiencing or affected by disability
12. Children and young people experiencing or affected by mental health problems
13. Non-engaging families
14. Child exploitation
15. Child placing self at risk

Adults at Risk; Adult Support and Protection (Scotland) Act 2007

People over 16 who are unable to protect themselves from harm because of a disability, mental disorder, illness, physical or mental infirmity.

Procedures to be followed by all co-workers

- All co-workers, children and young people should know who the Camphill Child Protection Officers are and should have an understanding of their role.

- Each child or young person should be encouraged to confide in, and to report concerns to, the person or persons in whom he or she has most trust, whether parent, teacher, social worker, carer or house co-ordinator.

- Children and young people should be made aware of the ChildLine telephone number - displayed at every phone - and have a right to make use of this.

<u>If you have a concern</u>

You have a duty and responsibility to share any suspicions or concerns of a child protection nature with:

1. Your supervisor, senior co-worker
   - remember questions of confidentiality
2. Contact one of the child protection officers
3. Phone Grampian Police on 0845 600 5 700

Note: It is never appropriate for anyone with a child protection concern to interview a child or parent except in the context of a formal investigation.

The Social Work Department or Police will decide at what point a parent or carer will be contacted.

- Where appropriate, steps will then be taken to contact either Aberdeen Social Work Department or Police Scotland to determine the following issues:

  - Allocation of responsibility for recording details of the allegation(s) and actions taken.
  - Allocation of other duties, especially those relating to communication with relevant agencies, including the media.
  - The need to invoke procedures under school policy as set out in the document ***'Disciplinary Procedures'***
  - Immediate safeguards (such as additional supervision) which may require to be instituted on behalf of the child/young person concerned.

Note: Any incidents of children found together in bed should be reported to the house co-ordinator (senior co-worker) and the Child Protection Officer.

All allegations are dealt with according to the **<u>National Guidance for Child Protection in Scotland 2014</u>**

Any co-worker involved in any form of sexual abuse of children and young people will be dismissed immediately.

Security

All co-worker and employee recruitment is subject to a rigorous procedure of checks to give maximum assurance as to the quality, reliability and suitability of co-workers. All those within the School working directly with residents or indirectly (domestic, secretarial, gardeners or maintenance employees) are required to hold a satisfactory membership certificate for the PVG (Protection of Vulnerable Groups) scheme (formerly Disclosure Scotland Enhanced level certificate).

Visitors to the School are requested to report to the Office of the estate where the visit is taking place to sign in and out when entering the School and to wear a visitor's badge during their visit.

Co-workers are trained to approach members of the public seen within the School grounds who do not wear a visitor's badge.

Workmen/tradesmen are requested to report to Murtle Workshop before entering the estate for maintenance work.

Anyone visiting resident co-workers should be announced in advance. It is the responsibility of co-workers to announce and monitor their visitors while resident or visiting the School grounds.

Contact with local police has been made to support internal monitoring with night patrols by police at regular intervals or by special request.

Increased security is set up to provide the houses with locked facilities (coded locks) at night. These locks can be easily opened from inside in case of emergency but prevent the entry of intruders.

Interaction with Children and Young People

The current climate of concern with regard to child abuse poses a dilemma for workers in the caring professions. Within CSA, the intention is to create more 'intimate, family-like' settings within the houses rather than an institutional atmosphere. Hence the co-workers live in and share life with children and young people. In order to protect them from abuse and co-workers from suspicion of perpetrating abuse, the natural inclination to comfort and reassure children and young people through physical contact has to be tempered by a considered assessment of the situation. Co-workers need to take care in initiating physical contact, which does not mean it is never possible. Responding to a child or young person's need for a hug may be entirely appropriate, according to their age and the specific disability. It is impossible to lay down rigid rules for every situation about what is permissible or not in each circumstance, and common sense should not be lost sight of.

Potential opportunities for abuse always exist, as do opportunities for allegations made against caring adults. These especially arise in one-to-one situations, such as tutorials, personal conversations, bedroom routines, toileting, and in responding to or managing challenging behaviour. Where one-to-one contact is required, it should be arranged sensibly and in agreement with at least one other co-worker, if possible, within earshot or vision of others while at the same time allowing for the personal dignity and privacy of the child or young person to be upheld. In situations where one-to-one contact is unavoidable, a formal relationship should be maintained or physical distance within the room be ensured. The room should never be locked.

Physical Contact

This may be necessary for the purpose of care, instruction or restraint in response to some aspects of challenging behaviour.

Co-workers should always be able to justify resorting to physical contact in any situation. The nature of the contact should be limited to what is appropriate. Restraint should involve only the minimum force necessary to protect children from harming themselves and others, or inflicting damage to property, and be in line with the School's BSS policy. Adult help should, where possible, always be summoned. Where co-workers are required to restrain a child or young person physically, they should record the facts with the minimum of delay (in an incident form held for such purposes). A senior co-worker should also be informed. These steps will assist in safeguarding a co-worker in the event of later accusations of improper behaviour.

Attachments

Co-workers are strongly advised to share their concerns with a senior colleague if they suspect that a child or young person is becoming inappropriately attached to them or to another co-worker. Similarly if a co-worker suspects that another co-worker develops feelings or relationships to children or young people, which place them at risk of unprofessional behaviour, they should share these concerns with a Co-ordinator.

Guidance on Inappropriate Co-Worker Behavior

Ways in which abuse may be manifested:

- Physical:
  - Hitting/Tapping
  - Holding/Restraint
  - Pushing/Jabbing
  - Missiles
- Emotional:
  - Sarcasm
  - Isolating
  - Ignoring
  - Unfavourable comparisons
  - Withholding praise
  - Threats
  - Intimidation
  - Berating
  - Scapegoating
  - Systematic personal criticism
- Sexual:
  - Touching
  - Suggestive remarks
  - Suggestive gestures
  - Flattery
  - Innuendo
  - Sexual harassment
  - Voyeurism
  - Inappropriate 'comforting'

Suggestive materials

Never: Strike / raise hand / use implement / grab or pull clothing / use inappropriate touching or contact whether 'invited' or not.

Always: Carefully exercise professional discretion / share information.

5) PERSONAL AND SOCIAL DEVELOPMENT/INTIMATE CARE

It is CSA's policy to respond to individuals as appropriate in relation to the stage of personal development they have achieved by providing the necessary support, understanding, care, education and training. These are given in an environment in which the forming of friendships and relationships is fostered. It is aided further by sensitive observations shared between co-workers which lead to individual support where necessary. The Waldorf Curriculum, in which sex education is not taught in isolation but is part of the whole school curriculum as a course curriculum subject, backs up these basic attitudes. A Main Lesson block specifically turning to Personal and Social Development (PSD.) is also included in the Upper School curriculum. Specific individual sex education is only provided after consultation between co-workers, parents and authorities. There is no fixed age when this begins but it is considered individually in relation to the child or young person's needs and level of awareness.

Co-workers are made aware of sexual issues that can arise when involved in caring for children and young adults. Particular attention is paid when intimate care is required and especially when opposite sexes are involved. Attention is given to the privacy of the child as well as the type of physical support and help they may require by a co-worker of specific gender. At no time is a sexual relationship acceptable between co-workers and children and young people. A professional relationship must be maintained at all levels

6) UNDERSRASNDING AND RESPONING TO CHALLENGING BEHAVIOUR

CSA fosters an attitude of mutual respect, care and social responsibility amongst its community members. A harmonious, therapeutic ethos prompting a holistic approach to education and social therapy is upheld. Relationships between children and young adults with each other or towards co-workers are expected to be supportive and caring. Particular emphasis is placed on the importance of co-workers providing good role models to children and young people through how they behave in relating to each other and towards youngsters in their care

Care and support are essential aspects of children's welfare to ensure an environment of safety, security and well-being. They are inter-dependent. This means that all care practice includes an element of supervision and control providing clear, meaningful boundaries and an experience of security. A child or young person's behaviour may indicate something of what they are feeling or thinking. A caring co-worker will try to identify the underlying needs rather than simply focusing on behaviour and at the same time will be aware of the need to provide safety for the youngster or others in the immediate surroundings. In the first instance, a positive, encouraging attitude should always be adopted, which recognises the child or young person's whole needs. It is important to remember that the reasons for disruptive or challenging behaviour are not always obvious to the observer but are very real for the person displaying them.

It is essential that all co-workers develop certain fundamental attitudes and qualities in their care practice. They should have a warm interest and respect for each child or young person, and should cultivate their ability to observe the needs of all children and young people, while developing empathy for their situation and experience. They should adopt a professional approach to caring for others, free from personal bias or value judgements by maintaining a personal stance of ***self-awareness, self-control and inner equilibrium***. The child or young person should always be approached as a uniquely important person with whom the co-worker wishes to work to foster the child or young person's own process of self-development.

Anti-Bullying

It should be noted that bullying is not only 'age-related bullying' (an older/bigger-sized person over a younger/smaller-sized person) but is about a dominant figure over a vulnerable figure, in any combination. While it is expected that children and young people will experience phases of inner turmoil through emotional disturbances and that some children or young people may exhibit developmental or psychiatric problems, all children or young people and co-workers are expected to uphold an attitude of mutual respect and cultivate an atmosphere of care and social responsibility for each other. It is understood that at times disagreements will arise and that children and young people will have periods of emotional upset. Appropriate methods of resolving problems through discussion are encouraged. At no time is taunting, name calling, threatening, or the use of emotional and/or physical aggression acceptable. Any tendency toward bullying should be reported to the responsible senior co-worker so that appropriate assistance or guidance may be given. The School promotes an anti-bullying attitude at all times. Consequently, the relationship between co-workers and their behaviour towards each other verbally and physically, should provide an appropriate role model, free from inappropriate tendencies to discriminate, harass or degrade one another, even in jest.

Care and Support

CSA admits children and young people with a wide variety of behavioural disturbances and challenging behaviour which can at times involve violence directed towards self, others or objects around them. Extreme hyperactivity is an issue which requires specialist advice and treatment. The behaviour difficulties encountered are generally associated with severe or profound mental health issues; exceptionally they stem from psychiatric illness. Certain types of challenging behaviours are also a feature of some of our children and young people with emotional and behavioural difficulties. The specific behaviour problems presented by these different types of children and young people require different responses of care. It is one of the basic tenets of Camphill's philosophy and practice as an integrated therapeutic community that all members of the community, be they co-workers, children or young people, should be as conscious as possible of their actions, the effect of their actions on others, and the means by which they can exercise control of their actions. This is the basis for the process of learning and self-development which is central to the aims of Camphill.

Corporal punishment is not sanctioned by CSA. In general, a child or young person **should not be physically restrained nor be physically prevented from leaving the premises.** The basic rights of everyone need to be fully recognised unless there is apparent danger to children and young people. Should an extremely difficult situation occur in which a child or young person's safety or the safety of others is in question, restraint may be necessary. In such cases the co-worker encountering this situation should seek the help of another co-worker (preferably a senior co-

worker). If holding (restraint) is required it should be administered safely, with minimum force, and recorded accordingly.

It is essential to respect the dignity of the children or young people at all times and if necessary take or encourage them to go to a quiet place, ensuring that others do not stand and stare. At the same time they should be advised to voice their concerns to senior co-workers, the child protection officer or an independent person.

Sanctions

While corporal punishment is **not allowed** under any circumstances, some sanctions may be required from time to time as natural consequences of a child's behaviour. These must seek to provide a learning opportunity, taking account of a child or young person's age, stage of development and the particular circumstances.

It is essential that co-workers provide children and young people with clear statements of the appropriate behaviour expected and at the same time make clear and understandable the boundaries and limits of unacceptable behaviour and its consequences.

- **Some acceptable sanctions are:**

- Sending a child or young person to their room for a limited calming down period, with supervision if required.
- Removal from a group to a place of safety in the company of an adult.
- Withholding privileges as a consequence of unacceptable behaviour.
- Allocation of extra tasks as a consequence of unacceptable behaviour. (This may include 'making good' towards a person or repairing damages caused by the child or young person or repayment from pocket money.)
- Increased supervision.
- Confiscation of items used inappropriately or in a dangerous way to others.
- In extreme situations, restraint (as outlined in the guidelines) designed to protect a child or young person or others from danger.
- Only in extreme situations, exclusion from the School and medical intervention.

- **Unacceptable sanctions are:**

- Any form of corporal punishment.
- Restricting contact with families, professionals or adult friends.
- Withholding food or sleep.
- Un-prescribed medication or unauthorised medication.
- Secure accommodation.

Any sanctions considered appropriate in this context **must** be discussed with the responsible senior co-worker prior to application. A record should be kept in the daily log and reviewed regularly (see Sanction Record). If it becomes necessary to maintain the sanction longer it should be recorded within the Personal Plan and reviewed regularly.

Issues surrounding the managing of 'challenging behaviour' and the development of appropriate responses will be discussed in the regular formal reviews with parents, Education representatives and Social Work Authorities for each individual child or young person. It will be recorded in the minutes and monitored at each review. In the event of a concern over escalation of challenging

behaviour the review meetings should be more frequent. Where necessary, a Crisis Intervention Support Plan (CRISP) will be made.

All incidents of challenging behaviour and the sanctions or restraints used will be recorded.

Restraint

Physical restraint is defined as the positive use of force in order to protect the child/young person from harming him/herself or others or damaging property. Its application will require judgement and the degree of restraint will be determined by the circumstances. The level of restraint used should be eased by degrees as the young person calms down in response to physical contact, co-operation is achieved, and the child or young person regains self-control.

Co-workers should remain calm when dealing with violence. They should take steps to avoid the need for restraint, e.g. through dialogue and diversion. The child or young person should be quietly and calmly warned that physical restraint will be used unless he or she desists.

Co-workers should hold the child or young person as firmly as necessary with the minimum of force. To hold firmly is to convey a sense of strength, security and reassurance that the adult is in complete control. Speak calmly and try to keep up a conversation. A second co-worker should be called if possible.

Co-workers should release the child or young person when it is felt that the cycle of violence is not going to be repeated.

Co-workers should allow a sufficient period of calm. Then the outburst should be discussed, providing the child/young person with the opportunity to explain his/her behaviour.

Co-workers should be aware that physical restraint should be an act of care and control, **not** punishment.

Co-workers should be aware that physical restraint should not be used to force compliance with their instructions and should **never** result in injury to a child or young person.

If the situation is proving difficult to control, see that other co-workers ensure the safety of other children and young people/co-workers and that a senior co-worker is called from one or more of the following options:

- In the house
- The neighbouring house
- Co-ordinator
- Child Protection Officer
- Medical Officer

All details of the incident (date, time and nature) and any action taken must be recorded on an Incident Form.

7) OUTINGS WITH CHILDREN AND YOUNG PEOPLE

i. General

All outings and trips should be enjoyable so, to make this possible, here are a few suggestions and golden rules:

- Please make sure that children and young people and you yourself are suitably dressed for the occasion. Clean, tidy clothes for concerts, museum visits, etc., sensible shoes or boots for walks, waterproof clothing for wet weather, etc.
- Be aware of group dynamics, e.g. when out for a walk there is no point in taking someone who can only manage a gentle stroll with another who needs a 10-mile hike! Also, it helps if the group 'gets on' with each other. Assess risks with your House Co-ordinator prior to outings and record intentions.
- There are some children and young people who are able to go out unaccompanied (without a co-worker). If in doubt, ask your house co-ordinator which children and young people are allowed to do this and on what occasions.

ii. Details

- One must at all times use common sense and discretion in choosing groups that may go out of our estates. A risk assessment must be completed.
- Any outings (leaving the school grounds) **must** be approved by the House Co-ordinator. When anyone leaves the estate with a group of children and young people, it must be made clear **where you are going** and **your expected time of return**, before leaving the house. The destination, leaving time, name of children and young people and co-workers as well as the expected return time **must be recorded** and placed near the main telephone.
- **No river access is allowed to co-workers or children and young people without prior agreement.**
- Use paths at the side of the road, especially Murtle Drive. Otherwise, if there is no path, use the correct edge (side) of the road, **facing the traffic**. Never walk in the middle of the road.
- Groups should **not be larger than 3** children and young people **to one adult** unless there are individual independent children and young people amongst the group who are allowed out on their own. Then the groups should not exceed 5 when going for walks to town or on public transport.
- When going out with epileptic children and young people in the group there must be a second adult in the group, unless individual arrangements have been made.
- Where there are children and young people who need a single adult to themselves, the adult/child, young person ratio should be correspondingly increased.
- Groups of children and young people should not be taken to coastal areas where there are cliffs, e.g. Muchalls, Dunnottar Castle, etc., nor to the beach at the mouth of the River Don.
- Permission must be obtained from parents and relevant social workers before a child or young person can stay in any other place overnight.

- If bicycles are used, you must first ensure that these are in good working order, especially the brakes and lights for night-time. If planning to leave the estate with children and young people and to ride on public roads, you can only take those who hold a cycling proficiency certificate. On the estate cyclists must use tarred roads and **not** footpaths. The following roads are strictly forbidden for safety:

  On Murtle Estate - Garden Cottage Drive
  Robert Owen Drive
  St Brendan's Drive

8) MISSING CHILD OR YOUNG PERSON PROCEDURE

All children and young people should be provided with appropriate levels of supervision. This will be assessed on an individual basis.
In the instance of a child or young person going missing a senior member of staff and member of the management team has to be informed **immediately**.

The following procedure will then be instigated:

- The police will be called
- Parents or guardians will be called immediately and kept fully informed of the progressing situation.
- At the same time a member of staff will organise a search of the grounds and surrounding area.
- Relevant local authority professionals involved with the child/young person will be informed of the progressing situation.

The person contacting the police should be prepared to answer the following questions (amongst others).

- The child or young person's name and gender and calling name they respond to
- The child or young person's age
- The child or young person's height
- What clothing was being worn
- Where and at what time the child or young person was last seen and by whom
- Who is reporting the incident
- Where the person reporting can be contacted
- A photo of the child or young person should be made available

Once the child/young person has been found parents and all involved professionals will be informed immediately.

An incident report needs to be written and the Care Inspectorate informed within 24 hours.

9) ACTIONS IN CASE OF ACCIDENT OR INCIDENT

In case of an accident or incident, make sure that you and any other individual are out of danger, provide first aid, call emergency services and inform a house co-ordinator or a teacher. Later, they will debrief you about an accident or incident and make an internal report.

In the case of an accident involving an employee or a co-worker, an entry in an Accident Book has to be made. There are five Accident Books: in the offices of all three estates, in the Riding School and in the Murtle Workshop.

10) FIRST AID PROCEDURES

This is no substitute for the First Aid Course, which every co-worker must attend when invited.

All co-workers must acquaint themselves with basic First Aid procedures during the initial induction day.

- **Golden rules**

- Assess and act calmly.
- Ensure safety of casualty and bystanders.
- Send or call for help.
- Treat priorities to maintain a clear airway, to control bleeding and to prevent shock.
- When help arrives give a clear account of how the injury occurred (if known).

- **Bumps, bangs and bruises**

If swelling occurs, bathe in cool water for up to 20 minutes. If injury to bones, ligaments or joints suspected, do not move unless in dangerous situation and immediately call a senior co-worker who will decide on further treatment.

- **Minor cuts and grazes**

Cleanse the wound and wash the surrounding skin. Apply sterile dressing. Severe bleeding: apply direct pressure with fingers and preferably over clean pad (if readily available); raise injured part. **Use disposable gloves**. If first aid box is accessible, apply a sterile pressure bandage. Call or send for a senior co-worker who will decide on further treatment.

- **Burns and scalds**

Place the affected part gently under slow running water or immerse the part in cool water, keeping it there for at least ten minutes or until the pain ceases. Remove promptly anything of a constricting nature - rings, bangles, etc. Call a senior co-worker who will decide on further treatment.

- **Unconscious casualty**

Place in the recovery position. Get help. Check breathing and circulation. Follow procedures for resuscitation if you have been trained.

- **Poisonous substances**

In case of consumption of poisons, immediately call a doctor by telephone.

All poisonous substances, including cleaning materials, should, where possible, be left in the original containers, and must be clearly labelled. When substances are transferred to other containers, these containers should be clearly labelled as to their contents. Soft drinks'

bottles should not be used for this purpose. All poisonous substances must be stored in locked cupboards.

Information sheets on cleaning materials, etc., can be found in the H&S file at your place of work (section under C.O.S.H.H. – Control Of Substances Hazardous to Health).

- **Choking**

Bend the casualty forward and give them 5 sharp blows with the flat of the hand between the shoulder blades. (Small child may be placed over your knee, head down.)

If backslaps fail – in an emergency only give abdominal thrusts.

Stand behind the casualty and put both arms around their waist with one hand palm upward and the other palm down. Interlock your hands and pull sharply inwards and upwards below the casualty's ribs. Repeat up to four times.

If blockage is not cleared, repeat 5 blows and 5 thrusts.

Please refer to 'First Aid for Children Fast' (Red Cross) - there is a copy in each house.

- **Recognising epilepsy**

- What is epilepsy? Tendency to have recurrent seizures (also called 'fits' or 'epileptic attacks'). These result from disturbances in the brain's normal electrical activity.

- Are all cases alike? No, seizures vary greatly from person to person. The nature of the seizure will depend on the part of the brain first affected, and on where and how fast the disturbance spreads.

- Who has epilepsy? One person in every 200. Epilepsy affects people of both sexes, all levels of intelligence, all social backgrounds and all racial groups. It is common in childhood and adolescents, but the onset can be at any age.

- **Some common types of seizure:**

- Major convulsive seizures or 'tonic-clonic' attacks**.**

  The person suddenly stiffens and may cry out, as air is forced out of the lungs by contracting muscles. He (or she) loses consciousness and falls down. Muscles soon relax and breathing begins again. Limbs and body may jerk violently. The mouth may fill with frothy saliva, occasionally blood-stained, if tongue or cheeks have been bitten. The person may wet or soil himself. The jerking subsides and the person becomes limp and pale. Consciousness returns spontaneously.

  Some people recover quickly from a seizure. Others are dazed and confused, have a bad headache, and may need to sleep or rest.

- **Absence seizures**

These consist of brief periods of interrupted consciousness easily mistaken for daydreaming. The person (often a child) stops activity, remains motionless and stares into space. Soon he or she resumes normal activity, and may not be aware that an attack has occurred.

- **Partial fits**

These occur when a seizure involves nerve cells in part but not all of the brain. There may be involuntary movements, alterations in consciousness, slurring or loss of speech, inappropriate actions and confusion. Sometimes a partial seizure develops into a generalised tonic-clonic seizure.

➢ **First aid for major seizures**

A major seizure may appear dramatic and frightening to an observer. It is important to remember that the person affected normally feels no pain during the seizure, and will probably have little or no memory of it afterwards.

If you see a major seizure, keep calm and prevent others from acting rashly. You cannot stop a seizure once it has started. Let the seizure run its course, and be ready to provide reassurance and an accepting attitude afterwards.

➢ **What to do**

- Note the time.
- Clear a space around the person having the seizure.
- Cushion the head (e.g. with a rolled-up jacket).
- Loosen tight clothing, especially at neck.
- Remove spectacles, if worn.
- As soon as possible, turn the person onto his/her side into the recovery position to aid breathing.
- Clear any excess of frothy saliva from the mouth.
- Reassure the person during the period of confusion which may follow the regaining of consciousness.

➢ **What not to do**

- **Do not** move the person while the seizure is in progress, unless he/she is in immediate danger (e.g. on a busy road, at the top of stairs, at the edge of water, near a fire or hot radiator).
- **Do not** restrict movements.
- **Do not** attempt to lift the person.
- **Do not** put anything between the teeth.
- **Do not** try to give medication while the seizure is in progress.
- **Do not** give anything to drink.
- **Do not** interfere unnecessarily with the person in the period immediately after the attack. Let him/her recover in peace and quiet, but stay with him/her until confusion has passed.

Note**:** It is not usually necessary to call a doctor or an ambulance when a person known to have epilepsy has a seizure that follows the usual pattern for him or her.

➢ **When to get medical help**

- If the seizure lasts considerably longer than is usual for the person concerned.
- If one major seizure follows another without full recovery in between.
- If the patient hits his/her head during the seizure and there is no sign of consciousness being regained within 10 minutes of the convulsions ceasing. Unconsciousness could be due to concussion. (Remember that some people sleep after a seizure. A person asleep responds when shaken, an unconscious person does not.)

Note**:** If an infant is convulsing with high fever, medical help should be obtained quickly. Reduce temperature by removing clothing and sponging with tepid water.

- **Shock**

Signs are a pale, cold, clammy skin and rapid pulse. Lay the casualty down, keeping his head low. Raise and support his legs. Loosen tight clothing. Cover with coats or blankets to keep warm.

- **The Recovery Position**

This is the position any unconscious casualty should be placed in. This is taught during the First Aid Course and is illustrated in the First Aid Manual in your house. It is important that you are familiar with this position. If you are unsure, please ask your House Co-ordinator

11) HANDLING OF MEDICINES

Management of medicines in CSA is covered by the corresponding policy. Co-workers, who administer medicines to children and young people, receive training.

Only designated co-workers should administer medicines to children and young people.

Personal medicines prescribed by your doctor should be kept locked away and must be inaccessible to others at all times. The same applies to injection equipment used, for example, if you are diabetic. Please inform your house co-ordinator or your supervisor if you don't have a lockable compartment for your medications.

Unused medicines should be disposed of responsibly. The chemist will take them back.
Do not throw them in a dustbin where a child or young person may be able to pick them up.

12) INTRODUCTION TO HEALTH AND SAFETY

Health and Safety is an important part of the Induction. It can help us to understand the situation we are in and to develop our ability to respond well both individually and together with others to the many interesting and sometimes challenging situations we are going to meet in our life and work in Camphill School.

Whether you are a voluntary worker or an employee the first experience of our community may be overwhelming. It is not easy to keep in mind that Health and Safety has to be considered in first place in any situation and prior to any activity.

You may think of Health and Safety as an attitude of care and concern for others and for yourself that arises as you:

- Live and work together with other co-workers in an 'intentional community'
- Live and work with vulnerable children and young adults for whom you have 'a duty of care'
- Reflect on your own strengths and weaknesses on your own and together with others

Some helpful attitudes and questions to ask yourself:

What can I do to promote the well being of myself and others?

- **Being aware**. Am I feeling present and well and able to deal with the task or situation? Do I have sufficient understanding of the potential risks of the situation and activity?
- **Communicating with others**. Have I got all the information I need to deal with the task? Will I be able to call for help? Have I reported an accident or a 'near miss'?
- **Learning.** Am I too confident? Am I interested in learning from my experience and others? Am I aware of my influence on others?

General information

The CSA Health and Safety Policy puts the following responsibilities on every co-worker:

a) reading, understanding and complying with the CSA Health and Safety Policy;
b) taking reasonable care of their own health and safety and that of anyone else who might be affected by their activities;
c) ensuring the safety of their visitors and any contractors needing access to their work area;
d) using correctly any safety aids, equipment and protective clothing that are provided for their health and safety;
e) reporting to their supervisor any potential new hazards they learn of, defects in safety equipment, or any breaches of safety provisions they may have observed;
f) reporting to their supervisor accidents, near misses and dangerous occurrences;
g) attending training courses on health and safety issues as required.

All CSA co-workers receive training in First Aid and Manual Handling and attend a session on safe use of the swimming pool and gym during induction training. Before starting your work you will receive instructions on health and safety at a workplace from a supervisor or a person responsible for health and safety. You will also be briefed on fire safety in your house and/or at your workplace.

Some areas of our work are covered by risk assessments. Your supervisor will provide you with these documents. **It is your duty to familiarise yourself with risk assessments.** Information on hazardous substances (cleaning materials, etc.) is kept in the Health and Safety file at your work place under COSHH (Control of Substances Hazardous to Heath).

There are first aid boxes in the houses, classrooms, workshops, and craft rooms. **The content and location of the first aid equipment should be known to you and be easily accessible.**

If anything appears dangerous or you are unsure of how to operate equipment or use certain substances then please ask a senior co-worker, house co-ordinator, teacher or craft instructor for help or further guidance. **It is EVERYONE'S responsibility to prevent accidents, so do tell someone if you see something unsafe or dangerous.**

Within individual houses, workshops, classrooms, craft workshops and work areas any concern over health and safety should be brought to the attention of the house co-ordinator, craft instructor, teacher or a person responsible for Health and Safety. You can also talk to the CSA Health and Safety and Fire Safety Officer Evgueni Chepelin directly about any concerns you have (contact by e-mail healthandsafety@crss.org.uk or mob. 07714242390).

Infection Control

Hygiene and cleaning are important aspects of childcare, home life and the creating of a healthy environment. As infections can spread rapidly through daily interaction, the following policy of infection control applies to all areas of life in the School.

The Fitness to Work policy is included in this file (section 16). Please read the policy carefully and remember to report any of the symptoms described in the policy, or contact with anyone suffering from stomach or bowel problems, to the house co-ordinator or your supervisor immediately.

Please follow the advice below:

- **Hand hygiene**

  Wash your hands thoroughly:
  - before and after washing/dressing a child/changing his/her nappy (also when wearing gloves)
  - after handling dirty clothing/bed linen
  - before preparing food
  - after using the toilet
  - before eating

  } Be sure the children's/young people's hands are washed

- **Protective clothing**

  - Disposable gloves are available for changing nappies and handling dirty clothing. Always use gloves when handling soiled nappies or laundry. Rubber gloves are available for cleaning.

- **Broken skin**

- Cover cuts with waterproof dressings

➢ **Bites**

- Encourage free bleeding
- Wash with soap and running water
- Cover with waterproof dressing
- If the skin is broken report to Camphill Medical Practice or Casualty Department as soon as possible and within 24 hours

➢ **Spillage of blood/body fluids**

- Deal with spills promptly
- Ensure the room is well ventilated
- Wear gloves and apron when cleaning
- Absorb spills with paper towels or tissues and dispose of in a securely tied plastic bag
- Wash floor or affected surface(s) with hot water and detergent. Spray with disinfectant and wipe with damp cloth

➢ **Laundry**

- Put soiled laundry directly into the machine. Use pre-wash and hottest cycle possible for the fabric

➢ **Environmental hygiene**

- Cloths, gloves, etc., should not be used for anything other than a separate designated area, i.e. toilets, bathrooms, kitchen, general environment
- Use appropriate cleaning agents. Always clean before using disinfectants

➢ **Handling waste**

- Nappies should immediately be put in plastic bags and securely tied for disposal

Food Hygiene and Safety

Almost all co-workers in our School are, from time to time, involved in food preparation. The Food Safety and Hygiene policy, which is available in every kitchen, contains Schedules for various food preparation processes and Hazards and Controls Tables**. It is your duty to familiarize yourself with the content of these Schedules and Tables before you start preparing food.**

In addition, please note the following advice:

➢ **Kitchen**

- Always wash your hands before handling food and after using the toilet.
- DO NOT SMOKE where food is prepared, stored and consumed.
- Suitable hygienic protective clothing should be worn.
- Cuts and abrasions must be covered.
- Plastic gloves are available if required.
- Anyone suffering from diarrhoea, infectious disease, or a bad cold should seek advice from the House Co-ordinator.

- **Food**

  - Food should be stored in suitable sealed and labelled containers in a cool, well-ventilated area. It is important to be aware of expiry dates.
  - Food stored in refrigerators and freezers must be appropriately covered and stored at the correct temperature and used in strict rotation. The maker's instructions for the care and maintenance of the equipment should be followed.
  - Separate bins should be provided for food waste, regularly emptied, disinfected and covered at all times.
  - All equipment used in food preparation should be kept scrupulously clean and used for this purpose only.
  - Different cloths should be used for cleaning sinks, worktops, bathrooms and floors.

- **Cooking apparatus**

  - Care should be taken to avoid kettles or pans over-turning or being knocked over. Possible damage or injury from steam should be guarded against.

Electrical Appliances

All common electrical appliances in our School are regularly tested for safe use. It is your responsibility to ensure that your personal appliances are safe to use. **If you have any concerns, do not use an appliance and immediately contact the Murtle Workshop.**

Please note that

- Before using an appliance, you should be instructed in its correct use, care and storage.
- Worn flexes should be renewed. Over-long flexes or flexes crossing walking areas should be avoided.
- Damaged plugs should be replaced.

Road Safety

Please exercise caution on any road in our estates while walking, cycling or driving. Remember that many of our children and young people are unaware of dangers.

Always use lights when cycling in the dusk or in the night. Bike lights and helmets are provided in every house.

When driving, observe the speed limit on the estates and always reverse park into a parking space.

Always wear a seatbelt in a car and minibus and ensure that every child/young person wears a seatbelt.

13) MURTLE SWIMMING POOL AND GYM
RULES AND PROCEDURES FOR SESSIONS ORGANISED FOR CSA PUPILS and LEISURE USE

Safety and Emergencies

- **Poolside supervision**

During the swimming session one co-worker must continuously supervise the children, young people and co-workers in the water from the poolside. This is in addition to the supervision requirements below. Duties of co-worker acting as a poolside supervisor:

- enter the pool area first and uncover the pool
- remain at all times at the poolside keeping a close watch over the pool and pool users
- exercise appropriate level of control and communicate if necessary with other co-workers
- anticipate problems and prevent accidents
- intervene to prevent behaviour which is unsafe
- in case of pool user drowning or being in difficulty, assist in pulling casualty out of the water and then maintain watch over the other users while they are in the water
- cover the pool only when all users have left the water
- exit pool area last

- **Supervision**

There must be enough co-workers to provide adequate supervision of children and young people at all times in the pool or gym. The approximate co-worker/child or young person ratios for the pool are:

- 1 adult to 1 child/young person with epilepsy, physical disability or challenging behaviour
- 1 adult to 3 children/ young people otherwise

No pupil should be left alone in the changing room **.**

- **Use of lifting equipment and poolside hoist**

Only co-workers trained in the use of lifting equipment and poolside hoist can use them to assist a disabled individual.

- **Emergencies**

There are two emergency phones — one on the balcony in the pool area (red box) and one in the cupboard in the gym entrance.. These phones are strictly for emergency use only.

- In emergency dial 999 for an ambulance or the fire brigade
- For assistance with minor injuries call a first-aider or a nurse in the Medical Practice (868935)

In all cases phone your own house to report what has happened and ensure that the Health and Safety Officer is informed of the incident as soon as possible afterwards.

- **Fire evacuation**

There are three fire exits in the building:

- at the poolside
- through the back door in the pool area (turn right)
- in the gym hall

Evacuation of swimmers in cold weather: cover the children with protective blankets (in the brown box mounted on the wall next to the fire exit in the pool area).

Actions in case of fire:

- Evacuate all pool users through emergency exits
- Call emergency services
- Report to your house and Fire Officer

➢ **Accidents**

There are two first aid boxes:

- under the emergency phone box on the balcony;
- in the cupboard in the gym entrance.

➢ **Actions in case of drowning:**

- Pull casualty out of the water
- Perform resuscitation if necessary until arrival of paramedics (resuscitation mask is in first aid box)
- Call ambulance and doctor/nurse from the Medical Practice
- Dispatch a co-worker to the car park to direct the ambulance
- Report to the house

➢ **Access to Key**

The keys are kept at the Central Office and every residential house on all three school estates

- **Only co-workers should collect and return the key**
- At some locations (Central Office) the key must be signed for
- Missing key has to be reported immediately to a house co-ordinator or other senior co-worker

➢ **Leisure use of the pool/gym by co-workers and employees**

All the rules and procedures must be followed during leisure sessions

- At least one co-worker/employee must be present at any pool/gym session; responsibility for enforcing these rules lies with this individual
- During use of the pool one co-worker/employee inducted in pool rules and procedures and trained in first aid and resuscitation must continuously supervise at the poolside; duties of poolside supervisor are as above
- No lone users are allowed in the pool or gym

Rules for the pool area

- Outdoor shoes must be removed before entering the changing rooms.
- Swimmers must shower before entering the pool.

- All children should be encouraged to use the toilet and blow their noses.
- Do not run in the changing area and at the poolside.
- Use of the slide must be supervised carefully. Only one child must use it at a time. An adult must clear swimmers from the swimming area in front of the slide before any child goes down.
- Only adults must uncover and cover the pool and no children must be in the pool area during this operation. Always cover the pool after your session, unless another party has already arrived to use the pool.
- Do not go head-first on a slide.
- Do not dive.
- Do not balance on the float close to the poolside.
- Do not jump on to a float from the poolside.
- Do not lock yourself into the pool area during your session.
- Lock all doors and turn off the lights on leaving the pool area.
- Return the key and report if anything was damaged or the pool was soiled.

Rules for the gym hall

- Dirty shoes or shoes that may mark the floor must not be worn in the gym.
- Children may play on the climbing frames only under supervision.
- Gymnastic equipment (mats, horse, trampoline, rings, etc.) or athletic equipment (javelins, discuses) must not be used without the permission of the gym teacher.
- Return all equipment to its proper place.
- Lock all doors and turn off the lights on leaving the gym.
- Return the key and report if anything was damaged.

14) FIRE PREVENTION

i. Fire Safety Responsibilities - for all co-workers

- To ensure you know and follow the fire prevention rules (for detailed policy, see House Co-ordinator's File).
- To ensure you know what to do on discovering a fire and on hearing the alarm.
- To ensure you know where the fire fighting equipment is situated and know how to use it.
- To ensure you do everything possible to prevent false alarms and to report these when they occur to the house fire officer.
- To ensure fire protection equipment is not misused, e.g. fire doors left open, fire exits blocked, extinguishers moved.
- To report any defect in fire protection equipment, electrical equipment, gas appliances, science teaching equipment, etc., as soon as possible to a House Co-ordinator, teacher or fire officer.
- To share any concern over fire safety with house co-ordinator, teacher or fire officer.

THE SAFETY OF THE CHILDREN AND YOUNG PEOPLE ARE ALWAYS FIRST PRIORITY

- ***Take All Fire Alarms Seriously***

- ***Always Go And Help If You Hear An Alarm In Another Building***

- ***If In Doubt Always Call The Fire Brigade***

- ***Do Not Silence Fire Alarm Unless 100% Sure That It Is A False Alarm***

❖ ***Try To Avoid False Alarms***

❖ ***It Is Never Acceptable To Cover A Smoke Detector***

ii. Rules For Fire Prevention

➢ **Smoking**

- No person under 16 is allowed to smoke.
- Young people over 16 are to be strongly discouraged from smoking.
- No co-worker should smoke in front of children and young people.
- Smokers should keep their smoking materials secure and dispose of cigarette ends carefully.
- Smoking in the houses, schoolhouses, workshops and offices is illegal and not permitted.

➢ **Lighters**

- Co-workers should not use matches, only named lighters.
- Lighters should be kept in a locked place.

➢ **Candles**

- No candle ever to be left unattended.
- Never light a candle where it could present a fire hazard, e.g. near curtains or paper.
- Unlit candles should not be left in children and young people's rooms.
- Candles, tapers, etc., should never be lit from cookers.

➢ **Bins**

- Only metal wastepaper bins should be used.

➢ **Clothes**

- Never dry clothes on a heater.

➢ **Kitchen**

- Never allow children or young people to cook unsupervised unless agreed in advance.
- Never leave the kitchen unattended for long periods when the cooker is in use.
- **On no account** leave frying pans unattended.

➢ **Wood or Coal Fires**

- Do not leave children or young people alone with an open fire or stove.
- Always use a guard on an open fire.
- Ensure fire is out before going to bed.
- Ensure chimney is swept at regular intervals.

➢ **Electrical Equipment**

- Consider switching off and unplugging electrical appliances when not in use. Be especially careful with irons.
- Do not overload sockets - be especially careful with heaters.
- Do not use drapes on a light to reduce the glow.
- Never use electrical appliances that are in any way faulty.

➢ **Chemicals**

- Science equipment, gas bottles, cleaning materials, aerosols, etc., to be used, stored and disposed of according to maker's instructions and any CSA policy for that substance.

➢ **Children and Young People**

- Be aware of those children and young people who pose special risks, e.g. those who have a history of starting fires.
- Discrimination should be exercised when discussing fire safety with children and young people. Many should be given instructions on what to do in case of fire. However, fire safety and emergency procedures should not be discussed in front of those unable to understand, or those liable to become extremely anxious or liable to obsessions with fire.

➢ **General**

- Do not misuse fire safety equipment, e.g. covering smoke detectors, moving fire extinguishers, propping open fire doors, obstructing fire escapes.
- Share any concerns about fire safety with house co-ordinator, teacher or fire officer.
- Electrical meter/fuse cupboards and boiler-houses are to be kept free of combustible materials. These areas are not for storage.

iii. Emergency Procedure In Houses

➢ **On Hearing Fire Alarm**

- Go with everyone to assembly point.
- Await instructions of co-worker in charge.

To establish the cause of the alarm:

- Go to the alarm panel and check in which part of the building the alarm has been activated.
- Go and check all the rooms in that part of the building to discover where the alarm has been activated.

➢ **On Discovering Fire**

- Remove any children and young people from immediate danger.
- Sound alarm (if it is not ringing already) by using 'break-glass' points.
- Go with children and young people to assembly point. If the main assembly point is inaccessible due to fire, go to the alternative assembly point.
- Await instructions of co-worker in charge regarding evacuation to designated fire neighbour.
- Dial 999. Ask for the fire brigade. When the fire brigade answers say there is a fire at:

Give name of Estate
Give name of building
Give the exact address, either - Murtle Estate, North Deeside Road, Bieldside, AB15 9EP or
Camphill Estate, Milltimber Brae, Milltimber, AB13 0AP or
Cairnlee House, Cairnlee Road, Bieldside, AB15 9BN

Send someone to the Estate entrance to meet the fire engine.

- Only if it is safe to do so, tackle a small fire with the extinguishers provided.

➢ **Types of Fire Extinguishers**

- **Water Extinguisher (red body)** can only be used on fires involving solid materials such as wood, paper or textiles. Not suitable for use on live electrical equipment because water is a conductor of electricity.
- **Foam Extinguisher (red body with cream label/band)** can be used on fires involving solid materials and flammable liquids such as petrol, diesel or oils.
- **Powder Extinguisher (red body with blue label/band)** can be used on most classes of fire. It can be used on fires involving electrical equipment but may damage the equipment.
- **Carbon Dioxide (CO2) Extinguisher (red body with black label/band)** can be used on fires involving flammable liquids and is particularly suitable for fires involving electrical equipment

➢ **Fire Blanket in the Kitchen**

Use a fire blanket to smother a small fire involving oil or fat.

➢ **If fire alarm sounds but no fire has been found**

When the cause of the alarm has been found in the indicated area,

- Silence the alarm.
- Inform other co-workers of the cause of the alarm.
- Deal with the cause of the alarm.
- Then reset the alarm.
- Record the false alarm in the logbook.
- Inform the CSA fire officer about the incident.

When no obvious cause of the alarm has been found,

- Double check indicated area.
- Check remainder of the house.
- **Only when this has been done**, silence the alarm.
- Reset the alarm.
- Record the false alarm in the logbook.
- Inform the CSA fire officer.

➢ **If there is a fault and the alarm doesn't reset**

- Immediately inform the CSA fire officer.
- Call AMC (tel. 01224 842430) and request a service engineer to attend to a fault with the fire alarm system.

- Do not interfere with the fire panel batteries.

iv Emergency Procedure In School Buildings

➢ **On Discovering Fire**

- Remove children from immediate danger.
- Sound alarm.
- Go with children and young people to the assembly place outside main entrance.
- Dial 999. Ask for the fire brigade - say there is a fire at:

  Camphill School Aberdeen
  Give name of Estate
  Give name of building
  Give the exact address, either - Murtle Estate, Bieldside or
  Camphill Estate, Milltimber Brae, Milltimber or
  Cairnlee House, Cairnlee Road, Bieldside
  Send someone to the Estate entrance to meet the fire engine.
- If safe to do so, tackle a small fire with extinguishers provided.
- Find the Fire Officer and give them details.

➢ **On Hearing Alarm**

- Teachers, therapists, small group leaders to ensure all children and young people leave immediately and assemble outside main entrance.
- Class teachers to ensure all children and young people are accounted for and report to the Fire Officer.
- The Fire Officer should then ascertain the cause of the alarm and ensure the fire has been extinguished, the fire brigade has been called or that it has been established it was a false alarm.
- Do not return until the Fire Officer has given the all clear.

v Fire Emergency Procedure For Camphill Hall (Murtle Estate)

➢ **On Discovering Fire**

- Remove people from immediate danger.
- Sound alarm (alarm points are located next to emergency exit doors).
- Leave the building using the nearest emergency exit door.
- Go to the assembly place outside the main entrance of the Hall.
- Dial 999, call the Fire Brigade: you are at Camphill Hall, Murtle Estate, Bieldside AB15 9EP.
- Inform CSA Fire Officer

➢ **On Hearing Alarm**

- Leave the building using the nearest emergency exit door.
- Go to the assembly place outside the main entrance of the Hall.
- Inform CSA Fire Officer.
- Do not return to the building until the Fire Officer has given the all clear.

15) ACCESS TO INTERNET AND USE OF PERSONAL COMPUTERS

All co-workers will have access to a School's (CSA) computer and the Internet either in their house, the BASP library or by an alternative provision. They may also connect their personal laptops to the Internet through wired broadband networks where available in their house. Before using a CSA computer or network a new co-worker must be instructed by a senior co-worker who is in charge of it.

All co-workers have to abide by the following rules:

- The use of the Internet (on any computer, CSA or personal) is strictly forbidden for contacting pornographic sites or any pursuits of this nature or engaging in any activity deemed illegal by law, including pirate downloading of copyright material (including but not exclusively music, films and software) or the sending of spam.
- If you receive any unsolicited e-mail that you think could be deemed offensive/inappropriate, or accidentally download any pornographic or offensive materials or materials that could be deemed to be pornographic/offensive from the Internet, you must immediately inform a senior co-worker in your house.
- You must not change a CSA computer's settings. Please contact the co-worker who has administrative privileges if you need to make an adjustment.
- You may not post images of children or young people or discuss personally identifiable information regarding the children or young people on message forums, social networking sites, or via any electronic medium without the permission of your house co-ordinator or the person him/herself.
- You may not attempt to log in to the CSA intranet or any CSA computer other than with the login credentials you have been provided with.
- You may not attempt to 'hack' or otherwise gain unauthorised access to, or privileges over, any system owned or operated by CSA including (though not exclusively) email, intranet, routers/modems, website and databases.
- If you use your own personal computer on the CSA network you will be held wholly responsible for its use and for ensuring its upkeep.
- You must be prepared to disclose any CSA records on your own personal computer if requested to do so by CSA administration.
- Please do not eat or drink near the computers.

The CSA computers are periodically checked to monitor compliance with these rules and the CSA 'Acceptable PC and Internet Use Policy' that is available in every house.

BASP students have priority use of the computers for academic purposes in the BASP Library in Murtle House and those specifically designated on Camphill Estate. You must therefore give up your use of any of these computers if they are needed by a BASP student.

Literature, Cinema/Video/Dvd And It (Information Technology)

Co-workers should be aware of the responsibility to guide children and young people to discriminate and choose appropriate cultural entertainment. This includes making choices about books or magazines and papers suitable for their age and level of understanding. House co-ordinators and teachers give guidance and instruction to co-workers concerning the planning of appropriate cultural activities for individual children and young people.

They should be particularly aware of the IT Ethics document (SCET 1996). Users of computer software and video taped materials must be vigilant. Vigilance in monitoring the use of computers is in place to prevent possession of or access to illegal pornographic material by co-workers or children and young people

16) FITNESS TO WORK POLICY

PURPOSE

To minimise the risk of food being directly or indirectly contaminated by any co-worker suffering from or carrying a disease likely to be transmitted through food.

SCOPE

All co-workers involved in the handling, preparation or serving of food.

CONTENTS

1. *DEFINITIONS AND ABBREVIATIONS*

CSA

Camphill School Aberdeen Ltd

Co-worker

Anyone working at CSA, including employees, volunteers, visiting workers and students.

Carrier

A person infected with disease germs without showing any symptoms of the disease or suffering ill effects.

Gastrointestinal illness

A stomach or bowel ailment.

Food handler

Any person preparing, serving, or otherwise coming into contact with food for consumption by others.

2. *INTRODUCTION*

A person handling or serving food when suffering from certain skin, nose, throat or, particularly, gastrointestinal infections risks contaminating the food and thus infecting anyone eating it. An essential part of food safety, therefore, is controlling this risk by ensuring as far as possible that an infected person does not come into contact with food to be consumed by others. Food hygiene regulations prohibit anyone working in a food business from handling food or entering a food handling area if they are suffering from, or are a carrier of a disease

likely to be transmitted through food. An affected person must report their symptoms immediately to management. Under Department of Health regulations, no-one must return to work after a gastrointestinal infection whilst taking any medication for the illness and until they have been free from vomiting/diarrhoea for 48 hours.

CSA is not a "food business" like a meat factory or restaurant, but cooks and many other co-workers do prepare and serve food for others to eat (particularly children/young people in our care). Therefore, we must do our best to prevent food being inadvertently contaminated by anyone suffering from any of the symptoms described in this Policy.

3. *RESPONSIBILITIES*

3.1 HOUSE CO-ORDINATORS

a) To ensure the implementation of this policy in all houses.
b) To provide every co-worker with two copies, one to keep and one to read, sign and return.
c) To assess the fitness to work with food of any co-worker either reporting any of the symptoms described in sections 2 and 4(b) or reporting contact with anyone suffering from stomach or bowel ailments. In case of doubt, to refer the co-worker to his/her GP.
d) To be aware of the sensibilities and respect the privacy of anyone reporting potentially embarrassing symptoms.
e) To prevent any co-worker handling or serving food if there is any risk that the safety of the food may be compromised

3.2 ALL CO-WORKERS

17) To be thoroughly familiar with the requirements of this policy, to sign the Declaration in section 6, indicating it has been read and understood, and to return a copy to the House-Co-ordinator.
18) To report any of the symptoms described in sections 2 and 4(b), or contact with anyone suffering from stomach or bowel problems to the House Co-ordinator immediately.
19) Not to handle or serve food until cleared to do so by the House Co-ordinator.

4. *CSA POLICY AND PROCEDURE*

a) It is the policy of CSA to protect as far as reasonably practicable children/young people in its care from food-borne illness, in particular by giving due regard to the relevant food hygiene regulations.

b) Co-workers who normally handle or serve food must tell their House Co-ordinator immediately if they are suffering from any skin or nose infection (e.g. septic wounds, sores or boils), sore throat with fever, or stomach or intestinal ailment. (Afflictions such as colds, "ordinary" indigestion or constipation are not included.) It is essential to report any instance of vomiting and/or diarrhoea. Close contact with anyone else suffering from stomach or bowel complaints (egg other members of the family) must also be reported.

c) House Co-ordinators in the situation described in section 4(b) above must inform another House Co-ordinator.

d) Co-workers referred to in section 4(b) above must not handle food for consumption by others until cleared as fit to do so by their House Co-ordinator (or GP if they have been referred there). They should also try to stay out of the kitchen as far as is practicable, particularly when food is being prepared. This includes House Co-ordinators themselves, who must delegate any food handling tasks they normally carry out.

e) Co-workers must be assessed by the House Co-ordinator for their fitness to handle or serve food. This assessment is NOT intended to be a medical diagnosis by an unqualified person. It is an informed and commonsense evaluation of the likelihood of food being directly or indirectly contaminated by the co-worker. If there is any doubt, the co-worker must be referred to his/her GP. In any case, the House Co-ordinator must always err on the side of caution and prevent the co-worker from handling or serving food if there is any risk that the safety of food may be compromised.

f) Cases of vomiting and/or diarrhoea must always be referred to a GP, who must be informed that the individual is a food handler.

g) In the case of vomiting and/or diarrhoea co-workers must not be allowed to handle or serve food until they have fully recovered and have been free of symptoms for 48 hours. They should also try to stay out of the kitchen. If they have been taking medication to prevent sickness or diarrhoea, they must have been symptom-free for 48 hours after stopping the use of medication before returning to food handling duties.

h) Before a co-worker returns to food handling duties, his/her fitness to do so must be re-assessed by the House Co-ordinator. If, in the opinion of the House Co-ordinator, the co-worker no longer presents a threat to food safety then he/she may be cleared to resume normal duties.

5. *FURTHER READING*

Food Hygiene (Scotland) Regulations 2006

Regulation (EC) 852/2004 on the Hygiene of Foodstuffs Annex II, Chapter VIII, Personal Hygiene *Official Journal of the European Union* 30.4.2004, L139/1

Food Handlers – Fitness to Work – Guidelines for Food Business Managers. Advisory Leaflet, Dept of Health

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17) CODE OF PRACTICE FOR CO-WORKERS

Remember everything we do must be in the best interest of the child or young person

- Ensure any physical contact between a co-worker and a child or young person is a considered action and for the purposes of instruction or immediate care.

- Unless part of the agreed personal plan, be aware of the risks of being alone with a child or young person. Where circumstances make this unavoidable, try to ensure that others are aware of the situation and if possible are within earshot or vision.

- Remember to act as a role model of positive respectful behaviour;
-
- Share your concerns with a senior colleague if you suspect that a child or young person is becoming inappropriately attached or attracted to you.

- Seek advice and support in circumstances where your relationship with, or feelings towards, a child or young person are placing you at risk of unprofessional behaviour. You are urged to seek advice and support from a senior colleague or management.

- From time to time personal circumstances arise which can adversely affect your professional relationships (e.g. bereavement, health or relationship breakdown). Should this be the case, you are encouraged to seek advice and support from a senior colleague.

- Be aware of any physical horseplay (e.g. wrestling or tickling) which any child, or young person, or co-worker might misinterpret, no matter how innocent or well intentioned your actions might be.

- Be aware of the need to respect a child's or young person's right to personal privacy..

- The use of physical restraint on a child must involve only the absolute minimum force necessary and is permissible only when you are certain that the child is at imminent risk of endangering themselves, yourself, others or property. Where possible summon a colleague to witness the situation and give you appropriate help.

18) . PERFORMANCE, COMPETENCE AND PROFESSIONAL CONDUCT

i. Policy And Code Of Discipline

The Co-ordinators will, where matters of concern arise relating to the performance, competence or professional conduct of any co-worker or individual involved in, or giving service to, the School, consider at the earliest opportunity whether it may be necessary to suspend an individual from his/her duties and will impose such suspension without delay, where it is considered appropriate. Where a co-worker is registered, any suspension must be notified to the Scottish Social Services Council (SSSC). Irrespective of whether a suspension is appropriate, the School will ensure that a prompt, complete and thorough investigation is conducted in relation to the circumstances giving rise to such concerns.

Where, after investigation, such concerns seem well founded, they will be set out in writing to the person involved. He/she will be asked to attend an investigative meeting as part of the CSA Disciplinary Procedure (available electronically or from Central Office, Murtle). The person attending, who may be accompanied by another person if they wish (as detailed in the CSA Disciplinary Procedure), will be offered an opportunity to respond to any grounds of concern and thereafter the disciplinary panel will determine what action, if any, may be necessary. That action may include, but will not necessarily be limited to, one or more of the following:

- A period of counselling
- An oral warning, which will lapse after six months
- A written warning, which will lapse after twelve months
- A final written warning, giving notice that duties may be terminated, which will lapse after eighteen months
- A period of suspension
- Re-assignation or relocation of duties, including possible reduction in the level of responsibility held by the co-worker
- Termination of duties upon notice given
- Summary termination of duties

Written confirmation of any action will be issued and a formal record kept.

ii. Dismissal

An immediate suspension from work will be initiated in the event of any gross misconduct arising as a consequence of an action as indicated below:

- Being found to be directly or indirectly responsible for dangerous occurrences or accidents by deliberate act, negligence, recklessness or complacency, which are considered to be prejudicial to the safe and effective care of CSA children/young people or the organisation
- Indecent behaviour on CSA premises or sites
- Abuse of any child, young person or co-worker, either on or off any CSA premises or site
- Incidents of bullying, intimidation, or sexual or racial harassment
- Serious or frequent contravention of CSA Substance Abuse Policy
- Serious or frequent contravention of CSA Code of Conduct or the SSSC Codes of Practice
- Gross negligence
- Theft or fraud

- Falsifying job application information, qualifications or company documents
- Being found to be working illegally
- Physical violence at work
- Serious or frequent contravention of CSA or industry health and safety regulations
- Serious or frequent contravention of the CSA computer use policy

This list is not exhaustive and is illustrative only.

In line with the CSA Disciplinary Procedure, a full investigation will be held. Should the disciplinary investigation and meeting decide, the co-worker may face immediate dismissal for an act of gross misconduct.

Where possible criminal offences are concerned, the police must be involved at the earliest possible stage of the investigation.

The person who is the subject of any action will have a right to appeal, as detailed in the CSA Disciplinary Procedure.

19) EXPRESSING A CONCERN

If you have a concern and feel it needs urgent attention, bring this matter in the first instance to your house co-ordinator.

If you feel unable to speak to your house co-ordinator, contact a co-ordinator in your estate who will help you to resolve the concern by looking into the matter.

If you feel the concern is not addressed adequately, then write down the concern and hand it into the Central Office, Murtle Estate, addressed for the attention of the Administrator. You will be contacted directly and a further investigation will be initiated.

If the matter is not resolved to your satisfaction, a written letter with the concern may be sent to the Chairman of the Camphill School Aberdeen Council of Management:

Mr Tony Crabbe
Chair, Council of Management
Office,
Murtle Estate,
Bieldside
AB15 9EP

APPENDIX

ROLES AND MEETINGS DEFINED

CO-WORKER

Any person who works as a volunteer or employee within Camphill School Aberdeen.

SENIOR CO-WORKER

A co-worker who has lived and worked for a longer time in Camphill, and who has completed his/her training and taken on a commitment and responsibility for a particular aspect of the work.

HOUSE CO-ORDINATORS

A senior co-worker with a main responsibility to facilitate the harmonious living of all co-workers and children and young people in the house and to carry out the administrative tasks either individually or within a team.

TEACHER

A senior co-worker with the responsibility to teach one of the classes in our School (St John's School).

CLASS HELPER

A co-worker who regularly assists with children/young people's activities in the classroom.

CRAFT INSTRUCTOR

A senior co-worker with the responsibility to offer instruction/training within a craft workshop (weaving, woodwork, felt making, candle making, pottery, basket making, refurbishing tools - Tools for Self Reliance).

THERAPIST/THERAPEUTIC PRACTITIONER

A co-worker with responsibilities to provide a specific therapy or therapeutic activity for individuals or groups of children and young people (specific therapeutic activities in: art, music, colour shadow, listening space, as well as play therapy and focused therapeutic play, speech therapy, therapeutic speech and therapeutic movement, physiotherapy, riding therapy, curative eurythmy, massage and oiling, and counselling). Some therapies are provided by people employed to work in the School on a regular basis.

CO-ORDINATOR

A senior co-worker who shares the responsibility of administrating the School's business and liaising with external agencies, thereby maintaining a smooth running of the business affairs of the School.

COUNCIL MEMBER

A senior co-worker or an external business professional who voluntarily holds a responsible position in the Council of Management.

CAIRNLEE STUDENTS

Young people attending the programme of activities in Cairnlee House who are above school age (19+ years).

'PUPIL STUDY' (Internal Review)

A Social Pedagogical review meeting to create a detailed profile or 'diagnostic image' and to monitor a child/young person's well-being. A review of his/her needs, progress and educational/therapy programme is conducted to assess and evaluate their benefits, and to develop a new holistic therapeutic approach to address the child/young person's current needs. This is a consultation with a doctor and co-workers in the house, class teacher, therapists and/or craft instructors involved with the child/young person's regular programme. Parents may also be invited as appropriate and possible.

ANNUAL/BIANNUAL REVIEW

A meeting of CSA professionals with other professionals (education, psychology, social work, medical), the parents/guardians and, if appropriate, the children or young person, to monitor the child/young person's well-being, needs, progress and the provisions offered. It is also a responsibility of the professionals in the group to ensure that the statutory requirements are fulfilled in relation to educating and caring for the child/young person and reviewing his/her needs.

COLLEGE MEETING

A Social Pedagogical study to explore, deepen and more fully understand an individual child/young person's biography - including spiritual, soul and physical dimensions - within the context of their personal destiny and disabilities. This is a multi-professional group, which includes a doctor, all the house co-ordinators, teachers, therapists and carers who may have worked in some capacity with the child/young person since their arrival in the School. Normally only one College Meeting is held for a child/young person during their time within the School due to the profound therapeutic impact it may have on the individual and those who support them.

HOUSE MEETING

A weekly meeting of all members of the house community to share and discuss issues related to the care and curative approaches to the children and young people in the house, issues related to the care and support and harmonious working together of the co-workers, general discussion and study of the theories, principles and ethics underpinning both the Camphill and

Social Pedagogical approach, training/informing co-workers concerning school policies and relevant legislation impacting on the work, and planning or preparing for the ongoing cultural events that form an important part of the cultural life within the house and school as a whole.

ESTATE CO-WORKER MEETING

An informative meeting attended by co-workers within the estate in which they live to monitor, organise, and develop plans or activities within the estate. The meeting may develop and decide on new impulses or clarify concerns in relation to the plan of the whole School through links to the Co-ordinators' meeting, other estate co-worker meetings, the Camphill meeting and the School's Council.

CAMPHILL MEETING

A meeting of senior co-workers from all estates with the responsibility to formulate and review policies, develop initiatives, inform members about the School's links to the locality, other Camphill Centres in Scotland, Britain and the international Camphill Movement. The members monitor current work trends in the fields of education and care that impact on the community. The co-ordinators, committees and colleges are responsible to this meeting and the Camphill Meeting has the responsibility to keep all members of the community informed and up to date with the information gathered there. Co-workers who do not normally attend the meeting are invited from time to time for special topics or may request to do so.

SCHOOL COMMUNITY MEETING

A meeting to which all co-workers are invited to attend in order to discuss and share important information affecting everyone.

COUNCIL OF MANAGEMENT

A meeting of external professionals and appointed senior co-workers and co-ordinators, which forms the legal body responsible for the running of CSA. It delegates the day-to-day running and administration to the co-ordinators who in turn share out and co-ordinate all the various internal procedures. The Council comprises three committees: Strategy Committee (which oversees preparing strategies for meeting the needs that come towards CSA); Administration Committee (which oversees finance, building and development, health and safety, and other practical affairs relating to facilities); Social Pedagogy Committee (which oversees the educational and therapeutic provisions, issues relating to the welfare of co-workers and children and young people, matters relating to registration and inspection by authorities, admission, review and dismissal of children and young people, and recruitment, training, monitoring and dismissal if necessary of co-workers).

HOUSE CO-ORDINATORS' MEETING

A weekly meeting of those whose main task is to facilitate the smooth running of the house communities. Concerns are shared, supports given, practical issues discussed (placement of co-workers, children and young people), as well as general issues being shared regarding house or community life training, and further study to deepen curative insights.

TEACHERS' COLLEGE

A weekly meeting of all class teachers to discuss issues of individual children and young people, teaching methods, whole school concerns, training issues and to study.

THERAPY COLLEGE AND CRAFT INSTRUCTORS

A weekly meeting to study and develop the therapeutic work in the School and to share practical concerns regarding individual therapies or training issues.

BA PROGRAMME ADMINISTRATION TEAM

A weekly meeting to monitor the BA Social Pedagogy Programme (student and programme issues) and to study to develop the quality of the course. Additionally a general awareness is maintained over the Foundation Course (students and programme issues).

SOCIAL PEDAGOGY

Social Pedagogy is a multi-disciplinary professional activity dedicated to the care, education and training of children and young people with special needs. Social pedagogues work with a wide range of children, all of whom have pronounced or complex educational needs. Most of the children have severe learning impairment, many have emotional and/or behavioural difficulties, and a proportion suffer from physical or sensory disabilities. It is a distinctive feature of Social Pedagogy that it seeks to promote and implement a holistic and fully integrated approach to the care, education, and treatment of children and young people, such that the conventional professional boundaries are reduced or eliminated, while the individual cultivation of specialist skills is retained.

GLOSSARY

INTRODUCTION TO DEFINITIONS OF SOME DISORDERS WHICH CHILDREN AND YOUNG PEOPLE IN CAMPHILL MAY EXHIBIT

AUTISTIC SPECTRUM DISORDER

- **Some Facts**

Autism was first described by Leo Kenner in America in 1943. A simultaneous study was carried out independently by Hans Asperger in Austria, with very similar, though more able children. Over the last 20 years, there has been a sharp increase in diagnosed cases. The present incidence is estimated to be 91 per 10,000 inhabitants in the UK (including the milder Asperger's Syndrome). The incidence among boys is four times higher than among girls. Of the people who suffer this condition, 1 in 4 also develops epilepsy.

Autism can be found at all IQ levels, but is often accompanied by general or profound learning difficulties. The cause of autism is believed to be the result of a genetic pre-disposition combined with a pre-natal (or other early) impact, involving a degree of organic brain damage.

- **A Complex Disability**

The word 'auto' means 'moved by self'. A very strong characteristic inherent in autism is social alone-ness, in a world of one's own, not accessible to others. The child, often with attractive features, intensely pre-occupied with its own unusual form of 'play' on the edge of the group-setting, and seemingly unaware of children and adults around, may surprise the newcomer with sudden odd sounds/behaviours, a tantrum out of the blue or by totally ignoring his/her approach. Typically the gaze is not to be caught - the child is 'somewhere else'. One becomes strongly aware that there is something distinctly different about this child. Examples of some unusual behaviours one might meet are: repetitive spinning of, or twiddling objects; fiddling with string, leaves; 'posturing'; rocking; repeatedly putting objects, toys or similar in a row, etc. In others, special 'interests' have developed or certain topics are repeatedly brought up.

Autism is a life-long condition. People with autism mature and develop, and there are possibilities for learning skills and behaviours. There is no 'cure' but, in some instances, work done early on can help the person's possibility for focusing and open up further learning potential.

The barriers to learning:

In the language of Gould and Wing (1979: The Three Barriers to Learning, diagnostic criteria for autism; DSM 4), the problems are classified to three fundamental areas:

SOCIAL: Impaired and extremely delayed social development, especially interpersonal development. The variation may be from autistic aloofness to active but odd characteristics.
LANGUAGE AND COMMUNICATION: Impaired and deviant language and communication, verbal and non-verbal.
THOUGHT AND BEHAVIOUR: Rigidity of thought and behaviour and impoverished imagination. Ritualistic behaviour, reliance on routines, extreme delay or absence of pretend play.

The condition of autism often involves unusual behaviour patterns and repetitive compulsive actions, seemingly without logic or meaning. There is a strong need to maintain 'sameness', which may be expressed in a need to 'control' the environment, to maintain obsessive/compulsive patterns. Behind these behaviours are an extremely frail sense of self and, often, a frightening experience of the world.

Extreme agitation when the patterns are disturbed may cause violent tempers or panic-attacks. Sudden upsets can be caused by stress through over-sensitivities ('over-load'), lacking understanding of what is said/going on, failed expectations, or simply that something is not following the set pattern (put in the 'correct' order/place), something that the person depends on for security.

It is important to recognise that these behaviours occur not primarily because of being 'spoilt' or stubbornly naughty. Compulsions and obsessions are part of the condition and not necessarily within the individual's possibility of choice. The world is an unpredictable place, the autistic person's 'SENSE OF SELF' life bound up in the environment rather than as an integrated stable entity.

The autistic person often calls him/herself "you". The step of becoming a conscious, centred "I am" at about 2-3 years of age, from which time we begin to experience ourselves as continuing entities, as centred selves, is never quite completed in the person with autism.

As the point of inner reference and stability is under-developed, there is a need for predictability and security in the environment, thus the person creates patterns and routines. (One of the newer theories by experts Jordan & Powell suggests, "autistic children lack an experiencing self").

THE CORE PROBLEMS REVOLVE AROUND LEARNING TO RELATE TO SELF AND OTHER PEOPLE, AND TO MAKE SENSE OF THE WORLD.

SOCIAL BLINDNESS, INABILITY TO GET BEHIND LANGUAGE, TO UNDERSTAND BODY-SIGNALS, DIFFICULTY READING FACIAL EXPRESSIONS AND DEVELOPING EMPATHY, ARE TYPICAL FEATURES.

A person with autism has all-pervasive difficulties. The sense impressions are distorted, hearing may for instance be acute or they may appear deaf, the world is experienced as fragmented parts, the thinking is rigid, obsessions are present. There is often a pronounced difficulty in recognising feelings, both own and those of others. The actions are often ritualistic.

Autism can present itself in many different ways: the person can be aloof, far away, or outgoing and socially active. The person affected might be profoundly disabled, and have little or no speech; others again may be both verbal and highly intelligent. Some are talkative but in a repetitive way.

- **Asperger's Syndrome**

The term covers individuals within the autistic spectrum but who are relatively 'high functioning.' There are individuals who hold professorates, who are married, and have brought up children, who still have autism (Asperger's). People with this condition may have developed language well, yet may have the difficulty of taking everything literally, at surface value. The sensory experience may be over-keen or otherwise distorted. Changes are experienced as threatening. The person is imprisoned in routines and compulsions. There are

highly specialised interests, which may be pursued to the exclusion of everything else. There is usually a problem with reading other people's emotions/emotional expressions. This again leads to social difficulties, and the need to learn 'rules' for how to respond to social, everyday situations. Overpowering feelings of confusion, insecurity and being threatened on a very fundamental level result from 'unpredictable' social situations.

- **Social Pedagogy Approaches**

Here in Camphill School, the children and young people are not segregated according to specific difficulties, but rather live in mixed family groups. Placements in classes are determined by age and general maturity, not type of disability. The dynamic between children/young people is experienced to be an important element in growing and developing for all children.

Establishing good, trusting relationships with the children/young people provides the main fundament for development. The need for security and predictability is met on a sub-conscious level through rhythmic and regular habits and routines, and through day and night and weekly rhythms. This includes the festival markers and regular events through the seasonal year. This is a very important aspect, as most people with autism suffer disturbances in the realm of organic rhythms, of breathing, sleeping, eating, digesting and excreting.

On a more conscious level, security is supported through working with structured day programmes, visual timetables and cues so that people know what is happening, who they will be with, etc. These practices also aim to encourage more expressed participation, and to develop communication and autonomy. Autistic children often have great difficulties with changes and transitions. Proper preparation can help.

Interaction and communication is vital and encouraged in all settings. Sign language and pictorial communication are important communication aids.

The person with autism usually has difficulties if presented with several impressions simultaneously and needs toned-down sense impressions. The emphasis on a natural, balanced environment with attention to a health-bringing sensory diet and the absence of blare from radio or TV creates peace.

To help the child/young person experience its body, we encourage movement activities, balancing and tactile experience. These support the child's/young person's experience of a bodily identity, which lays the foundation for anchoring a centred sense of self.

Calmness, consistency and indirectness are important, and withholding our own subjective reactions is necessary to help the child. Instances of challenging behaviour, obsessive or aggressive, have to be met with a calm and non-confrontational approach.

Each person is different, and has their own gifts and possibilities. It is important to recognise and encourage these, as well as to give the individual remedial treatments, approaches and therapies suited to the individual child's/young person's particular constitutional needs. This may mean diets, medical treatments and specific therapies, varying from riding therapy or play therapy, to colour-light, therapeutic music, painting or massage.

ALLERGIES

Allergy is an altered immune response. It occurs when specific immune reactions occur against substances which are known to be non-infectious. Such reactions to substances as diverse as pollen, penicillin and bee venom vary in severity from very mild to anaphylactic shock. Thus the seriousness of an allergy condition may vary from, for example, a mild rash to a life-threatening state.

In principle any substance can cause an allergic reaction. However, allergic reactions are usually in response to ingested, injected or inhaled substances, such as food or chemicals. Other causes of allergy may be dust mites, pollens, moulds, animals or insects. Some allergic reactions occur as a result of skin contact. Occupational allergy due to exposure to a particular substance over a period of time may also occur.

Diagnosis of allergies may be difficult and time consuming. Diagnosis in children with a suspected food allergy is less difficult than in adults as allergic reactions to a particular food occur very quickly. Where the reaction is quick, skin tests can be helpful. Spontaneous remissions from symptoms may also occur.

When there is no time relationship between ingestion and symptom, diagnosis is difficult.

Psychological symptoms are sometimes an additional factor in allergic reactions.

Diseases, which may be caused or aggravated by allergy, include:

- Angio neurotic oedema
- Migraine
- Asthma
- Irritable Bowel Syndrome
- Gastro-intestinal problems
- Rhinitis
- Hay fever
- Urticaria (nettle rash, hives)

ANGELMAN SYNDROME

Angelman Syndrome is a neurological disorder associated with developmental delay and with characteristic facial appearance and behaviour. Psychomotor delay and low muscle tone are usually observable in infancy. Affected children have abnormal electro-encephalograms (EEG) – a technique used to record the pattern of brain waves. The majority of affected children have seizures and also have severe speech limitation and an abnormal gait. Affected children also tend to laugh excessively and protrude their tongue in a characteristic mannerism.

ANXIETY DISORDERS

Anxiety can be generalised often with no obvious trigger (free floating) or focused in response to a specific cause (phobia).

A phobia is a violent intense aversion, which is focused on a specific object or situation. It is expressed as an anxiety state in particular circumstances with a specific focus when extreme. It is experienced by the affected individual as a panic attack.

The 'panic' attack is actually a physiological response to danger. The body prepares to 'fight or run'. To achieve this, the blood supply is diverted from one part of the body to another, the heart rate and breathing rate increase, and sweating occurs, causing the effects experienced as a panic attack. Panic attacks are self-limiting, although the phobic individual may feel them to be life threatening.

The focus of the attack in phobic conditions is directed to a real object or situation, which becomes associated with the individual's particular fears. A phobia may reach proportions in which the individual's freedom of action is severely curtailed. In such circumstances family members are also affected.

Common phobias are agoraphobia (fear of open space), claustrophobia (fear of enclosed space), snake phobia and spider phobia.

Obsessive-Compulsive Disorder (OCD**)** is a situation where the individual has to perform specific actions such as washing or specific repeated thoughts, which may show as counting rituals. These activities in very severe cases may reach such proportions that the individual's entire life is centred upon them.

ARTHRITIS (JUVENILE IDIOPATHIC)

Arthritis means disease of, or damage to, the joint surfaces. There are many different forms of arthritis affecting children, some of which have specific names (listed below). Occasionally it is not possible to give a particular name to a form of arthritis in a child.

- Systemic arthritis – arthritis with fever and rash, particularly in younger children. In this condition, symptoms of fever, rash, and swelling of the lymph glands in the neck, under the arms and groin may begin **before** arthritis becomes obvious. Rarely, the lining of the heart or lungs may become inflamed (pericarditis or pleuritis respectively). Some children with systemic arthritis may have problems with swollen, painful joints for many years, even in adulthood.

- Polyarthritis – arthritis affecting many joints, particularly in girls. This form of arthritis may begin in the early childhood years when it affects the fingers and toes as well as larger joints. In teenage girls, a different form of polyarthritis similar to adult 'rheumatoid arthritis' can be identified using blood tests for 'rheumatoid factor'. Many patients with polyarthritis may continue to have joint problems in their adult years.

- Oligoarthritis – arthritis affecting only a few joints (4 or less) is the commonest form of arthritis in children. It affects young children, particularly girls, and is associated with an eye disease (chronic iridocyclitis). The eye disease can **only** be detected by 'slit lamp' examination of the eyes, which should be done every few months. Many children with oligoarthritis improve after some time but, if a few joints remain swollen, the disease is termed **persistent oligoarthritis**. If the disease worsens and more joints become involved, it is called **extended oligoarthritis**.

- Enthesitis-related arthritis – arthritis with painful feet or other areas where the ligaments attach to the bone. This form of arthritis is more common in teenage boys and is associated with a genetic factor (HLA-B27). Eventually the spine may become affected and in adults this is known as ankylosing spondylitis.

- Psoriatic arthritis – arthritis with the typical skin rash of psoriasis (see separate entry) or in some cases with other features of psoriasis such as 'finger-nail pitting' in the absence of the rash. This form of arthritis is occasionally difficult to control.

ASTHMA

Asthma is a condition in which there is a reversible narrowing of the airways in the lung due to inflammation, which causes swelling of the lining and spasm of the muscle around the airway. Asthma may be caused by an allergic (atopic) response to inhaled, ingested or injected substances. Allergic mechanisms become more important as children get older. Viral infections commonly cause attacks in the very young and this may be a different form of asthma from the later allergic type. Exercise and smoke may also trigger symptoms. Eczema may be associated with asthma in some cases.

Many teenagers grow out of asthma but symptoms may recur later, in adult life. However, asthma persists in many people throughout life. Asthma is not a psychological disorder although, in certain cases, stress may be a factor in precipitating an attack. Asthma varies greatly in its severity and occurs at all ages. In severe cases the condition may be life threatening.

It is important to seek a diagnosis where a child is regularly wheezy, coughs or is short of breath, so that appropriate medication and treatment can be given if necessary. A wheeze is only one symptom of asthma. Inhaled steroid treatment at normal doses is safe.

ATTENTION DEFICIT HYPERACTIVITY DISORDER

Hyperkinetic Disorder is the term recognised in official UK publications and by the World Health Organisation's International Classification of Disease. It refers to a severe subtype of ADHD in which all the problems are present and are not attributable to other disorders such as anxiety states. The terms Attention Deficit Hyperactivity Disorder, ADD, ADHD are more commonly used.

Attention Deficit Hyperactive Disorder is an impairment of activity and attention control. The problem presents as a child who is always on the go, does not settle to anything, has poor concentration, cannot stay still and cannot wait for others. The diagnostic features are:

- Inattentiveness – very short attention span, over-frequent changes of activity

- Overactivity – excessive movements, especially in situations requiring calm such as in the classroom or at mealtimes

- Impulsiveness – affected person will not wait their turn, acts without thinking, thoughtless rule-breaking.

The problems are handicapping, start at an early age and they are present in more than one situation, for example home and school. Sometimes affected children show discipline problems, underachievement at school, poor sleep, temper tantrums and experience unpopularity and accident-proneness. However, all these can have causes too.

There are several causes. Twin studies indicate a strong genetic contribution. Environmental causes include brain damage, intolerance to certain foods, hearing impairment, toxic and infective agents during pregnancy, and psychological stress. There are some specific treatments, including stimulant medication, behaviour therapy and dietary exclusion approaches in selected cases.

CANCERS AND LEUKAEMIAS

Cancer is the uncontrolled multiplication of body cells, which form a tumour. Many specific conditions come under the term 'cancer'.

Leukaemia is the condition in which the bone marrow is taken over by an excess number of immature white cells which are unable to perform the normal function of white cells in protecting the body from infection. As a result of the proliferation of these primitive cells within the marrow, there is suppression of the production of normal blood cells, resulting in anaemia, susceptibility to infection and bleeding problems, and the hallmarks of leukaemia.

Both conditions are potentially life threatening. The prognosis has been greatly altered in recent years due to treatment with chemotherapy and radiotherapy.

CEREBELLAR ATAXIA

This condition is caused by abnormalities of the cerebellum, which is the hind part of the brain responsible for the co-ordination of movement. Thus children with this disorder have instability of sitting, standing and walking.

CEREBRAL PALSY

Cerebral Palsy is a disorder of movement and posture which is apparent in the early years. It is due to damage or failure in development of the part of the brain concerned with movement. Adjacent parts of the brain may also be injured and this may lead to poor sight, deafness or other perceptual difficulties. Children with cerebral palsy may also have learning difficulties.

The effects of cerebral palsy vary with each individual. Disability resulting from cerebral palsy may be very slight or very severe. Difficulties include awkwardness in walking, or of hand and arm movements, or speech. Severely affected children may require physical support and other forms of assistance. There are three main forms of cerebral palsy: spasticity – disordered control of movement often associated with tight muscles; athetosis – frequent involuntary movements; ataxia – unsteady gait with problems of balance.

COELIAC DISEASE

Coeliac Disease is a disease affecting the small intestine and is due to sensitivity to gluten, which is a protein found in wheat. Similar proteins are found in rye, barley and oats. Symptoms may occur at any age and may include weight loss, vomiting and diarrhoea. Many patients, however, may have mild, long-standing, non-gastrointestinal symptoms such as tiredness, lethargy and breathlessness. A baby, predisposed to coeliac disease, could, after the introduction of gluten-containing solids, develop pale, bulky, offensive smelling stools, and become miserable, lethargic and generally fail to thrive. The condition is diagnosed by means of a small intestinal biopsy. Coeliac disease is treated with a gluten-free diet. The prevalence of coeliac disease is approximately 1 in 1,000 people.

DEAFNESS

The ear is a sensory organ which performs two functions, hearing and balance. In order to hear properly, the ear, the nerve for hearing and the relevant parts of the brain must be working effectively. Hearing defects may be related to dysfunction in any area. Balance is a complex function and disorders of balance can occur in association with hearing disorders or can occur alone.

Deafness, or hearing loss, can be divided into two categories: **conductive** deafness where the causes are malfunction, malformation or occlusion in parts of the outer and middle ear, and **sensorineural** deafness where the cause is a malfunctioning of parts of the inner ear or nerves of hearing. **Mixed** hearing loss occurs when there are **conductive** and **sensorineural** components to the hearing loss.

Some kind of conductive deafness, such as 'glue ear' (otitis media with effusion of fluid in the middle ear) are temporary. Other types of deafness are permanent. One of the most common types of inherited deafness is bilateral severe to profound sensorineural deafness which is usually of autosomal recessive inheritance. Other causes include problems at or around the time of birth such as infection or marked prematurity (perinatal causes), infections during pregnancy, e.g. rubella, or infections during childhood, e.g. meningitis. Early diagnosis and treatment is important. Testing of babies for hearing can be carried out at any age.

DERMATITIS HERPETIFORMIS

Dermatitis herpetiformis is an itchy skin rash which usually occurs on the elbows, buttocks and knees, although any area of skin may be affected. The condition is due to sensitivity to gluten and patients usually also having a small intestinal abnormality similar to that in coeliac disease. Dermatitis herpetiformis is rare, the prevalence being approximately 1 in 10,000 people. It is particularly rare in children.

DIABETES MELLITUS

Diabetes mellitus is a condition in which the body fails to regulate the use of sugar (glucose) either because of reduced production or impaired action of the regulatory hormone insulin. As a consequence, glucose rises to high concentrations in the blood and tissue fluids and spills over into the urine. Untreated, severe insulin lack causes body wasting as tissue stores break down; insulin injections are required to maintain life and restore health (Insulin Dependent Diabetes Mellitus, IDDM or Type 1). Less severe insulin lack (Non-Insulin Dependent Diabetes Mellitus, NIDDM or Type 2) may be manageable with dietary or tablet treatment though insulin may become necessary. People with both types are at risk of the long-term complications of diabetes (visual loss, kidney failure, severe nerve damage and increased risk of heart disease, stroke and limb amputation). These risks can be greatly reduced by effective treatment and regular supervision.

IDDM usually appears acutely in children or young adults with intense thirst, profuse urination and body wasting, often progressing in the absence of treatment to drowsiness and coma. NIDDM is usually diagnosed later in life, characteristically with less severe symptoms of thirst and increased urination sometimes with visual blurring, genital itching and ready tiring. The aims of treatment include restoring blood glucose to near-normal levels with detection and correction of risk factors for complications.

DOWN'S SYNDROME

Down's Syndrome, Trisomy 21, a chromosomal disorder, occurs when, instead of the normal complement of two copies of chromosome 21, there is a whole, or sometimes part of, an additional chromosome 21. Therefore, affected individuals have three chromosomes 21 in place of the normal pair.

A chromosome is a rod-like structure present in the nucleus of all body cells, with the exception of the red blood cells, and which stores genetic information. Normally humans have 23 pairs of chromosomes, the unfertilised ova and each sperm carrying a set of 23 chromosomes. On fertilisation the chromosomes combine to give a total of 46 (23 pairs). A normal female has an XX pair and a normal male an XY pair.

Chromosome abnormalities give rise to specific physical features. The range of cognitive disabilities as well as other attributes is enormously wide in Down's Syndrome. The majority are in the mild range of cognitive ability. Associated defects may include ear and/or eye defects, and an increased propensity for infections and heart defects. 40% of children with Down's Syndrome have an associated heart defect.

A few individuals have the mosaic form of Trisomy 21. This means that some body cells have 46 chromosomes while others have 47. In this form the severity and extent of the condition is dependent upon the proportional relation of normal to abnormal cells.

EATING DISORDERS

Anorexia nervosa is a potentially life-threatening psychological disorder. Its main symptom is the relentless pursuit of thinness through self-starvation.

Bulimia nervosa is characterised by over eating followed by self-induced vomiting or purging through the use of laxatives.

Eating disorders are conditions where disturbed eating behaviour is a primary characteristic. They indicate and express a disturbed perception of the self. Thus anorexia and bulimia are emotional disorders, which focus on food and its consumption. The conditions are a method through which the individual attempts to cope with life as they see it.

The typical sufferer from these disorders is female, aged 15-25. Males account for approximately 10% of the total affected persons.

ECZEMA

Eczema is a non-contagious inflammatory disease of the skin with itching and burning. The itching is out of proportion to the severity of the rash. It may be acute, sub acute or chronic. It may occur at any age. The main causes are an inherited sensitivity known as atopy or skin contact with external irritating substances.

There are various types of eczema including **atopic, contact, varicose, allergic** and **seborrhoeic**. The commonest form of the condition in children is **atopic** or **infantile eczema**. It may be associated with asthma or hay fever. Affected children have pale-dry skins in comparison to others. In most cases the eczema lessens with age. The main causes are an inherited sensitivity known as atopy or skin contact with external irritating substances.

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Certain foods may aggravate eczema – cows' milk, eggs and additives are amongst those which may be implicated – but professional advice should be taken before altering a child's diet.

ENCEPHALITIS

Encephalitis is inflammation of the brain and can be caused by either viral or bacterial infections. Presenting symptoms will vary according to the area of the brain which is affected and may be life-threatening. Symptoms include convulsions, muscular weakness, involuntary movements, rapid movement of the eyes and facial weakness. Additionally, stupor, coma and speech difficulties occur.

Residual brain damage will depend upon the part of the brain affected as well as the severity of the initial infection. It may include behavioural problems. These may be severe and long lasting.

EPILEPSY

Epilepsy is the tendency to have recurrent seizures originating in the brain as a result of excessive or disordered discharge of brain cells.

Seizures are divided into two categories: generalised or partial.

In the generalised seizures both hemispheres of the brain are involved and consciousness is lost. The seizures include major convulsive episodes with jerking of all limbs and unconsciousness (tonic clonic seizures); seizures when the body goes stiff (tonic) or floppy (atonic); jerks of the limbs (myoclonic jerks) and momentary lapses of consciousness (absences).

In partial (or focal) seizures the disturbance of brain activity starts in, or involves, a specific part of the brain. The nature of such seizures depends upon the area of the brain involved. Partial seizures may be simple or complex. Consciousness is not lost in a simple partial seizure, but is impaired in a complex partial seizure.

Causes of epilepsy are variable and may be idiopathic, symptomatic or cryptogenic.

Idiopathic epilepsy often starts in childhood or adolescence and is largely due to genetic causes.

Symptomatic epilepsy may be due to brain damage or anomaly from any cause, for example, infection, tumours, brain damage, or specific syndromes such as Sturge-Weber, Tuberous Sclerosis or some metabolic disorders.

Cryptogenic epilepsy is where no known cause may be found (such as structural change or lesions in the brain) for the epilepsy and may begin at any time in the individual's life.

FOETAL ALCOHOL SYNDROME

Foetal Alcohol Syndrome (FAS) is diagnosed on the basis of three main features:

- Growth: Children with FAS are small for their age at birth. Weight, length or head circumference, or any combination of these, are less than the 10th centile (the lowest 10%) for age

- Brain: Children with FAS have delayed development and learning difficulties

- Facial: Children with FAS have at least two of the following features: appearance; microcephaly; head circumference below third centile, short palpebral fissures; short space between the eyelids or microphthalmia; small eyes or both these features; poorly developed philtrum; thin upper lip; flattening of cheekbones

Other features which may occur are congenital heart disease, genito-urinary malformations, squint, cleft palate, bony abnormalities and spina bifida.

The term Foetal Alcohol Effects describes those children who do not have the growth or facial features of FAS, but do have problems of brain function caused by alcohol in pregnancy.

FAS occurs when babies are exposed to alcohol during pregnancy. Only a small minority of pregnant women with alcohol problems have babies with FAS. Factors which influence whether a baby is affected or not are likely to include genetic susceptibility, nutrition and pattern of drinking.

Children with FAS usually have learning difficulties. They have problems with attention control and often have other behaviour difficulties. Making and keeping friends is often difficult. Learning and behavioural problems tend to persist but can be helped by a stable environment and consistent approach.

FRAGILE X SYNDROME

Fragile X is the most common form of inherited learning disability. It has an incidence of about 1:4,500 in males and 1:8,000 in females.

The cause is a defect in the X chromosome, which may be passed from one generation to the next.

Learning disabilities vary from mild to severe. Boys are more often affected although the severity of their learning disabilities varies substantially. Girls are often of normal intelligence but up to a third have learning problems, which may be mild or moderate, but are occasionally severe.

Other problems for affected individuals may include delayed and distorted speech and language development with continuing speech difficulties, repetitive behaviour, attention deficits and over-activity, and autistic-like features such as poor eye contact, hand flapping, social anxiety and abnormal shyness.

Physical features ascribed to Fragile X include a long face with prominent ears but these are rarely obvious in affected children. Some sufferers may develop epilepsy.

GILLES DE LA TOURETTE SYNDROME

Gilles de la Tourette: Brissaud II: coprolalia generalised tic: Guinon's myospastic impulsive

This is a condition characterised by multiple tics. Tics are usually involuntary motor muscular movements involving groups of muscles. In this syndrome, tics characteristically involve the facial area (twitches, blinking, nodding) as well as phonic (vocal) tics. The onset of the symptoms usually occurs between the ages of 2-21.

Other features of the syndrome are obsessional behaviour and in some cases coprolalia (the use of obscene or offensive words), echolalia (the repetition of phrases or mimicking of gestures), lack of concentration, aggressive behaviour, copropraxia (the involuntary making of obscene gestures) may be present.

Symptoms may occur and disappear, increase or decrease in severity, or new symptoms may arise. In some cases remissions occur. The incidence of the syndrome is three to four times greater in males than females.

HEMIPLEGIA

Childhood hemiplegia is a condition affecting one side of the child's body. It is caused by damage to some part of the brain, which may happen before, during or soon after birth, when it is known as congenital hemiplegia, or later, as a result of accident or illness, when it is known as acquired hemiplegia. The condition affects approximately one child in a thousand.

The most obvious result of childhood hemiplegia is weakness or stiffness and lack of control in the affected side of the body. The child may have little use of one hand, may limp or have poor balance. The weakness may often be associated with spasticity (stiffness or tightness of the muscle). Some children with hemiplegia have additional medical problems such as speech difficulties, visual field defects or epilepsy. Many others have less obvious additional difficulties, such as perceptual problems, specific learning difficulties, or emotional and behavioural problems, which may be more frustrating and disabling than their physical problems.

HYDROCEPHALUS

Hydrocephalus is commonly, but inaccurately, known as 'water on the brain'. A watery fluid known as Cerebro Spinal Fluid (CSF) flows through narrow passageways from one ventricle to the next, out over the inside of the brain and down the spinal cord. CSF is continuously absorbed into the blood stream and the amount of pressure is kept within a narrow range. If the flow of fluid is obstructed at any point it accumulates in the ventricles, causing them to enlarge and compress surrounding brain tissue. In babies – but not older children or adults – the head will enlarge.

Treatment may be by insertion of a 'shunt' to redirect the excess CSF or, in some cases, by a third ventriculostomy. This will entail a hole being bored in the floor of the 3rd ventricle to aid the impaired CSF flow. Symptoms caused by raised pressure usually improve but other signs of brain damage may remain. These can include subtle learning difficulties.

Shunts can become blocked, leading to headache, nausea, photophobia, inertia and irritability. Chronic infection may cause gradual deterioration in over performance. Medical advice should be sought if a shunt blockage is suspected.

IRRITABLE BOWEL SYNDROME

Irritable Bowel Syndrome is characterised by frequent attacks of abdominal pain or discomfort associated with disturbances in defecation, which might be constipation, diarrhoea or a combination of the two. Sufferers also frequently complain of a variety of other symptoms both within and outside the gastrointestinal tract. Symptoms are commonly brought on by emotional upset and may be triggered by food. Physiological studies show increases in small intestinal and colonic motility and enhanced visceral sensitivity, but current opinion suggests that symptoms and physiological changes are behavioural responses to unresolved emotional stress or conflict.

KLINEFELTER SYNDROME

This syndrome occurs only in males and is due to a chromosomal abnormality. A chromosome is a rod-like structure present in the nucleus of all body cells, with the exception of the red blood cells, and which stores genetic information. Normally humans have 23 pairs of chromosomes, the unfertilised ova and each sperm carrying a set of 23 chromosomes. On fertilisation the chromosomes combine to give a total of 46 (23 pairs). A normal female has an XX pair and a normal male an XY pair.

The male affected by Klinefelter Syndrome has two X chromosomes, as well as one Y, resulting in the formation XXY. A mosaic form also occurs where only a percentage of body cells contain XXY while the remainder carry XY. The extent of the effect will depend upon the proportion of XXY to XY throughout the body.

There is an enormous variation in the expression of this condition. Some men are entirely normal and the diagnosis is only made for an incidental reason. It is important to give an open diagnosis to such children and not just paint a picture of the 'full-blown' condition. It may be that just some of the features are present, such as tall stature or delayed puberty.

LEARNING DISABILITY

Learning disability (formerly known as mental handicap) covers a wide range of intellectual impairment. Generally someone is considered to have a learning disability when they function at a level of ability which is significantly lower than their chronological age.

Learning disability may occur in isolation, in association with other sensory or physical handicaps, or as part of a recognisable syndrome. The cause of learning disability is often undetermined. However, there are four main areas in which mental impairment can occur. These are: chromosomal and genetic abnormalities; infections; injury or trauma; socio-environmental factors.

MENINGITIS

Meningitis is a condition in which inflammation of the meninges (lining) of the brain and spinal cord occurs due to a bacterial or viral infection. In its bacterial form the condition is life threatening. The viral form is usually less severe.

Bacterial meningitis can be caused by many different bacteria including meningococcus, haemophilus influenzae, pneumococcus, leptospirosis (including Weil's disease), listeria, streptocossus and E.coli bacteria. Often the organisms affecting the newborn baby are different from those affecting the older child or adult.

Viral meningitis is commonly caused by the mumps, coxsackie and ECHO viruses.

Complications of meningitis include deafness (which may be total), brain damage, epilepsy (see separate entry) and changes in eyesight. Behavioural changes such as subsequent temper tantrums, aggression and mood swings may also cause problems.

METABOLIC DISEASES

Metabolic diseases are a group of 1,300 identified life-threatening, inheritable, genetic disorders in which errors of metabolism occur involving a block where a catalyst or enzyme is absent or malfunctioning. This defect results in the build up of chemicals on one side of the metabolic blockage and a deficiency of vital chemicals on the other. This causes an overdosage of one or more, often toxic, chemicals, and the shortage of others which are essential to normal body functioning.

The consequences of such chemical imbalance are often fatal, leading to either a slow deterioration with progressive physical and mental handicap, or to rapid decline and death. Treatments are available for some metabolic disorders. However, many of these must be continued for life.

MICROCEPHALY

In Microcephaly there is a defect in the growth of the brain, which causes it to be smaller than the normal brain. Microcephaly can be detected by measuring the head circumference. Detailed X-ray examination (CT scan) may demonstrate an alteration in the normal brain structure, for example a decrease in the number and complexity of the folds on the surface of the brain. More frequently, the CT scan appearance simply confirms reduction in brain size.

Microcephaly may be caused by many different conditions, both genetic and non-genetic in origin. For example, genetic causes include different chromosome disorders, different single gene abnormalities and specific genetic syndromes. Non-genetic causes include infections contracted by the baby in the womb (intrauterine infections), reduction in blood supply to the developing foetal brain during pregnancy and some post-natal infections.

Intrauterine infections, which can cause microcephaly, include cytomegalovirus (CMV), toxoplasmosis and rubella (German measles).

Rare syndromes, which cause disturbed brain development and microcephaly, usually with other physical handicaps, include Cornelia De Lange Syndrome, Rubinstein Taybi (see separate entry) and Seckel Syndrome.

MIGRAINE

Migraine is defined as a headache, usually one-sided, which comes at intervals with complete freedom between attacks, and usually accompanied by abdominal and/or visual symptoms. These can include nausea, vomiting, constipation or diarrhoea, visual disturbances and numbness. One in ten people suffer, including children. The cause of migraine is still uncertain.

The headache in childhood is rarely severe but the abdominal symptoms are usually more pronounced: sickness, vomiting, stomach ache, giddiness, dislike of bright lights, feverishness, irritability and loss of appetite.

Diagnosis of migraine in children should always be made by a medical practitioner. Migraine is rare in the absence of a family history of migraine.

Precipitants can be stress, fatigue, exertion, excitement, dietary and hormone factors, and missing meals.

MULTIPLE SCLEROSIS

Multiple Sclerosis is a neurological condition in which damage to the central nervous system occurs as a result of the thinning or loss of the myelin sheath (the coating round the nerve). The damaged patches become sclerosed (scarred).

In the absence of myelin coating, instructions from the nerves to the muscles become lost or distorted thus causing the physical symptoms of the condition.

These include tingling, pins and needles, blurred or double vision, distortion or loss of sense of touch, temporary blindness, fatigue and dizziness. Loss of co-ordination leading to clumsiness, slurred speech and difficulty in performing fine motor movements all occur. Additionally there may be muscular spasms. Incontinence may occur.

Symptoms usually manifest themselves in young adulthood; children are very rarely affected.

PHOBIAS

A phobia is a violent aversion which is focused on a specific object or situation. It is expressed as an anxiety state in particular circumstances with a specific focus. It is experienced by the affected individual as a panic attack.

The 'panic' attack is actually a physiological response to danger. The body prepares to 'fight or run'. To achieve this, the blood supply is diverted from one part of the body to another, the heart rate and breathing rate increase, and sweating occurs, causing the effects experienced as a panic attack. Panic attacks are self-limiting, although the phobic individual may feel them to be life threatening.

The focus on the attack in phobic conditions is directed to a real object or situation, which comes to symbolise the individual's particular fears. A phobia may reach proportions in which the individual's freedom of action is severely curtailed. In such circumstances family members are also affected.

PRADER-WILLI SYNDROME

Prader-Willi Syndrome is characterised by two phases: under 6 months, hypotonia (floppy muscles), sleepiness and feeling difficulties are usually present. Thereafter, hypotonia becomes less, feeding difficulties stop and hyperphagia (over eating) begins, usually between the ages of 2 and 4.

Other features, which are variable, include: short stature; cryptorichidism (undescended testicles and underdevelopment of genital organs); strabismus (squint); almond-shaped eyes; very small hands and feet; developmental delay in walking and speech; skin picking; scoliosis; diabetes; sleepiness; sleep apnoea; mild to moderate learning difficulties; behavioural problems.

RETT SYNDROME

Rett Syndrome has been found in 1 in 20,000 girls and women, accounting for at least one in ten of those with severe mental and physical disability. Initially the child appears normal but subtle abnormalities may delay progress in the first year and development stagnates around the 12-month stage.

At around 1 to 2 years there is a period of regression, which may last for many months, when skills in speech and hand use deteriorate and the child becomes withdrawn. She begins to show repetitive movements, which affect the whole body but are particularly striking in the hands where clapping or wringing is seen. Periods of alternating deep breathing and breath holding are common. Following this regression period it is clear that the girl has a profound learning disability (see separate entry) but her mental condition appears stable and her ability to communicate improves. Physical deterioration may occur with muscle wasting, increasing muscle tone in the lower limbs leading to rigidity, scoliosis and foot deformities. However, many girls continue to walk and most reach adulthood. Seizures are common but usually respond well to treatment and frequently remit.

RUBINSTEIN-TAYBI SYNDROME

Children with Rubinstein-Taybi Syndrome (RTS) usually have normal birth weights but subsequent growth is poor, with most children being of short stature with a small head size. Developmental delay is usual but varies from mild to severe. The most striking physical feature is broad, sometimes angulated thumbs and first toes. The facial features vary with age and include a prominent beaked nose and down-slanting eyes. Undescended testes occur in males. Other variable features include congenital heart disease and kidney abnormalities, eye and hearing problems, feeding difficulties in infancy, and constipation. Seizures may occur. Most people with Rubinstein-Taybi Syndrome have friendly and loving personalities.

SCHIZOPHRENIA

Schizophrenia is a serious mental illness, which affects one person in a hundred. It usually develops in the late teens or early twenties, though it sometimes starts in middle age or even much later in life. The earlier it begins, the more potential it has to damage the personality and the ability to lead a normal life. About 25% of people will make a good recovery within five years, two thirds will have multiple episodes with some degree of disability in between and 10-15% will be severely incapacitated.

When someone has schizophrenia, their thoughts, feelings and actions are somewhat disconnected from each other so that what they do may be out of keeping with what they say or feel. The symptoms are divided into positive and negative symptoms.

Positive symptoms include: hallucination, that is hearing, seeing, feeling or smelling something which is not actually there, and delusions which are false and normally unusual beliefs, for example, believing that you are someone famous.

Negative symptoms affect someone's interest, energy and emotional life. As a result, the person with schizophrenia may not bother to get up or go out, they may not wash and they may find it hard to talk to other people.

TURNER SYNDROME

Turner Syndrome is a chromosomal defect affecting girls, where an X chromosome is absent or abnormal.

Turner Syndrome is characterised by short stature and gonadal dysgenesis (lack of development of the ovaries), causing the absence of puberty which results in infertility. Other features can include webbing of the neck, nail abnormalities and coarctation of the aorta.

VACCINE DAMAGE

Brain and central nervous system damage occurs in a small number of children following vaccination and is caused by a severe reaction to routine immunisation. Infantile spasms, chronic epilepsy and acute encephalopathy have been noted.

WILLIAMS SYNDROME

Williams Syndrome is a sporadic congenital syndrome due to a microdeletion of chromosome 7 (7q11, 23) at the elastin gene focus. There is a typical facial and global developmental delay. There may be abnormalities of calcium metabolism and problems may occur in any of the major systems.

Features include facial similarities (prominent cheeks, upturned nose, wide mouth, irregular teeth). Children may have a heart problem, typically supravalvular aortic stenosis, peripheral pulmonary artery stenosis, or both. These heart murmurs are often present at birth. Some children develop hypercalcaemia, usually within the first 2 years of life. This may cause failure to thrive, feeding problems, irritability, vomiting, constipation and kidney problems.

Behaviour problems, hyperactivity, short attention span and obsessional behaviour occur. Peculiar to the syndrome is an increased verbal ability in comparison to other cognitive skills. Hypersensitivity to loud noises (hyperacusis) is reported in 90% of children.