



## ROYAL NATIONAL CHILDREN'S SPRINGBOARD FOUNDATION

### Safeguarding Children and Adults at Risk Policy

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## **Introduction**

Royal National Children's SpringBoard Foundation (**RNCSF**) supports and works with children and young people under the age of 18 throughout the UK. Amongst the wide range of adults with whom RNCSF also has contact during the course of its work may be some who are at risk. This Policy refers to adults at risk as well as to children and young people.

This Policy applies to all trustees, staff members, consultants, agency workers, students and volunteers of RNCSF, all of whom play an important role in promoting the welfare and protection of the children and people at risk with whom we work.

The aim of this Policy is to ensure that RNCSF acts appropriately when it becomes aware that a child, young person or adult may be at risk. It also provides a framework which ensures that those working with vulnerable people have the appropriate information and support to enable them to take the necessary steps to prevent abuse or to stop it happening.

RNCSF believes that it is always unacceptable for a child, young person or adult at risk to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children, young people and adults at risk by its commitment to practice which protects them.

RNCSF also believes that all those who work or volunteer for RNCSF should be able to do so safely. This Policy also provides for the safeguarding of our staff and volunteers.

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## **Principles**

RNCSF believes that:

- children, young people and adults at risk should never experience abuse of any kind; and
- we have a responsibility to promote the welfare of all children, young people and adults at risk, to keep them safe and to practise in a way that protects them.

RNCSF recognises that:

- the welfare of all children, young people and adults at risk is paramount;
- all children, young people and adults at risk, regardless of age, disability, gender reassignment, race, religion or belief, sex or sexual orientation have a right to equal protection from all types of harm or abuse;
- some children, young people and adults at risk are additionally susceptible because of the impact of previous experiences, their level of dependency, communication needs or other issues; and
- working in partnership with children, young people and adults at risk, their parents, carers and other agencies is essential in promoting the welfare of children, young people and adults at risk.

RNCSF seeks to safeguard children, young people and adults at risk by:

- valuing, listening to and respecting them;
- appointing a Designated Safeguarding Officer and a Designated Safeguarding Trustee;
- adopting child protection and safeguarding best practice through our policies and procedures;
- providing effective management for staff and volunteers through supervision, support, training and quality assurance measures;
- recruiting trustees, staff and volunteers safely, ensuring all necessary checks are made;
- choosing schools and partners with which to work carefully, including conducting rigorous checks of their safeguarding policies and procedures, reviewing external inspection reports as applicable, visiting their premises and meeting relevant personnel;
- recording and storing information professionally and securely;
- sharing information about safeguarding and good practice with children, young people, adults at risk, their families, schools and partners with which they work, trustees, staff and volunteers;
- using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, adults at risk, parents, families and carers appropriately;
- using our procedures to manage any allegations against staff and volunteers appropriately; and
- ensuring that we have effective complaints and whistleblowing measures in place.
- RNCSF is part of the wider safeguarding system for children. This system is described in the statutory guidance [Working Together to Safeguard Children](#)

### **Responsibilities**

All trustees, staff and volunteers have a duty to safeguard RNCSF's beneficiaries, those connected with RNCSF's activities, and each other.

The trustees are responsible for ensuring that appropriate policies and procedures are in place and implemented. They are also responsible for nominating the Designated Safeguarding Trustee.

The Designated Safeguarding Officer (**DSO**) is responsible for ensuring that:

- this Policy is implemented throughout RNCSF;
- RNCSF is kept abreast of current legislation and best practice;
- regular training is undertaken by trustees, staff and volunteers; and
- she is available as a point of contact to discuss any safeguarding concerns, in accordance with the procedures described in this Policy.

### **Sharing relevant information with schools**

RNCSF works to identify, prepare, and support young people to secure and thrive in bursary placements within schools. RNCSF recognises that, in doing so, it is important to ensure that the schools within the RNCSF 'accredited schools' network have the appropriate information and support to enable them to take the necessary steps to protect potentially vulnerable children or young people from possible harm.

RNCSF will ensure that, in the information it shares with schools to consider a children or young person for a bursary placement, prospective schools are made aware of whether that child or young person has an associated child protection file at their current school. As allowed for within RNCSF's Data Protection Policy and Data Sharing Agreement RNCSF will ensure that details of any relevant child protection or safeguarding information is shared with the potential school to consider as part of a risk assessment of the suitability of that school to meet the child's needs.

Once a child or young person has been offered a bursary place within one of RNCSF's accredited schools, it is the responsibility of the designated safeguarding lead at the child or young person's current school to ensure that their child protection file is transferred to the new school or college as soon as possible, and within 5 days for an in-year transfer or within the first 5 days of the start of a new term to allow the new school or college to have support in place for when the child arrives.

Where a child has an EHCP in place, the local authority will need to review the plan with the school whilst working closely with parents or carers.

### **Indicators of abuse and neglect (KCSIE 2025)**

Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear or experience its effects. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

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

Emotional abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious

bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

**Sexual abuse:** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education and all staff should be aware of it and of their school or college's policy and procedures for dealing with it.

**Neglect:** the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy, for example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate caregivers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

### **Child-on-child abuse (KCSIE 2025)**

All staff should be aware that children can abuse other children (often referred to as child-on-child abuse), and that it can happen both inside and outside of school or college and online. All staff should be clear as to the school or college's policy and procedures with regard to child-on-child abuse and the important role they have to play in preventing it and responding where they believe a child may be at risk from it.

Child-on-child abuse is most likely to include, but may not be limited to:

- bullying (including cyberbullying, prejudice-based and discriminatory bullying)
- abuse in intimate personal relationships between children (sometimes known as 'teenage relationship abuse')
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse)
- sexual violence such as rape, assault by penetration and sexual assault; (this may include an online element which facilitates, threatens and/or encourages sexual violence)
- sexual harassment such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse

- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
- consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery)
- upskirting which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm, and
- initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

Much child-on-child abuse takes place online. It can take place wholly online or technology may be used to facilitate offline abuse. Child-on-child abuse is a form of abuse and must not be passed off as 'banter' or as 'part of growing up'. Victims of child-on-child abuse should be supported as they would be if they were the victim of any other form of abuse, in accordance with this policy. The pupil(s) accused of abuse and the victim of abuse should both be treated as at risk and a referral made to children's social care in respect of either pupil if that pupil is suffering or is at risk of harm.

Children may be particularly susceptible to child-on-child abuse in residential settings. In reflection of that, there are additional requirements for boarding schools that are set out in the National Minimum Standards for Boarding Schools which can be found [here](#).

In the case of child-on-child abuse relating to protected characteristics (Equality Act 2010), we believe that it is important to treat such matters as safeguarding concerns.



## **Reporting concerns**

Where an RNCSF trustee, staff member or volunteer has any concern regarding actual or suspected abuse, neglect or exploitation of any form, including emotional, physical, psychological or sexual abuse and/or the following (definitions in Schedule A:

- child sexual exploitation (CSE),
- child criminal exploitation (CCE), including county lines and gang involvement
- domestic abuse/domestic violence
- extremism and risk of radicalisation
- female genital mutilation,
- forced marriage,
- honour-based abuse

In addition, it is important that all RNCSF staff should be particularly alert to the potential need for a child who:

- is disabled or has certain health conditions and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care plan)
- has a mental health need
- is a young carer
- is frequently missing/goes missing from education, home or care
- has experienced multiple suspensions, is at risk of being permanently excluded
- is at risk of modern slavery,
- has a parent or carer in custody, or is affected by parental offending
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing alcohol and other drugs themselves

Any concern must be reported immediately in accordance with the procedure set out in Schedule B.

The first priority is always to ensure the safety and protection of the child, young person or adult at risk. It is not the responsibility of anyone working or volunteering within RNCSF to decide whether or not abuse of any kind has taken place, or to investigate it, but it is our responsibility to report allegations or concerns.

All prospective and actual RNCSF pupils, and their siblings who are under age 18, are susceptible because they are children. An RNCSF alumnus may be an adult at risk. A parent, family member, carer or other adult connected with a prospective or actual RNCSF pupil or RNCSF alumnus may be an adult at risk.

The circumstances in which a concern could arise for, or an allegation could be made to, an RNCSF member of staff or volunteer include the following:

- when interviewing a prospective RNCSF pupil at the premises of a RNCSF partner;
- during a home visit to a prospective RNCSF pupil's home;
- when visiting a school attended by a RNCSF pupil;
- during an event attended by a RNCSF pupil and/or their family or carer, whether organised by RNCSF or a third party;
- during correspondence (including telephone calls, text messages, emails and other forms of electronic messaging) with a RNCSF pupil;
- during correspondence (including telephone calls, text messages, emails and other forms of electronic messaging) with a parent, other family member, carer or someone else connected with a prospective or actual RNCSF pupil;
- in person or during correspondence (including telephone calls, text messages, emails and other forms of electronic messaging) with a RNCSF alumnus who is an adult at risk;

This list is neither exhaustive nor definitive.

### **Pupils at risk of immediate harm**

In all cases, if, on the basis of an allegation made or your suspicion, you believe that a child or adult at risk is in immediate danger, call the Police immediately and in any event within 24 hours (one working day) of you becoming aware of the risk. Immediately report to the DSO that you have done so and record all concerns, discussions and decisions made in writing using the Referral Form provided at Schedule C and on the database. If your report concerns a child, the DSO will inform the Designated Safeguarding Lead at the child's school and, if applicable, the Designated Safeguarding Lead at the RNCSF partner which supports the child, of the circumstances and action taken.

### **Online Safety**

The breadth of issues classified within online safety is considerable and ever evolving, but can be categorised into four areas of risk:

**content:** being exposed to illegal, inappropriate, or harmful content, for example: pornography, racism, misogyny, self-harm, suicide, antisemitism, radicalisation, extremism, misinformation, disinformation (including fake news) and conspiracy theories.

**contact:** being subjected to harmful online interaction with other users; for example: peer to peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes.

**conduct:** online behaviour that increases the likelihood of, or causes, harm; for example, making, sending and receiving explicit images (e.g. consensual and non-consensual sharing of nudes and semi-nudes and/or pornography, sharing other explicit images and online bullying, and

**commerce:** risks such as online gambling, inappropriate advertising, phishing and or financial scams. If you feel your pupils, students or staff are

### **Pupil at risk of radicalisation**

We are fully committed to safeguarding and promoting the welfare of the pupils we support. All our staff, Trustees and volunteers recognise that safeguarding against radicalisation and extremism is no different to safeguarding against any other vulnerability in today's society. Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups. 'Extremism' is defined in the Prevent strategy as vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

*Schedule D provides an overview of signs of radicalisation.*

Procedures: If you are concerned that a pupil may be exposed to radicalisation the normal referral processes apply i.e., to discuss concerns with the DSO, who will follow the safeguarding procedures outlined in this policy and may also make a referral to the [Prevent programme](#). Resources can be accessed at the [Action Counters Terrorism](#) website and/or [Educate against hate](#). The National Police Prevent Advice Line is 0800 011 3764

### **Children who have unexplained and/or persistent absences from education**

Unexplained and/or persistent absences from education is a potential indicator of abuse. The law requires all schools including independent schools, to have an attendance register, clear procedures in place to deal with instances of pupils going missing from school and for staff to be aware of how to deal with situations where pupils go missing either from school or on a school trip.

If you have concerns or are made aware of concerns of a child who is absent from education without clear explanation from parents or guardians, or concerns about the supervision of the child during the holidays, the normal referral processes apply i.e., to discuss concerns with the DSL, who will follow the safeguarding procedures outlined in this policy. The updated guidance on school attendance [Working together to improve school attendance](#) now includes information on how schools should work with local authorities children services where school absence indicates a safeguarding concern.

### **Child or young person reporting Honour Based Violence (HBA) or Female Genital Mutilation (FGM)**

Honour based violence is a general term which includes violence within families such as forced marriage and female genital mutilation (FGM). If any evidence of such practices within a family comes to light, you must report the matter to the DSO immediately. If you learn that an act of FGM appears to have been carried out on a girl aged under 18, you have a statutory duty to report it to the police. You should also follow the usual safeguarding procedures set out in this policy and report the matter to the DSO who will involve Children's Social Care (CSC) via MASH (Multi-Agency Safeguarding Hub).

Further information is available within [Keeping Children Safe in Education \(2025\)](#)

## Fielding a disclosure

Disclosures should be dealt with under the safeguarding policy when there is a reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm. The following list identifies best practice when fielding a disclosure:

- listen carefully;
- inform the child or person making the allegation that the allegation cannot be treated as confidential but will be passed on to the DSO and may also need to be reported to the appropriate authorities. Offer assurances that only those who need to be informed will be informed;
- make brief notes at the time, or as soon as possible afterwards, and pass these notes securely to the DSO as soon as possible, and always within 24 hours. Such notes should include the time, date and place of the conversation, state who was present and be signed by you, as well as recording what was said. The notes shall be factual and contain no personal opinion;
- avoid asking leading questions (for example, don't ask "did they do X to you?", but ask open questions such as "can you tell me what happened?" or "do you want to tell me who did this?");
- do not react with shock or anger or jump to conclusions;
- seek to reassure the child or the person making the allegation that they are being taken seriously and that they are doing the right thing in raising concerns, but do not tell them that "everything will be alright"; and
- report the allegation by following the procedure in Schedule B. Tell the person expressing concern or alleging abuse that you will report the matter to RNCSF's DSO immediately, who will decide to whom it is appropriate to pass on what has been expressed or alleged.

**Do not try to investigate matters yourself.**

## Suspicious

Where you suspect or are concerned that neglect or abuse of any form may be taking place, affecting a child, a young person, or an adult at risk, such suspicion or concern must be reported immediately in accordance with the procedure set out in Schedule B. Do not try to investigate matters yourself

## Statutory Children's Social Care Assessments and Services

Referrals can be made by any member of staff but will most commonly be made by the DSO and/or DDSO. Referrals will be made to the Local Authority MASH where the child lives. The Local Authority may provide advice and/or conduct assessments in the following three categories:

### 1. Early Help

Further guidance on effective assessment of the need for early help can be found in Working Together to Safeguard Children. Any such cases should be kept under constant review and consideration given to a referral to local authority children's social care for assessment for statutory services if the child's situation does not appear to be improving or is getting worse.

### 2. Child in Need (Section 17)

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

Local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children Act 1989.

### **3. Child suffering or likely to suffer significant harm (S47)**

Local authorities, with the help of other organisations as appropriate, have a duty to make enquiries under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. Such enquiries enable them to decide whether they should take any action to safeguard and promote the child's welfare and must be initiated where there are concerns about maltreatment. This includes all forms of abuse, neglect and exploitation.

#### **Record keeping**

All concerns, discussions and decisions made, and the reasons for those decisions, should be recorded in writing. This will also help if/when responding to any complaints about the way a case has been handled by the organisation. Information should be kept confidential and stored securely. It is good practice to keep concerns and referrals in a separate child protection file for each child. Records should include:

- a clear and comprehensive summary of the concern
- details of how the concern was followed up and resolved,
- a note of any action taken, decisions reached and the outcome.
- If in doubt about recording requirements, staff should discuss with the designated safeguarding officer (or a deputy).

#### **Safeguarding concerns or allegations made about staff, trustee or volunteer**

This section is divided into three levels:

1. Concerns/allegations that may meet the harm threshold
2. Concerns/allegations that do not meet the harm threshold. There are referred to as LLCs within KCSIE 2025
3. RNCSF is committed to creating an environment where staff are encouraged and feel confident to self-refer, where, for example, they have found themselves in a situation which could be misinterpreted, might appear compromising to others, and/or on reflection they believe they have behaved in such a way that they consider falls below the expected professional standards. This is referred to as a neutral notification.

1. Allegation against staff, trustee, member of staff

Any concern about a member of staff must be raised immediately regardless of how unlikely it seems that there would be any substance to the concern. You must remember that in all situations the welfare of the child is paramount. Our reporting procedures for managing concerns/allegations against staff, trustees and volunteers are detailed in Schedule B to this Policy. They apply when staff have, or are alleged to have:

- behaved in a way that has harmed a pupil, or may have harmed a pupil;
- possibly committed a criminal offence against or related to a pupil; or
- behaved towards a pupil or pupils in a way that indicates he or she would pose a risk of harm to children

There are two immediate aspects to consider when an allegation is made:

- Looking after the welfare of the child - the designated safeguarding officer (or a deputy) is responsible for ensuring that the child is not at risk and referring cases of suspected abuse to the local authority children's social care as described in Part one of this guidance.
- Investigating and supporting the person subject to the allegation - the case manager should discuss with the LADO, the nature, content and context of the allegation, and agree a course of action.

RNCSF will not undertake its own investigation without prior consultation with the LADO (with 24 hours of the allegation being made), or in the most serious cases, the police, so as not to jeopardise statutory investigations. Only basic enquiries in line with local guidance will be made by RNCSF prior to informing the LADO to establish the facts to help determine whether there is any foundation to the allegation.

When a member of staff reports a concern of this nature, they can expect:

- the concern to be taken seriously;
- your identity to remain confidential (if this is your wish), unless you are later required to act as a witness in court proceedings;
- to be protected as far as possible from victimisation or harassment;
- for an initial inquiry to take place to identify any action necessary;
- LADO, Children's Services and the Police to be involved if the concern relates to abuse or neglect or the potential commission of a crime;
- written confirmation within the timescales given in the whistle-blowing procedures that your concern has been received and is being dealt with; and
- to be informed of the final outcome, subject to constraints of confidentiality and legal advice.

If you feel RNCSF is not dealing with a matter in accordance with our procedures, you should follow the Whistleblowing Procedure, available below. If you are making an allegation or complaint against any member of staff (including the DDSO), volunteer or trustee, you should report it immediately to the DSO. Allegations against the DS): If you are making an allegation against the DSO you should report it to the Designated Safeguarding Trustee, or in her absence the Chairman, without notifying the DSO.

#### **Allegation Outcomes:**

Substantiated: there is sufficient evidence to prove the allegation

Malicious: there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive or cause harm to the person subject of the allegation

False: there is sufficient evidence to disprove the allegation • Unsubstantiated: there is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence,

Unfounded: to reflect cases where there is no evidence or proper basis which supports the allegation being made.

### ***Malicious or unsubstantiated allegations***

Where an allegation is determined by the investigating agency (for example, the LADO) to be malicious or unsubstantiated, the DSO shall consider whether any further actions are required by RNCSF. If a trustee, staff member or volunteer of RNCSF is found to have made a malicious allegation, appropriate sanctions will be considered and, in the case of staff, procedures laid down in RNCSF's Disciplinary Policy may be invoked.

## **2. Concerns and/or allegations that do not meet the harm threshold (Low Level Concerns)**

As part of its' approach to safeguarding, RNCSF recognises that all concerns about all adults working in or on behalf of the charity (including volunteers) are dealt with promptly and appropriately. Creating a culture in which all concerns about adults are shared responsibly and with the right person, recorded and dealt with appropriately, is recognised as critical. This applies to any concerns (including allegations), including those that do not meet the harm threshold. These concerns are referred to as 'low-level' concerns in KCSIE 2025.

The term 'low-level' concern does not mean that it is insignificant. A low-level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a 'nagging doubt' - that an adult working in or on behalf of the charity may have acted in a way that:

- is inconsistent with the staff code of conduct, including inappropriate conduct outside of work and
- does not meet the harm threshold or is otherwise not serious enough to consider a referral to the LADO

Examples of such behaviour could include, but are not limited to:

- being over friendly with children
- taking photographs of children on their mobile phone, contrary to school policy
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door, or
- humiliating children

RNCSF takes seriously its' responsibilities for identifying and acting on any inappropriate, problematic or concerning behaviour early to minimise the risk of abuse, and ensure that adults working in or on behalf of the charity are clear about professional boundaries and act within these boundaries, and in accordance with the ethos and values of the charity

Low-level concerns may arise in several ways and from several sources. For example: suspicion; complaint; or disclosure made by a child, parent, carer other adult within or outside of the organisation; or because of vetting checks undertaken. It is crucial that all low-level concerns are shared responsibly with the DSO and recorded and dealt with in line with this Safeguarding Policy and the procedures within it. Ensuring they are dealt with effectively should also protect those working in

or on behalf of the charity from becoming the subject of potential false low-level concerns or misunderstandings.

### 3. **Neutral Notification**

*RNCSF is committed to creating an environment where staff can submit a neutral notification if they are concerned about their interaction with a young person, e.g. they have found themselves in a situation which could be misinterpreted, might appear compromising to others, and/or on reflection they believe they have behaved in such a way that they consider falls below the expected professional standards. This can be done by speaking directly to the DSO or one of the DDSOs who will record the details and offer support and advice.*

### **Reporting a Serious Incident**

The Charity Commission requires serious incidents to be reported to it. This applies if a serious incident takes place within RNCSF but may also apply if a serious incident takes place within an organisation with which RNCSF works, such as a school or one of its partners. The Charity Commission considers a serious incident to be an adverse event, whether actual or alleged, which results in or risks significant:

- harm to RNCSF's beneficiaries, staff, volunteers or others who come into contact with RNCSF through its work;
- loss of RNCSF's money or assets;
- damage to RNCSF's property; or
- harm to RNCSF's work or reputation.

The Charity Commission interprets "significant" as meaning "significant" in the context of RNCSF, taking account of its staff, operations, finances and/or reputation.

A safeguarding incident may be a serious incident which needs to be reported to the Charity Commission, regardless of whether it is also reported to other agencies. Further guidance is available from the Charity Commission's publications "How to report a serious incident in your charity" and "Reporting a serious incident in your charity when it involves a partner"

### **Safeguarding of staff and volunteers**

At RNCSF, we believe that everyone should be treated with dignity, fairness, and respect. Consequently, we will not tolerate the harassment or bullying of employees, volunteers, contractors or employees of contractors whilst at work, at RNCSF related events or whilst carrying out RNCSF business. Any allegation of harassment or bullying will be dealt with in a robust and timely manner and with fairness and sensitivity. RNCSF adheres to an Anti-harassment and Bullying Policy which is in the Staff Handbook.

RNCSF seeks to achieve safe working conditions for all staff and volunteers. We adhere to a Health and Safety Policy which is in the Staff Handbook. RNCSF is committed to conducting its business with honesty and integrity and we expect all staff to maintain high standards. RNCSF adheres to a Whistleblowing Policy which is in the Staff Handbook.

## **Safer Recruitment Policy**

Staff, volunteers and contractors engaged by RNCSF are recruited in accordance with RNCSF's Safer Recruitment Policy. Copies of documents used to verify the successful candidate's identity, right to work and required qualifications are kept on their personnel file, in-line with KCSIE guidelines.

### **RNCSF Virtual delivery protocols**

In situations that require RNCSF staff or volunteers to be involved in online/"virtual" meetings with young people with use of a video facility (e.g. a Zoom or MSTeams conversation, as opposed to a telephone conversation), and the contact is unable to be arranged with more than one adult present (i.e. the online discussion is taking place 1:1), staff/volunteers are required to either record the meeting or to ensure that there is a transcription facility in place to record the content of that meeting. RNCSF staff must use their RNCSF accounts via MS Teams.

The following protocol must be followed by all RNCSF staff or volunteers in the scheduling of any virtual meeting that involve a video facility:

- **WHERE** the meeting takes place –
  - Ideally online participants should be in a public space (for example a living room, classroom, library rather than a bedroom or other intimate space.
  - If this is not possible, and participation can only take place from a private space at home, for children/young people a parent or other adult should be in situ nearby and the door left open.
  - Use of the 'lobby'/ 'waiting room' facility where possible in order to control who accesses the call
  
- **WHO** is present at the meeting –
  - Access to the link to any session must be set up with a private setting (i.e. not accessible by anyone other than those sent the link)
  - All participants must be appropriately dressed.
  
- **HOW it should be run**
  - If the meeting is to be recorded, consent must be sought and agreed at the outset from all participants
  - Where possible, in all group calls disable the private message function so participants cannot message each other. This reduces the potential for incidents of cyber bullying.
  - Use of the video camera facility is never compulsory – all participants must consent to their camera being used. In the case of group sessions involving children younger than 13yrs old, permission should be gained from the participants' parent or guardian that they can attend.
  - All closed private email boxes and other screens to be closed before joining the call and sharing screens.
  - Look and listen out for signs that could indicate a safeguarding concern.
  - Ensure there are minutes from the meeting or a log of the call, where there is no recording or transcript from any appropriate app/platform.



## **Training**

Regular training on safeguarding is considered by RNCSF to be of paramount importance. All trustees, staff and volunteers receive safeguarding training as part of RNCSF's induction procedures.

All staff participate in refresher training annually, which may be conducted online, in person or both. All staff are also provided with at least an annual reminder of [Keeping Children Safe in Education \(KCSIE\)](#) updates and confirm that they have read and understood the updates to this legislation.

The Designated Safeguarding Trustee also undertakes annual training updates and reports to the trustees on the content of the training. All trustees are provided with at least an annual reminder of KCSIE updates and confirm to the Company Secretary in writing, or verbally by minutes of meetings at which these updates were circulated, that they have read and understood the updates to this legislation. Every three years part of a meeting of the full Board of the trustees is set aside for refresher safeguarding training for trustees.

The Office Manager maintains a central register of all DBS certificates, safeguarding training (full and refresher) and confirmation that KCSIE updates have been read and understood for all trustees, staff and volunteers.

Safeguarding Awareness Training, including KCSIE 2025 updates was delivered to all staff and Trustees on 9<sup>th</sup> October 2025

## **Whistleblowing policy**

Whistleblowing is the reporting of suspected wrongdoing or dangers in relation to RNCSF's activities. This includes safeguarding concerns, health and safety risks and any breach of legal or professional obligations, as well as bribery, facilitation of tax evasion, fraud or other criminal activity, miscarriages of justice and damage to the environment.

RNCSF has a Whistleblowing Policy which is in the Staff Handbook.

Pursuant to the Whistleblowing Policy, in some circumstances, including where you have a concern about safeguarding, it may be appropriate for you to report your concern to an external body such as a regulator. RNCSF strongly encourages you to seek advice before reporting a concern to anyone external.

Public Concern at Work is an independent whistleblowing charity and operates a confidential helpline:

- Helpline: (020) 7404 6609
- Email: [whistle@pcaw.co.uk](mailto:whistle@pcaw.co.uk)
- Website: [www.pcaw.co.uk](http://www.pcaw.co.uk)
- 

NSPCC operates a whistleblowing advice line:

- Helpline: 0800 028 0285
- Email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)
- Website: [www.nspcc.org.uk](http://www.nspcc.org.uk)

The Charity Commission provides online guidance on whistleblowing for employees:

- Website: [www.charitycommission.gov.uk](http://www.charitycommission.gov.uk)
- Email: [whistleblowing@charitycommission.gsi.gov.uk](mailto:whistleblowing@charitycommission.gsi.gov.uk)

## **Legislative framework**

Relevant law and guidance which underpin this Policy include:

- Children Act 1989
- United Convention on the Rights of the Child 1991
- Human Rights Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Care Act 2014
- Children and Families Act 2014
- Counter Terrorism and Security Act 2015
- Data Protection Act 2018 and the General Data Protection Regulation
- Working Together to Safeguard Children 2023
- London Child Protection Procedures (2018)
- Keeping Children Safe in Education (September 2025)
- Charity Commission – How to report a serious incident in your charity (June 2019)
- Charity Commission – Safeguarding and protecting people - for charities and trustees (Oct 2019)
- Charity Commission – Reporting a serious incident in your charity when it involves a partner (December 2019).

## **Other related policies**

- Anti-harassment and Bullying Policy (Staff Handbook)
- Data Protection Policy
- Disciplinary Policy (Staff Handbook)
- Health and Safety Policy (Staff Handbook)
- Home Visit Policy
- Induction of New Staff Policy
- Partners' Handbook
- Safer Recruitment Policy
- Schools' Handbook
- Whistleblowing Policy (Staff Handbook)

## **Policy review**

This Policy shall be reviewed at least annually by the trustees.

Date of approval and adoption:

October 2025

Date of next review:

September 2026

## SCHEDULE A

### Definitions

**Abuse** means a form of maltreatment of a child or adult at risk. Somebody may abuse or neglect a child or adult at risk by inflicting harm, or by failing to act to prevent harm. Children or adults at risk may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

**Adult at risk** means a person who is aged 18 years or over and:

- has needs for care and support (whether or not the relevant local authority is meeting any of those needs);
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of their care and support needs is unable to protect themselves from either the risk, or the experience, of abuse or neglect.

An adult at risk may be a person who:

- is elderly;
- has a learning disability or learning difficulties;
- has a physical disability and / or a sensory impairment;
- has mental health needs;
- has a long -term illness or condition
- has suffered a head or brain injury;
- misuses substances or alcohol;
- is in an abusive relationship;
- is unable to make their own decisions and is in need of care and support;
- is a young adult, over the age of 18, who has care and support needs and is in transition from children's to adults' services; or
- is a carer (looking after another person with care and support needs).

This list is neither exhaustive nor definitive: other people might also be considered to be adults at risk.

**Child protection** is part of safeguarding and promoting welfare and refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

**Children or child** means anyone who has not yet reached their 18<sup>th</sup> birthday. "Children" or "child" therefore means "children and young people" throughout.

### **Child Criminal Exploitation and Child Sexual Exploitation:**

Both Child Criminal Exploitation (CCE) and Child Sexual Exploitation (CSE) are forms of abuse that occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in criminal or sexual activity. It may involve an exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence. CCE and CSE can affect children, both male and female and can include children who have been moved (commonly referred to as trafficking) for the purpose of exploitation.

Child Criminal Exploitation (CCE) refers to the use of a child in criminal activities for economic gain and is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors

including gender, cognitive ability, physical strength, status, and access to economic or other resources. The most prolific form of child criminal exploitation is where older individuals or groups of older individuals exploit younger people to carry drugs or other contraband from urban areas to suburban and rural areas ('county lines'). Indicators that may signal a pupil is at risk from or involved with serious violent crime can include increased absences, a change in friendships or relationships with older individuals, a significant decline in performance, signs of self-harm or a significant change in wellbeing. Unexplained gifts or new possessions could also indicate that pupils have been approached by or are involved with individuals associated with criminal networks or gangs.

Child Sexual Exploitation (CSE) is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet. CSE can occur over time or be a one-off occurrence and may happen without the child's immediate knowledge for example through others sharing videos or images of them on social media. CSE can affect any child who has been coerced into engaging in sexual activities. This includes 16- and 17-year-olds who can legally consent to have sex. Some children do not realise they are being exploited and may believe they are in a genuine romantic relationship.

Some children who are being sexually exploited do not exhibit external signs. Indicators (which may be spotted when speaking to the child themselves or family/friends) include:

- going missing from school/home/care placement;
- associating with older people/adults;
- isolation from family/friends/peer group;
- physical symptoms including bruising/sexually transmitted infections;
- substance misuse;
- mental health; or
- unexplained possessions, goods and or money.

This list is neither exhaustive nor definitive. Signs must be used in context with other information relating to a child's circumstances.

**DBS Officer** means the person who is responsible for ensuring that all RNCSF trustees, staff, contractors, agency workers and volunteers whose roles require it have current clearance from the Disclosure and Barring Service.

RNCSF's DBS Officer is the Office Manager.

**Designated Safeguarding Officer (DSO)** means the person within RNCSF who is responsible for ensuring that:

- this Policy is implemented throughout RNCSF;
- RNCSF is kept abreast of current legislation and best practice;
- regular training is undertaken by trustees, staff and volunteers; and
- she is available as a point of contact to discuss any safeguarding concerns, in accordance with the procedures described in this Policy.



RNCSF's Designated Safeguarding Officer is the Chief Executive Officer. The Deputy Designated Safeguarding Officer are Sarah Butterworth, Schools Director and Leah Morgan, Programmes and Innovation Director. All trustees, staff and volunteers have a duty to safeguard RNCSF's beneficiaries, those connected with RNCSF's activities, and each other.

**Designated Safeguarding Trustee** means the trustee with particular oversight of RNCSF's safeguarding policy (this Policy) and procedures and responsibility for promoting the safeguarding of children and adults at risk within RNCSF. All trustees have a duty to safeguard RNCSF's beneficiaries, staff, volunteers and those connected with RNCSF's activities and are responsible for ensuring that appropriate policies and procedures are in place and implemented. They are also responsible for nominating the Designated Safeguarding Trustee.

### **Domestic Abuse**

Children can be victims of domestic abuse. As defined within [Keeping Children Safe in Education \(2025\)](#) this can be psychological, physical, sexual, financial or emotional. Children may see, hear or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). All of which can have a detrimental and long-term impact on their health, well-being, development, and ability to learn.

Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others

**Emotional abuse** of a child means the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. It may be conducted online (cyber abuse). Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone. Indicators include:

- low self-esteem;
- continual self-deprecation;
- sudden speech disorder;
- significant decline in concentration;
- socio-emotional immaturity;
- "neurotic" behaviour (e.g. rocking, head banging);
- self-mutilation;
- compulsive stealing;
- extremes of passivity or aggression;

- running away; or
- indiscriminate friendliness.

This list is neither exhaustive nor definitive. Signs must be used in context with other information relating to a child or adult at risk's circumstances.

**Extremism** goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society. Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist. Indicators include:

- withdrawal from usual activities;
- feelings of anger, grievance or injustice;
- truanting/going missing from school or care;
- expressing 'them and us' thinking;
- use of inappropriate language;
- advocating violent actions and means;
- possession of violent extremist literature;
- the expression of extremist views;
- association with known extremists; or
- seeking to recruit others to an extremist ideology.

This list is neither exhaustive nor definitive. Signs must be used in context with other information relating to a child or adult at risk's circumstances.

**Female genital mutilation (FGM)** comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences. FGM is carried out for cultural, religious and social reasons within families and communities. It is often considered a necessary part of raising a girl properly, and as a way to prepare her for adulthood and marriage. FGM is often motivated by the belief that it is beneficial for the girl or woman. Many communities believe it will reduce a woman's libido and discourage sexual activity before marriage.

FGM is prevalent in Africa, the Middle East and Asia. In the UK, FGM tends to occur in areas with larger populations of communities who practise FGM, such as first-generation immigrants, refugees and asylum seekers. These areas include London, Cardiff, Manchester, Sheffield, Northampton, Birmingham, Oxford, Crawley, Reading, Slough and Milton Keynes.

The procedure is traditionally carried out by an older woman with no medical training. Anaesthetics and antiseptic treatment are not generally used, and the practice is usually carried out using basic tools such as knives, scissors, scalpels, pieces of glass and razor blades. There are no health benefits to FGM. Removing and damaging healthy and normal female genital tissue interferes with the natural functions of girls' and women's bodies. Effects of FGM may include:

- chronic pelvic infections;
- excessive scar tissue formation;

- infection of the reproductive system;
- development of cysts, abscesses and genital scars; or
- Post-Traumatic Stress Disorder.

If you are worried about someone who is at risk of FGM or has had FGM, you must share this information, following the procedures set out in this Policy.

**Forced marriage** means a marriage entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. Forced marriage also applies to men and can happen at any age (the youngest victim who was believed to be at risk of a forced marriage was aged 2). Forcing someone into marriage is a crime in England and Wales.

The UK summer holidays mark a peak in reports of young people – typically girls aged 15 and 16- being taken abroad “on holiday”, for a marriage without consent.

Forced marriage is very different from an arranged marriage where both parties give consent.

**Honour-based Abuse (HBA)** means incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving “honour” often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV. If you are worried that someone is at risk of HBA or has suffered HBA, you must share this information, following the procedures set out in this Policy.

**LADO** means the Local Authority Designated Officer. The role of the LADO is to give advice and guidance to employers and voluntary organisation, liaise with the Police and other agencies, and monitor the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process. Every agency that works with children and young people should have a Designated Officer whose job it is to liaise with and refer to LADO. The LADO should be alerted to all cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed, or may have harmed, a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child in a way that indicates they may pose a risk of harm to children.
- To offer advice and support, e.g. LLCs

**Neglect** includes ignoring medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating. Indicators of physical neglect include:

- constant hunger;
- poor personal hygiene;
- constant tiredness;
- poor state of clothing;

- frequent lateness, or unexplained non-attendance at school;
- untreated medical problems;
- low self-esteem;
- poor peer relationships; or
- stealing.

This list is neither exhaustive nor definitive. Signs must be used in context with other information relating to a child or adult at risk's circumstances.

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

**Psychological abuse** means including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

**Radicalisation** means the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

**Safeguarding and promoting the welfare of children and young people** is defined in the Government's Guide *Working Together to Safeguard Children (2023)* as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- taking action to enable all children to have the best outcomes.

**Sexual abuse** means forcing or enticing a child or adult at risk to take part in sexual activities, not necessarily involving a high level of violence, whether or not the person being abused is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children or adults at risk in looking at, or in the production of, sexual images, watching sexual activities, encouraging children or adults at risk to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can children.

Not all those subject to sexual abuse are able to tell or are believed when they try to do so. There may be no physical or behavioural signs. Signs may show that a person is troubled, but not necessarily through sexual abuse. A combination, frequency and duration of signs may indicate a problem. Indicators include:

*Behavioural:*

- lack of trust in adults or over familiarity with adults;
- fear of a particular individual;
- social isolation – withdrawal or introversion;
- sleep disturbance (nightmares, irrational fears, bed wetting, fear of sleeping alone, requiring a nightlight);
- running away;
- reluctance or refusal to participate in physical activity or to change clothes for activities;
- low self-esteem;
- drug, alcohol or solvent abuse;
- display of sexual knowledge beyond their years;
- abnormal, sexualised drawing;
- unusual interest in the genitals of adults, children or animals;
- expressing affection in an inappropriate way;
- fear of bathrooms, showers, closed doors;
- fear of medical examinations;
- developmental regression;
- poor peer relations;
- over-sexualised behaviour/sexual promiscuity;
- stealing; or
- psychosomatic factors e.g. recurrent abdominal pain or headache.

*Physical:*

- sleeplessness, fear of the dark, nightmares;
- bruises, scratches, bite marks to the thighs or genital area;
- itch, soreness, discharge, unexplained bleeding from the rectum, vagina or penis;
- pain on passing urine or recurrent urinary infection;
- stained underwear;
- unusual genital odour;
- anxiety, depression;
- eating disorder e.g. anorexia or bulimia;
- discomfort/difficulty in walking/sitting;
- venereal disease;
- soiling or wetting in children who have been trained; or
- self-mutilation/suicide attempts.

These lists are neither exhaustive nor definitive. Signs must be used in context with other information relating to a child or adult at risk's circumstances.

**STIs** means sexually transmitted infections. Common types include chlamydia, gonorrhoea, trichomoniasis, genital warts, genital herpes, pubic lice, scabies and syphilis.

**Terrorism** means an action that:

- involves serious violence against a person; or
- endangers a person's life (other than the life of the person committing the action); or
- involves serious damage to property; or
- creates a serious risk to the health or safety of the public or a section of the public; or
- is designed seriously to interfere with or seriously to disrupt an electronic system.

The use or threat of action must be designed to influence the government or to intimidate the public or a section of the public and is made for the purpose of advancing a political, religious, racial or ideological cause.

## **SCHEDULE B**

### **Reporting allegations or concerns**

#### **Immediate danger**

In all cases, if, on the basis of an allegation made or your suspicion, you believe that a child or adult at risk is in immediate danger, call the Police. Report to the DSO that you have done so and record full details on the database at the earliest opportunity. If your report concerns a child, the DSO will inform the Designated Safeguarding Lead at the child's school and, if applicable, the Designated Safeguarding Lead at the RNCSF partner which supports the child, of the circumstances and action taken.

#### **In all cases**

Where appropriate and possible, it is preferable to inform the parent or main carer that a referral is to be made and to seek their consent. This will depend on the circumstances in each case.

#### **Records**

All records retained must be stored in accordance with RNCSF's Data Protection Policy.

**Concern form about an RNCSF pupil during term time and/or school holidays and/or application process**

Pupil discloses information/ makes an allegation to Staff/Trustee/Volunteer and/or Staff/Trustee/Volunteer has suspicion about abuse/neglect

Staff/Trustee/Volunteer reports information to the DSO (or Deputy DSO in her absence) immediately and passes on any notes. The Staff/Trustee/Volunteer ensures information is recorded accurately via the Referral Form

**Referral Pathway**

**Non-Referral Pathway**

The DSO refers the matter to MASH (and Police if immediate risk of harm). This will be done initially by phone call followed by completion of MASH referral form (if instructed to do so)

If MASH/Police approve, the DSO will (a) contact the Designated Safeguarding Lead (DSL) at the pupil's school.

And (b) The DSO may also, if applicable, refer to the DSL at the partner organisation which supports the pupil.

A copy of the completed, signed, and dated referral form is to be retained on the database and the Designated Safeguarding Trustee informed. The DSO Will consider any further action points relating to the matter which may include, for example:

- follow up with the DSL at the school, and if applicable, the DSL at the partner organisation
- Communication of relevant information to such staff/volunteers as engage with the pupil
- Whether the matter constitutes a serious incident Which needs to be reported to the Charity Commission and either:
  - making the report;
  - or recording the decision not to report, including a summary of the matter and the reasons a report is not required; and in either case undertaking any follow up with the school and/or the partner;
- any lessons identified for RNCSF training purposes;
- and ensuring that all related documentation, correspondence and records are stored together on the database

The DSO does not refer the matter to an external agency. The DSO ensures that all details of the matter, the reason for the decision not to refer and any agreed action points arising from the matter are recorded on the database.

It is likely that the DSO (or DDSO) will liaise with the DSL at the pupil's school and, also, if applicable, inform the to the DSL at the partner organisation which supports the pupil.

### Concern form about an adult at risk

Pupil discloses information/ makes an allegation to Staff/Trustee/Volunteer and/or  
Staff/Trustee/Volunteer has suspicion about abuse/neglect

Staff/Trustee/Volunteer reports information to the DSO (or Deputy DSO in her absence) immediately and passes on any notes. The Staff/Trustee/Volunteer ensures information is recorded accurately via the Referral Form

#### Referral Pathway

The DSO will seek advice from Adult Services.  
With permission from Adult Services, the DSO may contact the DSL at the school (if the pupil is a family member) and, if applicable, refer to the DSL at the partner organisation which supports the pupil (if family member)

All records will be retained on the database and the Designated Safeguarding Trustee informed. The DSO Will consider any further action points relating to the matter which may include, for example:

- Communication of relevant information to specific staff/volunteers
- Whether the matter constitutes a serious incident Which needs to be reported to the Charity Commission and either:
  - making the report;
  - or recording the decision not to report, including a summary of the matter and the reasons a report is not required;
- any lessons identified for RNCSF training purposes;
- and ensuring that all related documentation, correspondence and records are stored together on the database

#### Non-Referral Pathway

The DSO does not refer the matter to an external agency The DSO ensures that all details of the matter, the reason for the decision not to refer and any agreed action points arising from the matter are recorded on the database.

It is likely that, if the adult is a family member of an RNCSF pupil, the DSO (or DDSO) will liaise with the DSL at the pupil's school, and, also, if applicable, inform the to the DSL at the partner organisation which supports the pupil.

### Concern form about member of RNCSF staff, trustee or volunteer

Allegation that might meet threshold  
(ASV – Allegation against  
Staff/Volunteer)



Allegation that does not meet threshold (LLC  
– Low Level Concern)



Matter must be referred immediately to the DSO. This is a duty and there must not be any delay.

If anyone is in immediate danger, the Police should be involved urgently (via 999)

If no evidence of immediate danger, The DSO will gather initial information without commencing any investigation. This initial piece will inform the inter-agency work with the LADO which must happen within 24 hours of the initial conversation. The LADO will guide next steps.

The DST will be informed.

The DSO will convene a Critical Incident Management Team and assign roles, including case manager

Matter to be referred to the DSO. Response will be timely, proportionate and supportive. This could involve additional training, access to supervision etc,

If the DSO considers the LLC to be part of a pattern, consultation with LADO, in line with best practice is essential.

**Schedule C**  
**Referral Form**

<b>Name of child/adult at risk</b>	
<b>Age of child/adult at risk</b>	
<b>Address of child/adult at risk</b>	
<b>Name and position of trustee/staff/volunteer</b>	
<b>Parent/carer informed and/or consented to referral?</b>	
<b>Referral details (include date(s) of incident, date and place of allegation or concern, who made allegation or expressed concern, RNCSF school and partner details if applicable, details of allegation or concern)</b>	
<b>Other relevant information</b>	
<b>Date and time of referral</b>	
<b>Further actions advised by DSO, if any</b>	
<b>Signature and date (DSO)</b>	

## SCHEDULE D

### Pupils at risk of radicalisation

#### Signs of radicalisation:

There is no single way of identifying an individual who is likely to be susceptible to extremist ideology. It can happen in many different ways and settings. Background factors may contribute to vulnerability and are often combined with influences such as family, friends or online, and with particular needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people. As with managing other safeguarding risks, you should be alert to changes in pupils' behaviour which could indicate that they may be in need of help or protection. You should use your professional judgement in identifying pupils who might be at risk of radicalisation and act proportionately. Such cases may involve a referral to the Channel programme or to children's social care depending on the level of risk. Channel is a multi-agency programme across England and Wales that provides support at an early stage to people who are at susceptible to radicalisation, becoming terrorists or supporting terrorism.

Some pupils may be in danger of being drawn into terrorism or other forms of extremism. In such cases risk assessments may be required, in consultation with local partners, such as the police, about the potential risk in the local area.

Full details of the Prevent duty can be accessed [here](#):

A 40-minute online training Awareness course is available. This course is for anyone new to Prevent. If you're unsure what Prevent is, and what signs to look for when it comes to risks of radicalisation. Awareness is the first course in our Prevent duty training. <http://www.support-people-vulnerable-to-radicalisation.service.gov.uk/portal#awareness-course>

A 40-minute online Referrals course, suitable for teaching staff and other 'front line' workers who are most likely to make a referral, is available here: <http://www.support-people-vulnerable-to-radicalisation.service.gov.uk/portal#referrals-course> A 60-minute online training course explaining the Channel programme is available. This course will give you an understanding of the full Channel or PMAP process and the intervention options available. <https://www.support-people-vulnerable-to-radicalisation.service.gov.uk/portal#channel-or-prevent-multi-agency-panel-pmap-course>