

## Safeguarding of Children and Adults at Risk – Policy - Schedule

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This schedule reflects legislation and official guidance at the time it was last reviewed. Any changes in legislation will take precedence over anything printed in this policy. Where other policies are referred to, they can be viewed at the Policy Library

## **1. Schedule**

This Schedule should be read in conjunction with the Safeguarding Children and Vulnerable Adults - Policy and Procedures

RSN staff, workers, contractors or students may encounter children and adults at risk in a wide range of situations. For example:

- Teaching, training or instructing children, whether supervised or unsupervised
- Certain first degrees on age of entry.
- Research work, which involves direct physical contact with children and/or vulnerable adults.
- Work experience students under 18.
- Widening participation outreach activities with schools and colleges.
- Photography of children for publication.
- First aid delivery.
- Open days.
- Working with disabled students.
- Programs or summer schools.

Sections must ensure that all new members of staff, workers, contractors and apprentices are made aware of this schedule and that they are given time to read it during their induction period.

Any person who will have direct contact with a child or adult at risk as part of their day-to-day employment, or event/activity, would be expected to undertake appropriate training. Any decision to undertake such training should be made on a proportionate basis.

## **2. Risk Assessment**

The Children and Adult at Risk Assessment process will be initiated by the following circumstances.

- Recruitment to a new or existing post which involves working with children and/or adults at risk;
- The commencement of new activities or events involving or potentially involving children and or adults at risk;
- Changes being made to activities or events involving or potentially involving children and or adults at risk.

Once it has been identified that the risk assessment process should be initiated, it is vital that the person to complete the assessment in advance of the relevant recruitment campaign, activity or event by a competent person.

Any actions identified as a result of completing the risk assessment must be completed within the timescales specified on the form.

The risk assessment should:

- Identify the nature, length and frequency of the contact and if it would be supervised or unsupervised;
- Consider if there will be children and adults at risk present;
- Consider whether any children or adult at risk have allergies, are on medication, have any disabilities (physical or mental), or any behavioural difficulties;
- Identify any potential areas for harm;
- Evaluate the risks;
- Determine actions to prevent harm occurring, which might include consideration of alternative working practices, and prompt individuals to ensure that they are implemented;
- Identify those situations that would require a DBS check

Completed risk assessments should be returned to the Director of Operations prior to the activity and retained by departments/institutions whilst an activity/event is ongoing and for five years after it has ceased (or the risk assessment has been superseded). Where an activity is ongoing but unchanged, institutions should review the risk assessment on an annual basis to ensure that the measures put in place are still relevant and appropriate.

### **3. Concerns**

Concerns for the safety and wellbeing of children and adults at risk could arise in a variety of ways and in a range of situations. For example, a child/ adult at risk may report or show signs of abuse, someone may hint that a child/adult at risk is or has been subject to harm, or that a colleague is an abuser, or someone may witness abuse.

Where an individual suspects or is informed that a child or adult at risk has been, is being, or could be harmed as a result of taking place in a RSN activity/event or through contact with RSN staff, workers, contractors, volunteers, apprentices, or students, it is not the responsibility of that person to decide whether abuse has taken place.

Instead, the individual aware of these suspicions or allegations must take the

following steps:

1. **In emergency circumstances** (i.e. where there is certain, immediate and/or significant danger to an individual, an individual has suffered or is likely to suffer significant harm, or a criminal act has been witnessed), **referrals must be made to the Police, social services or other appropriate authorities**. This should always be prior to consulting with the CEO or Director of Operations.
  
2. Where the situation is **not an emergency**, referrals should be channeled as follows:
  - i. The Section Head
  - ii. The CEO, or Director of Operations

Where a complaint of abuse is reported, the designated safeguarding lead, or their deputy, will carefully consider the information available and decide on the appropriate course of action. Such situations may require contact with the relevant external agencies (including social services and the police) for them to investigate the matter and determine any necessary action. Consideration will also be given to whether it is necessary to notify the relevant head of institution and take further action through the relevant internal procedures. This may include invoking the RSN's Disciplinary Procedures.

#### **4. Dealing with concerns**

For all allegations raised, the following information must be recorded and retained in a confidential manner:

- a clear and comprehensive summary of the allegation, including who made it and who it was against.
- details of how the allegation was followed up and resolved.
- a note of any action taken, decisions reached and the outcome as categorised above.
- a copy provided to the person concerned, where agreed by children's social care or the police (if applicable), and,
- a declaration on whether the information will be referred to in any future reference.

The purpose of the record is to enable accurate information to be given in response to any future request for a reference.

The RSN has a legal duty to refer an individual to the DBS if they have been removed from working in regulated activity with children and/or adults because they caused harm to children/adults or posed a risk of causing harm. The duty to refer is absolute and overrides any concerns about data protection.

The RSN must not knowingly allow a barred person to work in 'Regulated Activity' (see 'Identifying required checks', below).

## **5. Enquiries**

Any enquiries made by the media about possible allegations of abuse regarding children/adults at risk should be referred to the CEO immediately.

It is impossible to promise complete confidentiality when a concern is raised or an accusation made. This is because the RSN must take reasonable steps to ensure the safety of children and adults at risk on its premises.

The RSN also owes a duty of care to its staff, students and visitors. In cases of potential or actual harm of an individual, information provided in confidence must be weighed against this duty of care and in all cases involving children, the best interests of the child are paramount. However, as part of this policy, only people who need to be informed about an incident or concern, whether internal or external to the RSN, should be informed.

## **6. Types of Abuse**

The categories of abuse below are produced from external guidelines. A person may abuse or neglect a child/adult at risk by inflicting harm, or by failing to act to prevent harm. All staff should also understand the importance of challenging inappropriate behaviour between children and young people (peer on peer abuse), as defined below.

There are five main forms of abuse, although there are variations within these. Where reference is made to a child, such reference is also applicable to an adult at risk in all cases.

- **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. 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 a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration, or non-penetrative acts. They may also include non-contact activities, such as involving children in looking at, or in the production of, nude, semi-nude or sexual images or videos, 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.

- **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 care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.