

Last Updated: August 2020 Due for Review: August 2021

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Safeguarding Statement:

"The Red Balloon Foundation [RBF], in all aspects of its governance and activity, is committed to and will champion the protection of all those under the age of 18 within their work and in the wider community. It fully accepts, endorses and undertakes to implement the principles of the Children Act 1989, 2004 and those Acts' subsequent revisions. It commits to fostering and encouraging best practice within its activities by setting high standards for working with those under the age of 18, and undertakes to work with statutory bodies and other agencies to ensure the safety and well-being of all those under the age of 18. RBF is committed to immediate action whenever concerns are raised about the welfare of those under the age of 18 or about the behaviour of adults in contact with those under the age of 18, be they workers, volunteers, or members of the wider community."

Note on Application of this Policy

"RBF understands, in the main, that this policy applies to working with those under the age of 18. However, that definition, and therefore the persons which fall under the purview of this policy, is extended up to the age of 25 where persons have specific additional needs including certain learning and physical disabilities."

Definition of Safeguarding

"RBF understands that safeguarding is a much wider term than 'child protection' and uses the definition of safeguarding from Working Together to Safeguard Children 2018: *Safeguarding is: '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; and taking action to enable all children to have the best outcomes.'*"

Definition of Abuse and Causes for Concern:

"RBF uses the definition of abuse from Working Together to Safeguard Children (2018): *'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 (e.g., via the internet). They may be abused by an adult or adults, or another child or children.'*

RBF determines that abuse can broadly fall into six categories, or a combination thereof: *physical, emotional, sexual, neglect, spiritual and peer on peer*. RBF undertakes to be vigilant to ensure that nobody under the age of 18 to whom they are connected suffers from any of these forms of abuse. RBF understands that any person under the age 18 can suffer abuse, which can be perpetrated by adults of any gender or by others under the age of 18 of any gender."

Safeguarding Policy

1. RBF's Safeguarding Policy [the Policy] is informed by relevant statutory legislation and guidance, including (but not limited to):
 - 1.1 The Children Act (1989, 2004 and subsequent revisions);
 - 1.2 Serious Crime Act (2015);
 - 1.3 Working Together to Safeguard Children (2018 as revised February 2019);
 - 1.4 Keeping Children Safe in Education (2018 as revised June 2019);
2. RBF recognises that UK government guidance and legislation is regularly under review and undertakes to review and make changes to this policy as regularly as necessary as new legislation is debated and passed into law, or at least on an annual basis.
3. The Policy is based on the RBF's Safeguarding Statement, Definition of Safeguarding and Definition of Abuse and Causes for Concern.
4. RBF accepts the duty of care placed upon it by offering services to the community for people under the age of 18.
5. The Policy is practically administered by RBF's Nominated Safeguarding Officer [NSO] with the support of the Board of Trustees [the Board]. The role of the NSO is to:
 - 5.1 be a champion for safeguarding within the RBF team and more widely with RBF's partner organisations and within the communities RBF serves, and an accessible point of access within the organisation for team, families and children/young people to approach with their concerns;
 - 5.2 attend a course that is equivalent to Level 3 focussed on the role of the Safeguarding Officer at least once every three years and attend other relevant courses associated with safeguarding at least annually;
 - 5.3 speak to an agenda item or provide a written report keeping RBF team members/leadership structures up to date on latest developments around safeguarding in the following contexts (and to stay abreast of developments through updates from appropriate agencies, e.g., NSPCC, Police, Department for Education, etc., to provide content for the same):
 - 5.3.1 whole team meetings during school term time;
 - 5.3.2 leadership team meetings;
 - 5.3.3 trustees' meetings;
 - 5.4 review every RBF End of Session Report with 24 hours where 'referral to NSO' has been flagged and take appropriate action;
 - 5.5 liaise with the RBF Health & Safety Officer to ensure that safeguarding matters have been addressed on every relevant RBF Risk Assessment carried out;
 - 5.6 maintain a secure and encrypted register of all actions taken in the course of their duties and follow up with families/partner agencies as appropriate and in line with the procedures outlined in this document;
 - 5.7 ensure that they are contactable whenever RBF team members are engaging with children/families and ensuring where this not possible that a deputy safeguarding officer is nominated and contactable via the RBF Duty Manager number;
 - 5.8 work with the leadership team/trustees to ensure that this document is kept up to date and fully reviewed at least annually or when other significant changes to key legislation take place, and to complete a full audit of RBF's safeguarding practice each year;

- 5.9 be the first point of contact between RBF and partner/referral agencies, managing information sharing between those organisations in line with the Data Protection Act (2018) and other relevant legislation;
 - 5.10 sign up to mailing lists from the Safeguarding Children Boards (or equivalent bodies) in all local authority areas where RBF operates as well as those of national agencies (e.g., NSPCC);
 - 5.10 be professionally curious and seek out issues before they arise, recognising that those safeguarding interventions that are most desirable are those that represent early interventions rather than actions taken after the fact.
6. RBF undertake to ensure that all those who are authorised to work with those under the age 18 are appropriately appointed, trained and supported, and to create a culture of informed vigilance amongst all workers and volunteers [worker/s].
- 6.1 Before the appointment of a new worker:
 - 6.1.1 an Enhanced Disclosure and Barring Service Certificate must be obtained wherever they are eligible to be certificated, and a Basic Certificate obtained where this is not the case;
 - 6.1.2 references from at least three people who know the worker reasonably well, preferably in an employment related environment, must be taken up;
 - 6.1.3 an interview must be completed.
 - 6.2 The worker may not begin work under the auspices of RBF with children and young people until:
 - 6.2.1 a DBS certificate has been obtained along with favourable references and, where a potential worker is identified as being on the barred list, they will not be allowed to attend any RBF activity and the DBS will be notified that they attempted to gain access to a restricted activity; likewise, should an existing member of the RBF team face disciplinary action/dismissal due to inappropriate behaviour towards children then this will also be referred to the DBS;
 - 6.2.2 they have presented the following:
 - 6.2.2.1 proof of identity (including a photographic ID);
 - 6.2.2.2 proof of address;
 - 6.2.2.3 proof of qualifications where these are necessary for the role applied for;
 - 6.2.2.4 for non-British nations, proof of the right to work in the UK (as required by the Asylum and Immigration Act)
 - 6.2.2.5 any further information raised through the interview/application process, such as evidence relating to gaps in employment history.
 - 6.3 A probationary period where the worker is regularly observed by a senior workers or a director must be completed.
 - 6.4 Where workers are seconded or sub-contracted from other organisations, RBF undertakes to ensure their recruitment process was at least as rigorous as RBF's own, obtaining written confirmation of this fact before work commences.
 - 6.5 Where background checks and/or disclosures from a potential worker reveal that they have committed offences which do not place them on the barred list, but still raise questions as to their suitability to work with children, RBF will undertake a full risk assessment with the advice of other agencies where necessary and only with a unanimous vote of the Board will engage the worker with appropriate additional clauses in their contract/volunteering agreement as necessary.

6.6 With regard to Safeguarding training and support for workers:

6.6.1 All workers will be trained in the recognition and prevention of abuse and in the content of this document, including both Policy and Procedures, and will be required to read and be familiar with the following documents:

6.6.1.1 Keeping Children Safe in Education (2018) – Part 1, Part 5 & Annex A

6.6.1.2 Child Sexual Exploitation Definition (2017) – Section A

6.6.1.3 Working Together to Safeguarding Children (2018) – Introduction, Chapter One & Pages 71-72

6.6.1.4 Criminal Exploitation: Stages of Recruitment (Children’s Society, 2018)

And to complete additional awareness training (in addition to the annual RBF Core Safeguarding Training) around the following topics as relevant to the role they perform within RBF, refreshed at least triennially (or annually for PREVENT Duty):

6.6.1.4 PREVENT Duty;

6.6.1.5 CHANNEL;

6.6.1.6 FGM;

6.6.1.7 Forced Marriage;

6.6.1.8 Child Exploitation & Gangs/Youth Violence;

6.6.1.9 Domestic & Gender Based Violence;

6.6.1.10 Children Missing from Education;

6.6.1.11 Mental Health Implications for Safeguarding;

6.6.1.12 Hate Crime;

6.6.1.13 Trafficking & Modern Slavery;

6.6.1.14 Bullying & Cyberbullying;

6.6.1.15 Substance misuse;

6.6.1.16 Fabricated/induced illness;

6.6.1.17 Relationship abuse.

6.6.2 All workers who are likely to encounter more complex Safeguarding issues will be given additional training as necessary.

6.6.3 The NSO will receive additional training as befits their role and will be expected to read and be familiar with the documents listed in 6.6.1 in their entirety.

6.6.4 All basic training for workers will happen on an annual basis. Other additional training will be repeated as often as the training provider recommends.

6.6.5 All workers will have regular opportunities to report causes for concern to their supervisors/line managers.

6.6.6 All workers will be actively encouraged on a regular basis to refresh their understanding of abuse, review this document and remain vigilant.

7. RBF understands there to be six different categories of abuse, defined hereof:

7.1.1 Physical Abuse:

7.1.1.1 This can involve hitting, shaking, throwing, poisoning, burning, scalding, drowning and suffocating. RBF recognises that using these acts as forms of discipline are still abuse as it is against the law to do so.

7.1.1.2 In addition, this can include responsible adults deliberately causing the ill health of a child in order to seek attention (Illness Induction Syndrome).

7.1.1.3 Indicators of this kind of abuse may include (but are not limited to):

- 7.1.1.3.1 bruising in unusual places (particularly on the face and back);
- 7.1.1.3.2 finger mark bruising/grasp marks on the limbs or chest;
- 7.1.1.3.3 bites;
- 7.1.1.3.4 burn and scald marks (particularly those that could be caused by a cigarette or similar);
- 7.1.1.3.5 fractures to arms, legs or ribs;
- 7.1.1.3.6 large numbers of scars;
- 7.1.1.3.7 wearing of inappropriate clothes to cover injuries;
- 7.1.1.3.8 the child being unusually fearful of others, particularly adults;
- 7.1.1.3.9 reluctance to discuss injuries.

7.1.2 Emotional Abuse:

- 7.1.2.1 This is defined as 'when a child's need for love, security, praise and recognition is not met'; some level of this is involved in all types of ill treatment of children and involves authority figures in the child's life being consistently hostile, rejecting, threatening or undermining.
- 7.1.2.2 In addition, it can occur if children or young people are prevented from having social contact with others, if developmentally inappropriate expectations are put on them, or are a part of a living situation where domestic violence is occurring.
- 7.1.2.3 Indicators of this kind of abuse may include (but are not limited to):

- 7.1.2.3.1 anxious gestures, such as rocking, hair twisting or self-harm;
- 7.1.2.3.2 excessively clingy or attention-seeking behaviour;
- 7.1.2.3.4 very low self esteem or excessive self-criticism;
- 7.1.2.3.5 withdrawn, vacant episodes;
- 7.1.2.3.6 lack of appropriate boundaries, particularly being too eager to please;
- 7.1.2.3.7 eating disorders.

7.1.3 Sexual Abuse:

- 7.1.3.1 This is defined as 'forcing or enticing a child or young person to take part in sexual activities, whether or not they are aware of what is happening.'
- 7.1.3.2 This can involve physical contact, both penetrative and non-penetrative, or no physical contact, such as watching sexual activities, sexual harassment or observing pornographic material. In addition, it may involve the practice of 'upskirting', that is "taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals, buttocks or underwear to obtain sexual gratification, or cause the victim humiliation, distress or alarm."
- 7.1.3.3 Indicators of this kind of abuse may include (but are not limited to):

- 7.1.3.3.1 genital soreness, injuries or discomfort;
- 7.1.3.3.2 self-mutilation;
- 7.1.3.3.3 suicide attempts (particularly older children);
- 7.1.3.3.4 sexually transmitted diseases, particularly urinary infections;
- 7.1.3.3.5 use of inappropriately sexualised vocabulary;
- 7.1.3.3.6 excessive preoccupation with sex;
- 7.1.3.3.7 inappropriately sexualised play, words or drawings;
- 7.1.3.3.8 sexually provocative or seductive overtures towards others;
- 7.1.3.3.9 eating or other obsessive disorders;
- 7.1.3.3.10 fear regarding the circulation of certain images/recordings relating to them.

7.1.3.4 In addition, sexual abuse can include the act of encouraging children and young people to act in sexually inappropriate ways with adults or with one another, often referred to as 'Child Sexual Exploitation' [CSE]. CSE involves exploitative situations, contexts and relationships where young people receive something (e.g., food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities and can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. Exploitation of children can also occur in a non-sexual context, often referred to as 'Criminal Exploitation' or 'Child Exploitation' [CE]. All workers members should be aware of the specific signs and symptoms of CSE/CE in addition to those laid out in 7.1.3.3 as follows and as expanded in the document 'Criminal Exploitation: Stages of Recruitment' (Children's Society, 2018):

- 7.1.3.5.1 an imbalance of power in the relationship, whereby the perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops;
- 7.1.3.5.2 degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming or engage in other illegal/risky behaviours;
- 7.1.3.5.3 increased absence from school;
- 7.1.3.5.4 a change in friendships or relationships with older individuals or groups;
- 7.1.3.5.5 significant decline in academic performance;
- 7.1.3.5.6 signs of self-harm or a significant change in well-being, or signs of assault or unexplained injuries;
- 7.1.3.5.7 unexplained gifts or new possessions.

7.1.3.5 Sexual abuse can also take the form of 'sexting', 'cybersex' or otherwise transmitting sexually explicit words, images or videos often between children themselves or between children and adults. It is an offence under the Protection of Children Act 1978 to create or distribute an explicit image of a child, and it is an offence under the Criminal Justice Act 1988 to receive or store such an image. In addition, if an image is sent purposefully to upset the recipient, then it is in breach of the Malicious Communications Act 2003. All of these laws apply to children as to adults, and therefore where RBF workers become aware of this form of abuse they are to respond just as they would to any other case, no matter how 'normalised' the practice may be within the child's peer group.

7.1.4 Neglect:

7.1.4.1 This is defined as 'the persistent failure to meet a child or young person's basic physical and/or psychological needs, causing damage to their health and development'.

7.1.4.1 This can involve parents/carers failing to provide adequate food, shelter or clothing, failing to protect children and young people from harm or danger and failing to access appropriate medical care when necessary.

7.1.4.3 Indicators of this kind of abuse include:

- 7.1.4.3.1 constant hunger, stealing/gorging food;
- 7.1.4.3.2 ill-health caused by poor nutrition (including obesity);
- 7.1.4.3.3 persistent wearing of inappropriate clothing for the weather;
- 7.1.4.3.4 persistent personal hygiene issues;
- 7.1.4.3.5 unwillingness to associate with other children;
- 7.1.4.3.6 lack of basic social skills; severe introversion;
- 7.1.4.3.7 remarks on being left alone by parents/carers for long periods of time;
- 7.1.4.3.8 inability to articulate emotional state to adults.

7.1.5 Spiritual:

- 7.1.5.1 This is defined as ‘members of certain communities hold beliefs which may be common in particular cultures but which are against the law in England.’ The indicators of this kind of abuse usually fall into those of 7.1.1-7.1.4, but they are justified by the perpetrators as expressions of cultural or spiritual beliefs. Some agencies refer to this kind of abuse as ‘Child Abuse linked to Faith and Belief’ (or CALF or CALFB).
- 7.1.5.2 RBF undertakes to treat all cases of abuse equally, even if they are apparently ‘justified’ in this way.
- 7.1.5.3 RBF identifies the following as particular concerns in this area, noting that 7.1.5.3.1-3 are often examples of what is erroneously termed ‘honour based’ abuse (that is, abuse committed in the context of preserving ‘honour’ often involves a wider network of family or community pressure and can include multiple perpetrators):
- 7.1.5.3.1 forced marriage (as opposed to arranged marriage between consenting adults);
 - 7.1.5.3.2 under-aged marriage (children and young people cannot enter into a sexual relationship or be married until both parties are over the age of 16);
 - 7.1.5.3.3 female genital or breast mutilation [FGM] (any procedure involving partial or total removal of the external female genitalia or other injury to female organs, sometimes expressed by the practice of ‘breast flattening’);
 - 7.1.5.3.4 violent exorcism or ritualistic abuse (that is, the belief that a spirit or demon can possess or influence a child and that supernatural entity can be removed through abusive behaviour towards the child, variously associated with witchcraft, spirit possession, demons and/or the devil, the ‘evil eye’ and djinns);
 - 7.1.5.3.5 particular systems of belief or superstitions that may lead to abusive behaviour towards children, including (but not limited to):
 - 7.1.5.3.5 black magic (that is, belief in paranormal powers relating to death, destruction and other negative ends which can be used justifications for abusive behaviour towards children), expressed in Bengali/Hindi/Urdu culture as Zadutona, Sihr in certain Arabic traditions and Juju in some West African countries;
 - 7.1.5.3.6 muti (that is, belief in magic that enables people to gain power or wealth using human body parts that may be taken from children), expressed across a number of Southern African cultures;
 - 7.1.5.3.7 male superiority (that is, where male children are valued over female children leading to abusive behaviour and/or sex selective abortion towards female children), expressed in wide variety of cultures globally.
 - 7.1.5.3.6 radicalisation (the process by which a person comes to support terrorism and forms of extremism).
- 7.1.5.4 Accepted factors which make children more vulnerable to spiritual abuse include:
- 7.1.5.4.1 children being identified as ‘naughty’ or exhibiting challenging behaviour;
 - 7.1.5.4.2 children with learning disabilities including, but not limited to, autism, epilepsy, Down’s Syndrome and dyslexia;
 - 7.1.5.4.3 children who are albinos, particularly precocious or left handed;

- 7.1.5.4.4 children whose parents or close family members have been identified as 'witches' by their community;
- 7.1.5.4.5 children who are living away from home in private fostering or domestic servitude situations, or who are living in complex family structures such as a polygamous household.

7.1.5.5 Indicators of this kind of abuse may include:

- 7.1.5.5.1 disclosures that children have been accused of being 'evil' or 'having the devil' or a 'djinn' in them;
- 7.1.5.5.2 children being made to wear religious paraphernalia;
- 7.1.5.5.3 children being treated as a scapegoat for changes in family circumstances.

7.1.5.6 In respect to FGM there is a mandatory reporting protocol in place in line with the Serious Crime Act 2015. Workers members should be particularly aware of the following indicators in relation to this form of abuse and of 'breast flattening':

7.1.5.6.1 The following may be indicators that a child is at risk of FGM/breast flattening:

- 7.1.5.6.1.1 being taken 'home' to visit family;
- 7.1.5.6.1.2 a special occasion to 'become a woman';
- 7.1.5.6.1.3 an older female relative visiting the UK;
- 7.1.5.6.1.4 other female family members having undergone FGM/breast flattening;
- 7.1.5.6.1.5 withdrawal from PSHE/RSE lessons at school;
- 7.1.5.6.1.6 embarrassment relating to body or bodily changes at puberty.

7.1.5.6.2 The following may be indicators that a child has undergone FGM/breast flattening:

- 7.1.5.6.2.1 experiencing difficulty walking, sitting or standing or reports of pain or discomfort around the chest;
- 7.1.5.6.2.2 spending longer than normal in the bathroom or toilet;
- 7.1.5.6.2.3 expressing unusual behaviour after a period of absence;
- 7.1.5.6.2.4 being particularly reluctant to undergo normal medical examinations;
- 7.1.5.6.2.5 asking for help, but being vague about the problem due to embarrassment or fear;
- 7.1.5.6.2.6 reluctance to change clothes for physical activities.

7.1.5.6.3 Where a child has been identified by workers as being 'at risk', the NSO should refer to guidance from the document "FGM Risk and Safeguarding Guidance for Professionals" (last issued May 2016) or other relevant guidance.

7.1.5.7 In respect to radicalisation, it is important to note how at any point during the process of a child being radicalised that effective intervention can completely turn the process around. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology but RBF acknowledges its duty under section 26 of the Counter-Terrorism and Security Act 2015 [CTSA] to have 'due regard to the need to prevent people from being drawn into terrorism'. As such, RBF undertakes to make its workers aware of and support them in carrying out their Prevent duty by:

- 7.1.5.7.1 Offering training in this area as part of annual safeguarding sessions and emphasising within these sessions that radicalisation can occur at any age and is not just relevant for older children;
- 7.1.5.7.2 Making them aware of the definitions relevant to Prevent duties, namely:
 - 7.1.5.7.2.1 'Extremism' being the 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, as well as the call for the death of members of the UK's armed forces, whether in this country or overseas;
 - 7.1.5.7.2.2 'Terrorism' has the same meaning as for the Terrorism Act 2000 as amended in 2008, namely the use or threat of action where-
 - (a) the action falls within subsection (2);
 - (b) the use or threat is designed to influence the government or an international governmental organisation or to intimidate the public or a section of the public, and;
 - (c) the use or threat is made for the purpose of advancing a political, religious, racial or ideological cause.
 - (2) Action falls within this subsection if it-
 - (a) involves serious violence against a person;
 - (b) involves serious damage to property;
 - (c) endangers a person's life, other than that of the person committing the action;
 - (d) creates a serious risk to the health or safety of the public or a section of the public, or;
 - (e) is designed seriously to interfere with or seriously to disrupt an electronic system.
 - (3) The use or threat of action falling within subsection (2) which involves the use of firearms or explosives is terrorism whether or not subsection (1)(b) is satisfied.
- 7.1.5.7.3 Making them aware that indicators in the past for those who have been vulnerable to being drawn into extremism have included (but are certainly not limited to):
 - 7.1.5.7.3.1 peer pressure;
 - 7.1.5.7.3.2 influence from others, often through the internet;
 - 7.1.5.7.3.3 bullying;
 - 7.1.5.7.3.4 victims or agents of criminal behaviour including race or hate crime;
 - 7.1.5.7.3.5 anti-social behaviour;
 - 7.1.5.7.3.6 family tensions;
 - 7.1.5.7.3.7 lack of self-esteem or personal identity;
 - 7.1.5.7.3.8 personal and/or political grievances;
 - 7.1.5.7.3.9 expressing specific needs which a terrorist organisation may purport to be able to fulfil.
- 7.1.5.7.3 Including radicalisation as a factor in all risk assessments, taking advice from local authorities/schools/partner agencies as appropriate where RBF is working in a geographical location with which it is unfamiliar, specifically exploring the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology.

- 7.1.5.7.4 Working with them to make referrals to the Channel programme where the NSO along with a Director feel it would be appropriate to do so (it will be the NSO's duty to contact the PREVENT/CHANNEL co-ordinator for the appropriate local authority/police service dependent on where the child is resident);
- 7.1.5.7.5 Supporting them in all technical and training methods to ensure that internet access provided by RBF cannot be used to access material that might be a factor in a child becoming radicalised.
- 7.1.5.7.6 Ensuring that all RBF curricula challenge extremist ideas wherever it is appropriate to do so and at all times promotes core British values outlined in 7.1.5.7.2.1
- 7.1.5.7.7 Ensuring that RBF does not facilitate or offer a platform to any person or organisation who:
 - 7.1.5.7.7.1 promotes or express extremist ideological, religious or political views;
 - 7.1.5.7.7.2 promotes or expresses discriminatory views in relation to the protected characteristics cited in the Equality Act 2010;
 - 7.1.5.7.7.3 is proscribed by the Home Secretary under The Terrorism Act 2000.

7.1.6 Peer on peer abuse:

7.1.6.1 Children can also be abused by their peers and peer on peer abuse will always be taken just as seriously by RBF team as that perpetrated by adults, accepting that defining peer on peer abuse as 'bullying' or 'children being children' is unhelpful and unlikely to achieve a positive outcome for those involved. Workers are to be made aware that peer on peer abuse is often carried out in an online context and this is to be dealt with as equally serious to abuse that is carried out face to face. Particular indicators of peer on peer abuse can include:

- 7.1.6.1.1 sexual activity (particularly in primary school-aged children) of any kind, including sexting;
- 7.1.6.1.2 friendships and relationships where one of the children is significantly more dominant than the other (e.g., much older);
- 7.1.6.1.3 friendships and relationships where one of the children is significantly more vulnerable than the other (e.g., in terms of disability, confidence, physical strength);
- 7.1.6.1.4 instances where there has been some use of threats, bribes or coercion to ensure compliance or secrecy.

7.1.6.2 Where peer on peer abuse has taken place, low level incidents can be dealt with by using the sanctions laid out in the RBF Behaviour Policy in liaison with parents/carers, but for higher level incidents (including, but not limited to, any that involve a sexual element or sustained physical/emotional/spiritual aggression) then appropriate referrals to other agencies should be made per Section A of the RBF Safeguarding Procedures.

7.1.6.3 Once incidents have been dealt with as outlined in 7.1.6.2, the NSO in consultation with parents/carers as well as the victims/perpetrators should agree an onward action plan considering:

- 7.1.6.3.1 whether it is appropriate, safe or desirable for the perpetrator to continue to attend RBF activities or if they should be signposted elsewhere;
- 7.1.6.3.2 the content of any interim arrangements while the accusations of a victim are being investigated either by RBF or other agencies;

- 7.1.6.3.3 the fact that both victim and perpetrator are children;
- 7.1.6.3.4 that abusive behaviour towards a peer can often be an indicator that the perpetrator has been abused themselves;
- 7.1.6.3.5 the impact of the incident(s) on wider social groups, including support for other children who have witnessed abusive acts, preventing and mitigating where other children take 'sides' or otherwise harass the victim/perpetrator and specific teaching that RBF can deliver to directly respond to what took place.

7.1.7 General principles applying in all six categories:

- 7.1.7.1 Any significant change in a child's 'normal' behaviour patterns can be a significant indicator of abuse.
- 7.1.7.2 A break in regular attendance at an activity can be a symptom of all six categories of abuse; all groups must maintain attendance records and workers should follow up with families where children who normally attend regularly cease to do so, reporting concerns that arise in the same way as any other observed symptom.
- 7.1.7.3 A written or spoken disclosure is the most common verbal indicator.
- 7.1.7.4 No list of indicators is exhaustive and the vast majority are interchangeable between the six categories areas.
- 7.1.7.5 It is unusual for a child to be abused in only one category.

7.1.8 The 'early help principle' which is to be applied to potential abuse in all six categories:

7.1.8.1 It is preferable wherever possible to provide early help to children/families as this is more effective in promoting the welfare of children than reacting later. RBF undertakes to work with partner agencies and with families to provide support to children/families who would benefit from early help to tackle emerging problems and potential unmet needs, and recognises that particular groups may be in need of early help than others, namely where children:

- 7.1.8.1.1 are disabled and have specific additional needs;
- 7.1.8.1.2 have special educational needs (whether or not they have a statutory Education, Health and Care Plan);
- 7.1.8.1.3 are young carers;
- 7.1.8.1.4 are showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups;
- 7.1.8.1.5 are frequently missing/goes missing from care or from home;
- 7.1.8.1.6 are at risk of modern slavery, trafficking or exploitation;
- 7.1.8.1.7 are at risk of being radicalised or exploited;
- 7.1.8.1.8 are in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse;
- 7.1.8.1.9 are misusing drugs or alcohol themselves;
- 7.1.8.1.10 have returned home to their family from care;
- 7.1.8.1.11 are privately fostered.

7.1.8.2 Where it is identified by workers, in agreement with their line manager and the NSO, that it would be beneficial for an early help plan to be put in place, this should be drafted wherever possible in liaison with the family in question and with appropriate partner agencies including schools, social care, other voluntary organisations, etc., and in line with the guidance as laid out in Working Together to Safeguard Children (2018).

8. RBF commits to the following additional undertakings to ensure that all children and young people in their care, and that those they are aware of in the wider community, are appropriately safeguarded:

Safeguarding (Children) Policy & Procedure

- 8.1 safeguarding procedure [see below] will be followed whenever one or more of indicators are identified by a worker or when a disclosure about an instance of abuse is made;
 - 8.2 appropriate health and safety policies and procedures will be drafted and adhered to for the protection of those under the age of 18;
 - 8.3 appropriate insurance cover will be taken out for all activities for those under the age of 18;
 - 8.4 whenever working in partnership with other organisations or statutory agencies, RBF will ensure that the other bodies have Safeguarding Policies and Procedures at least as robust as their own, including groups who may hire facilities belonging to RBF;
 - 8.5 the contact information for Child Line and the NSPCC will be made available to activity participants along with the name and contact information of the NSO where RBF are providing services from a regular site (as opposed to running a 'one off activity');
 - 8.6 all records of workers and children will be kept in locked and secure places, and all electronically-held records are equally secure and backed up;
 - 8.7 where RBF is named as a 'relevant agency' in the case of a multi-agency partnership being established around a family or a child death review taking place, RBF will comply with any published arrangements decided by those bodies;
 - 8.8 to consider the inclusion of relevant safeguarding information into our various curricula in an age appropriate way
8. This policy will be reviewed at least annually, and updated whenever relevant legislation is enacted, or guidelines issued, by the government of the United Kingdom.

Section A: Responding to Abuse/Allegations of Abuse

1. The definition of a disclosure is the verbal or written reporting of an indicator of abuse to a worker by another person.
2. In cases of a disclosure by a person under the age of 18, the worker must:
 - 2.1 listen carefully and never use leading questions;
 - 2.2 take the child seriously;
 - 2.3 not keep the information to themselves but report it as soon as possible to the NSO;
 - 2.4 carefully record what was said;
 - 2.5 not promise confidentiality.
3. In cases of observation of indicators of abuse, the worker must:
 - 3.1 report the signs to the NSO either in person or in writing;
 - 3.2 assist the NSO in carefully recording the signs if they are present;
 - 3.3 not directly approach the person under the age 18 to 'find out what happened'.
4. In cases of a disclosure by person over the age of 18, the worker must:
 - 4.1 at the time of the disclosure of a current instance of abuse, the worker must follow the procedure for a disclosure of a person under the age of 18, and additionally the NSO should offer the adult support in making a referral.
5. In cases of a disclosure of a case of historical abuse (e.g., any abuse which happened in the past and could not be repeated against the same individual), the worker must follow the procedure for a disclosure of a person under the age of 18, and additionally:
 - 5.1 the NSO should offer support in reporting the matter to the relevant authorities where this is the wish of the person concerned, unless the person is under 18 in which case a report must always be made;
 - 5.2 if there is any possibility that the subject of the allegation is working with people under the age of 18 the NSO is obligated to refer the disclosure to the appropriate authorities immediately.
6. In cases where a disclosure is made which refers to a RBF worker:
 - 6.1 It is important to recognise that there can be a number of reasons why allegations can be made against workers:
 - 6.1.1 abuse has actually taken place;
 - 6.1.2 an event occurs that reminds a child of something that happened in the past and in their mind the two events are conflated;
 - 6.1.3 children can misinterpret language and actions;
 - 6.1.4 children are often aware how powerful an allegation can be and can use it as a weapon against a worker they are angry with;
 - 6.1.5 children may use an allegation as a way of seeking attention.
 - 6.2 Notwithstanding the degree of innocence on the part of the worker in the cases of 6.1.2-6.1.5, RBF undertakes to treat all allegations as if 6.1.1 were the case.

- 6.3 If an allegation is ever made against the NSO, the Board must be notified as soon as possible so a different NSO can be nominated to deal with the case.
- 6.4 If any disciplinary action or dismissal takes place as a result of a safeguarding related issue, RBF will inform the Disclosure and Barring Service.
7. In all cases of disclosure or observation of indicators of abuse in addition to the appropriate stipulations above:
- 7.1 the NSO should be informed and attend where the NSO judges it to be necessary to do so. Workers should not have to implement any of the following steps unless the NSO is un-contactable;
- 7.2 immediate medical help should be offered where necessary and hospital workers where involved should be informed of safeguarding concerns;
- 7.3 where a person under the age 18 is unwilling to return home the Children's Services emergency number should be contacted;
- 7.4 no worker must speak directly or indirectly to the person against whom allegations have been made/inferred about those allegations;
- 7.5 no worker must attempt to investigate the situation themselves;
- 7.6 the NSO must decide what further action is to be taken, including:
- 7.6.1 sharing information with other agencies who work with the child in question;
- 7.6.2 making a referral to the appropriate local authority Children's Services team or the police in the case of safeguarding concerns. The majority of RBF projects take place under the jurisdiction of the following teams:
- Barnet - 020 8359 4066 (out of hours - 020 8359 2000)
Greenwich - 020 8921 3172 (at all times)
Havering - 01708 433222 (out of hours - 01708 433999)
Hertfordshire - 0300 123 4043 (at all times)
Essex - 0845 6037634 (out of hours - 08456061212)
Redbridge - 020 87083885 (out of hours - 020 8553 5825)
Waltham Forest - 020 84962310 (out of hours - contact police)
Wandsworth - 020 8871 6622 (out of hours - 020 8871 6000)
- 7.6.3 making a referral to police on 999 where a child is at immediate risk of harm;
- 7.6.4 suspension of any workers who have had allegations made against them until such a time as a full investigation has been completed (either internally or, more often, externally) and the outcome of that investigation is known.
- 7.6.5 notification of the LADO (Local Authority Designated Officer) and/or OFSTED where required.
- 7.7 Workers should continue to support the person who has made an allegation/had warning signs observed, referring this role to the NSO where possible and appropriate.
- 7.8 Detailed and secure records of all actions taken must be kept by the NSO.

Section B: Good Practice

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B1: Ratios

1. No worker must ever be left alone with a person under the age of 18 in an enclosed space (e.g., where they cannot be seen by others).
 - 1.1 In a counselling/mentoring situation where a child is having a 'one-to-one' with a worker, the worker must:
 - 1.1.1 wherever possible, carry out the session in public (e.g., in a quiet area of a larger space);
 - 1.1.2 inform a senior worker that the session is happening prior to it occurring and where possible and appropriate allow the senior worker to carry out the session;
 - 1.1.3 ensure that if it is necessary to have the session away from others due to the layout of the building, the door must be left open at all times and the worker must not make any physical contact with the child (this mandate supersedes the directives in the section below).
2. The following ratios of workers to children are to be applied in all group settings (except 'large events' – see below). Workers who are aged 17 years old count as adults in these calculations if they are supervised by a senior worker and their inclusion in the calculation has been approved by the NSO:

2.1	0-2 Years	1:3
2.2	2-3 Years	1:4
2.3	3-5 Years	1:8
2.4	5-11 Years	1:12
2.5	11-18 Years	1:14

In the case of special 'one off' large events, these ratios are applicable except in category 2.5, where if there are more than 100 young people in attendance they can be up to **1:20**.

3. If these ratios are not met, then groups must be cancelled/entry numbers limited, unless special dispensation is given by the NSO (this must be recorded on EOSR's and Risk Assessment).

B2: Access

1. No adults who are not workers, including parents of children who are members of the group, may enter a space occupied by children who are in the care of RBF except for the purposes of collecting/dropping off except where they have signed in as a Visitor, are identified with an appropriate lanyard and escorted by a worker at all times.

2. The parents/carers of all children who are being collected from a group run by RBF must specify the adults which their children are allowed to be collected by must alternatively sign a mandate allowing their children to leave unaccompanied.
 - 2.1 Wherever possible a system of 'collection cards' should be used or a 'collection register' generated for groups attended by those under the age of 11, whereby the adult dropping the child off receives a named card that allows them or another adult holding that card to collect the child named on it or the supervising worker has a list of approved adults that children can be released to.
3. No child for whom RBF does not have written parental permission and a completed consent form may enter a RBF activity except in the case of 'open drop-in' style groups where for up to two sessions a child may attend before returning written parental permission and consent.
4. If children need to leave the main room in which a group is taking place, e.g., to use the toilet, they must be accompanied unless the entire area of the building is secure from unauthorised persons.
5. Workers should be aware of unknown adults who persistently wait outside venues with no apparent purpose and report them the NSO after observing them more than twice. It is the NSO's responsibility to make a statement to the police.
6. If the adult who is meant to be collecting a child does not arrive more than half an hour after the advertised end time of an activity and they cannot be contacted, the worker leading that activity should first contact the Duty Manager followed by the NSO. Under their direction, the worker should then contact the police's non-emergency number and request support from their nearest police station and ensure that two adults are able to wait with the child until either the parent/carer or police arrive to aid with the resolution of the situation.

B3: Off-Site Activities/Transport/Missing Children

1. All drivers should travel with at least one worker/volunteer in adherence with ratios above. Volunteer drivers must be subject to the same recruitment procedures as any other volunteer. Drivers employed by private hire companies must hold a DBS certificate. Children may not travel alone in vehicles driven by lone workers under any circumstances.
2. RBF are only responsible for transport that has been co-ordinated by their workers, and accept no liability for ad-hoc arrangements between parents/carers. Parents/carers are to be advised to arrange lifts with other adults they know well and trust. Workers should not organise lifts without specific authorisation from the NSO or a Director.
3. All vehicles hired or used for transporting children must be insured, roadworthy and fitted with seatbelts where they are required by law so to be.
4. Full details of any trips/off-site activities must be provided to parents/carers well in advance of the activity, with face to face contact/meetings completed where possible. Parents/carers and participating children should have details of accommodation location, travel arrangements and emergency contact details in advance of trips.
5. Roll call will be taken at the start of a journey and again before commencing the return journey; if travelling in more than one vehicle, children will be encouraged to travel in the same vehicle there and back.
6. Workers accompanying trips will carry the contact numbers for RBF and emergency services in the event of an alert being necessary. If a child or young person goes missing while on a trip:

- 6.1 workers should instigate an immediate search and the NSO should be contacted;
 - 6.2 if the child cannot be found within 15 minutes, appropriate security workers and the police should be notified;
 - 5.3 once workers and police are notified, parents/carers will be notified immediately;
 - 5.4 all remaining children are to be returned to the pick up point as soon as possible, with the senior worker present remaining to co-ordinate contact between the police and the parent/carers of the child.
 - 5.5 The same steps listed above (5.1-5.4) will be employed in the situation where a child goes missing from any setting that RBF is responsible for.
6. On residential visits:
- 6.1 single-sex access to sleeping accommodation, washing and toilet facilities is mandatory at all times of the day and night;
 - 6.2 workers may not share rooms/tents with children except in a medical situation where a child requires observation due to a health condition which means they cannot be left unsupervised – in this case two adults of the same sex as the children in the room/tent should be present with at least two other children where possible and written consent should have been given by the child's parent/carer;
 - 6.3 workers are encouraged to be aware that children can be abused by other children, especially when together in an overnight context. It is part of our duty of care to ensure to the best of our abilities that this does not happen;
 - 6.4 all other aspects of Safeguarding Policy and Procedure should be enacted as rigorously as in normal activities.

B4: Record Keeping

1. The following records regarding all children who participate in RBF activities in the care of RBF workers must be kept safely and securely on paper and/or electronically for the period that they are taking part in RBF activities and for up to 18 months afterward:
 - 1.1 names, addresses, dates of birth and emergency contact numbers;
 - 1.2 additional needs;
 - 1.3 pertinent medical information (e.g., allergies);
 - 1.4 attendance registers for all groups;
 - 1.5 consent forms for all activities.
2. The following records regarding workers must be kept safely and securely on paper and/or electronically for the period they are taking part in RBF activities and for up to 18 months afterward:
 - 2.1 names, addresses, dates of birth and emergency contact numbers;
 - 2.2 DBS data.
3. The records noted in sections 1 and 2 should be securely destroyed after the period listed, except for the following which must be kept perpetually in case of future allegations of historic abuse:
 - 3.1 names and attendance registers for all children;
 - 3.2 names and working timetables for all workers.
4. All records regarding Safeguarding concerns, along with accidents, must be kept safe and secure and available for inspection if required perpetually.
5. The most senior worker present at an activity (or a person they designate) is responsible for ensuring in advance of the activity beginning that all records required for that activity are easily accessible in the event of an emergency. Where records are held in the cloud, availability of stable internet access on devices that

are not solely battery powered must be checked in advance otherwise paper documents must be taken (and appropriately stored, processed and then destroyed) to the activity venue.

B5: Physical Contact

1. It is the opinion of RBF that it is unrealistic and unhelpful to state that there should be no physical contact between children and workers as contact is an essential element of proper human development.
2. Workers are to be made aware that any contact between themselves and a child puts them at risk of prosecution.
3. Physical contact should never be initiated or solicited by a worker, should be as brief as possible and should meet the needs of the child rather than the adult:
4. Contact should be kept to the 'safe zones': hands, shoulders and upper back.
5. Workers should avoid playing 'rough' games (e.g., play fighting or wrestling) with children as inappropriate touching could easily result.
6. In the case of children under the age of 4, workers are advised that extreme care should be exercised when picking a child up and that contact should still be kept to the 'safe zones' wherever possible.
7. In the case of children who are not yet toilet trained, workers may only change nappies, etc, with written permission from the child's parent/carer.
8. In the case of younger children who need to be accompanied to the toilet, workers may not enter the cubicle with them unless written permission is given by the child's parent/carer.
9. In the case of needing to break up a fight, workers must:
 - 9.1 not put themselves in danger;
 - 9.2 ensure the safety of all other children and young people in the area first;
 - 9.3 attempt to stop the fight verbally;
 - 9.4 make sure other workers are aware of the situation;
 - 9.5 not feel under any pressure from RBF to take any further action themselves except calling the police at this stage, but if they feel direct intervention is absolutely necessary, they should get in between the two combatants, only going to the extent of restraining one or the other if someone's life is in danger;
 - 9.6 make a full report to the NSO and to any law enforcement officials as necessary;
 - 9.7 inform police with the support of the NSO where it is suspected one or more combatants may have been carrying an offensive weapon.

B6: Pre-Existing Injuries

1. Where a child attends an RBF activity with a visible pre-existing injury (e.g., bruising, arm in a sling, etc.) then wherever possible a worker should request that the parent/carer signs a disclaimer to note that the injury occurred prior to the child taking part in the activity.
2. If a child is self-referring to an activity or the parent/carer is otherwise unavailable to complete the form, the injury should be noted with other Safeguarding Observations made during the session.

B7: Communications & Recordings

1. No images or other recordings of persons under the age of 18 are to be published without the consent of a parent/carer.

2. No images or other recordings may be taken using equipment that personally belongs to a worker (e.g., on their smartphone or personal digital camera) – all photography/recording must be done using RBF equipment.
3. Where images/recordings are published, they should not specifically identify the children they depict.
4. Workers should have personal communication devices, (e.g., smartphones), switched to silent and kept out of sight during times where they are in contact with children or members of the public, and, wherever possible, in a locked cupboard for the duration of the time that children will be in the delivery space. It is never appropriate to show children images or other content from a worker's personal phone. Line managers may make special arrangements with certain workers to allow them to check their phones during session delivery (e.g., where a parent needs to check on the health of a sick child), but this to be on a time-limited basis and the worker must leave the space where the session is being delivered to make the contact.
5. There are a variety of electronic communication methods that blur the usual boundaries between workers and children. The following guidelines lay out proper usage of those available at the time of this document's latest revision:
 - 5.1 General Principles– Workers should only contact children with a specific purpose in mind or with a specific mandate from the Board. It is inappropriate for workers to treat children as friends outside of their face to face contact with them whilst delivering RBF activities and to engage with on a purely social basis.
 - 5.2 Social Networking Websites (e.g., Facebook, Twitter, etc) – Workers must not 'friend' or otherwise connect with children with whom they work on RBF projects via social networking websites unless they have the express permission of the NSO to do so. Where the NSO does grant permission, workers must:
 - 5.2.1 have a separate 'work' account on the social network for which the NSO also holds the password;
 - 5.2.2 interact with children in the public areas of the site only wherever possible;
 - 5.2.3 not interact with any child who is in breach of site rules by holding an account on that site (e.g., Facebook requires users to be 13 years old);
 - 5.2.4 include multiple young people in communications wherever possible.

In cases where a worker is connected via social media to a young person they know outside of the context of working with RBF, or where they were a friend with a young person before they started working with RBF, the stipulations of 5.2.1 to 5.2.4 still apply for the safety of the worker and the integrity of RBF. At the discretion of the NSO and/or a Director, workers may additionally be required to 'unfriend' or similar from certain individuals.

In cases where a worker receives an unsolicited contact via social media from a young person, this should be notified to NSO for guidance before they respond.

Additionally, on sites like 'Twitter' where information is shared publicly, workers should remember think carefully about what they chose to post online and how that might reflect on RBF.

- 5.3 All communications by email, including group messages, must be cc'ed to the NSO to keep on record. Workers are encouraged not to communicate through individual messages through this medium without express permission of the NSO.
- 5.4 Video conferencing services including Zoom and Microsoft Teams are acceptable means of communication with children where:

- 5.4.1 The entire interaction can be recorded and the recording can be forwarded to the NSO to keep on file (with only the audio of recordings to be stored on permanent record after a period 12 months);
 - 5.4.2 Parents/carers give consent for any under 18's taking part prior to the conference taking place and for the sessions to be recorded;
 - 5.4.3 The conference is password protected and the password is only shared with those who have registered;
 - 5.4.4 A 'waiting room' feature or similar is enabled to allow all conference attendees to be screened before entry;
 - 5.4.5 All participants must turn their video on initially so their identity can be verified and where participants do not have cameras, the number they are dialling in from needs to be checked in advance;
 - 5.4.6 Where appropriate, the 'Lock Meeting' or similar function should be used once all pre-registered participants have signed in to prevent further unregistered persons from taking part.
- 5.5 Workers should never give out their personal phone numbers, either landline or mobile, to children. Where work numbers need to be shared these should be mediated through the RBF switchboard (rather than direct lines) so that call times, etc., can all be recorded.
- 5.6 Text or picture messaging is not an acceptable means of communication between workers and children under any circumstances unless it is via an online service where exchanges can be recorded.
- 5.7 Telephone conversations should be kept brief and where possible happen in an environment where both the worker and the child can be overheard by other adults.
6. Children will often have their own telecommunications devices when at an RBF led activity, but the standing policy of RBF is to, wherever possible, limit or ban their use for the duration of the session altogether. It is never appropriate for workers to view material on the phone or other device of a child, and children must not take any photographs/video or other recordings while attending RBF activities in case children are identified within those images whose safety may be compromised if those images were shared online. Equally, RBF team must not facilitate a child's access to the internet by providing equipment to do or access to wireless networks, etc., unless a specific internet access risk assessment has been approved by both the NSO and RBF Health & Safety Officers and a subsequent internet agreement has been signed by both the child and their parent/carer.
7. Visitors to RBF activities must be asked to refrain from using their own telecommunications devices for the duration of their visit, except in the case of public performances where photos/videos are allowed but must be requested to only be taken for personal use rather than shared on social media.

B8: Intimate Care

1. 'Intimate care' covers any task that involves the washing, touching or carrying out a procedure to intimate personal areas and is associated with bodily functions and personal hygiene, including, toileting, washing, dressing, and menstrual care. When providing intimate care we will ensure that the child's safety, dignity and privacy are maintained at all times.
2. Workers who provide intimate care will do so in a professional manner and will undergo relevant training before doing so to ensure no child suffers distress or pain as a result of receiving intimate care.
3. Staff will work in partnership with parents/carers to provide care appropriate to the needs of the individual child and together will produce a care plan. The care plan will set out:
 - 3.1 what care is required;

- 3.2 number of staff needed to carry out the task (if more than one person is required, reasons will be documented);
 - 3.3 additional equipment required;
 - 3.4 child's preferred means of communication (e.g. verbal, visual);
 - 3.5 child's level of ability – what tasks they are able to carry out by themselves.
4. When intimate care is given, the member of staff will explain to the child each task that is carried out, and the reasons for it. Staff will encourage children to do as much for themselves as they can.
 5. If a child requires intimate care on a regular basis at least two workers will share the care between them to avoid a child becoming overly dependent on a single member of staff and becoming distressed if their usual carer is occasionally unavailable, except in cases where children are unable to cope with more than one carer.
 6. Blood, vomit, urine and faeces will be cleaned up immediately and disposed of safely by double bagging the waste and removing it from the premises. When dealing with body fluids, workers will wear personal protective clothing (disposable plastic gloves and aprons) and will wash themselves thoroughly afterwards. Soiled children's clothing will be bagged to go home without being rinsed by workers and children will be kept away from the affected area until the incident has been dealt with fully. Workers will at all times maintain high standards of personal hygiene, and will take all practicable steps to prevent and control the spread of infection.

B9: Additional Needs

1. 'Additional Needs' covers any need of a child which finds its root in a condition, medically diagnosed or undiagnosed, which is not common for those children who would be termed 'neurotypical' or 'physically able'. RBF believes that every child is created to be unique and will always seek to celebrate and include difference rather than chastise or marginalise those who are not neurotypical and/or have a physical or sensory disability.
2. Where a child with an additional need attends or wishes to attend an RBF activity, their parent/carer will be contacted by the RBF AND (Additional Needs & Disabilities) Officer who will produce an appropriate AND Action Plan to ensure that the child is as included, supported and safeguarded within the activity as possible. The Action Plan will be circulated to appropriate team members and updated on at least an annual basis, and, where possible, additional training for team members will be identified and facilitated where necessary. Where necessary, the RBF Safeguarding and Health and Safety Officers may assist in the generation of the plan where appropriate.
3. RBF recognises that children with additional needs are often more vulnerable to a variety of different kinds of abuse as outlined in the policy above and undertakes to reflect that fact in the drafting of Action Plans and Activity Risk Assessments.
4. In some circumstances where the AND Officer, Health & Safety Officer and/or Safeguarding Officer determine that RBF is unable to make the appropriate arrangements to include, support and safeguard individuals with additional needs then RBF reserves the right to withdraw the child's place at the activity in question after working with parents/carers to mitigate the effects this might have and exploring other possible alternatives.

B10: Self Harm and Suicide

1. RBF undertakes to promote a positive view of mental health and emotional resilience in all of its materials and activities, but recognises that some of our service users will experience mental health issues which may lead to self-harming behaviours or suicide.

2. While RBF notes that very generally speaking, people who self-harm do not wish to kill themselves; whereas suicide is a way of ending life. Self-harming behaviours may be a way of coping and trying to live with difficulties in life, rather than making a plan to end their life. The act of self-harm is not believed to lead on to suicidal behaviour, but the pain and complex life issues that may lead a person to self-harm may also be the same reasons for another person to take their life by suicide. Factors which have been associated with both self-harming and suicidal behaviours include:

- 2.1 prenatal trauma / premature birth / birth trauma;
- 2.2 physical illness, especially if chronic or neurological;
- 2.3 learning or communication difficulties / disabilities;
- 2.4 separation from parents;
- 2.5 low self-esteem / learned helplessness;
- 2.6 external types of self-motivation / attributions / self-efficacy;
- 2.7 difficulty in trusting others;
- 2.8 sexual or physical abuse;
- 2.9 failing exams / impending exams / receiving exam results;
- 2.10 lack of secure attachment experiences;
- 2.11 fragmented family structures (single parent / separated families / army / prison) divorce or separation) and/or family relationships ending;
- 2.12 parent / carer with mental health difficulties (depression, drug / alcohol abuse, family history of suicide);
- 2.13 domestic violence, abuse, poverty, unemployment, loss and bereavement;
- 2.14 increasing use of alcohol or drugs;
- 2.15 sudden changes in behaviour that may be linked to emotionally difficult situations;
- 2.16 withdrawing or isolating themselves;
- 2.17 expressing feelings of loneliness;
- 2.18 loss of interest in hobbies or things that please oneself.

Factors which are more specifically associated with suicide include:

- 2.19 speaking about wanting to die; plans to or threats to end their lives; use of 'hopeless' language (e.g. 'there is no point', 'I am at the end');
- 2.21 speaking about being a burden on others;
- 2.22 saying goodbyes to family and friends, tying up loose ends / putting affairs in order;
- 2.23 giving away prized possessions or meaningful items;
- 2.24 preoccupation / focus on death via medias such as art, poetry, music or writing about suicide / death on social media / in diary;
- 2.25 changes in mood – particularly if the young person is showing feelings of calm and contentedness following a period of distress or depression (as they may be feeling 'at peace' with a decision to follow through with a plan of suicide);
- 2.26 actively seeking out supplies or artefacts to assist with a suicide e.g. stockpiling medication, searching online for methods;
- 2.27 suicide notes or plans;

3. Any RBF worker who is concerned about a child who may be self harming or experiencing suicidal thoughts should raise this immediately via the EOSR system and, if they feel confident, should engage with the child as follows or otherwise allow the NSO to arrange another team member to do so:

- 3.1 take all threats of self-harm or suicide seriously;
- 3.2 talk with the child in a quiet and calm setting to clarify the situation and plan appropriate support, reassuring that sharing their thoughts and feelings is ok, that help is available and that they will be listened to;

- 3.3 share with the child who their information will be shared with (at least the Safeguarding Officer, and, where possible, with parents/carers) and any other organisations that may be able to offer ongoing support (e.g., Samaritans, Kooth, Childline, etc.);
 - 3.4 remove any means of self harm in the immediate environment;
 - 3.5 report back to the NSO on the full content of the interaction, making use of an EEOSR countersigned by the child and a parent/carer where possible.
4. Where the NSO receives a report of a child who has made a disclosure about self harming or suicidal thoughts, parents/carers must always be notified unless it is apparent that such notification will exacerbate the situation and should follow up within three days to determine what action has been taken and to discuss support for the young person. Where other agencies are already involved with supporting the child or their family the NSO should engage with those agencies or support the child/family in seeking support, including making referrals to CAMHS providers, GPs and schools where appropriate. Where the NSO assesses there to be immediate danger to life, emergency support should be contacted in the usual way.
 5. The NSO should work with the child, parents/carers, appropriate RBF workers and other agencies to form support plans/risk management plans as necessary around the self-harming/suicidal behaviours, reviewing these at least termly once in place, or, where other agencies have already drafted these, working in partnership those agencies to see that they are implemented and supported by RBF.
 6. RBF workers should be aware of the effect that self-harming behaviours/attempted suicides can have on the peer group of children who engage in them, and under the guidance of the NSO should consider scheduling a meeting with the child's friends prior to their re-entry into RBF activities so feelings and how to relate to the individual can be discussed as well as equipping friends with how they can report any further concerns to team members and methods they can use to be sensitive and restrict gossip.
 7. Where a child has been hospitalised or has otherwise been absent from RBF activities due to self-harm/attempted suicide, RBF workers under the guidance of the NSO may:
 - 7.1 with the support of parents/carers, visit the student in the hospital or home, consulting with them to discuss what support they feel that they may need and how they would like what has happened communicated to friends and peers;
 - 7.2 request permission to attend the treatment planning meetings and the hospital discharge conference so that RBF can be part of ongoing support for the child and wider family.
 8. If a child who engages with RBF activities dies of suicide (or indeed of any other cause), the RBF Leadership Team should convene immediately to create a plan to support RBF workers, other children, family members, the child's school, church (where applicable) and wider community, recognising that long term intervention will likely be needed but maintaining regular RBF activities will also be important so that all the children who knew the deceased are appropriately supported.

B11: Working with Staff who are also Children

1. RBF is proud of its Trainees Scheme which allows children under the age of 18 to work for the Foundation as well as receiving work experience candidates, placement students, etc., to join our team, but acknowledges that this can present challenging situations for adult staff members who should adhere to the following stipulations when working alongside those who are their colleagues but are not yet adults:
 - 1.1 all electronic communication with RBF Trainees [Trainees] should be done via their [name].trainee@rbf.org.uk email accounts, the passwords for which will be held by the NSO for regular review purposes (liaison with work experience candidates, etc., should be cc'ed to the NSO to keep on record in the usual way);
 - 1.2 where Trainees require lifts to/from activities they are working on from adult team members, the general rules in annex B3 will apply but it will be permissible, with a parent/carer's written consent,

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for Trainees to travel with only one adult staff member where the details of the journey to/from the venue are recorded on the EOSR (this is not applicable for work experience candidates or similar who may only be transported with two adult team members);

- 1.3 team should note that Trainees and other under 18 team members are not to be counted as adults when calculating activity ratios until they are seventeen years of age and a full Enhanced Disclosure and Barring Service check has been completed for them, but they should be included as one of the children within the space;
- 1.4 team must be mindful that all other stipulations of this policy apply in full at all times.

B12: Late Collection Protocol

A diagrammatic version of the Late Collection protocol follows for each of reference:

