

SAFEGUARDING POLICY FOR CHILDREN

Approved by the Ri Board of Trustees 23 February 2021

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1. Policy statements

1.1 The Ri is committed to:

1.1.1 safeguarding the welfare of children¹ and promoting their wellbeing – all individuals associated with the Ri are required to share this commitment, and to work together to help achieve the best possible outcomes for children and to protect them from harm; and

1.1.2 safer recruitment, selection and vetting.

1.2 The following principles underpin the Ri's approach to safeguarding and child protection²:

- The welfare of children is, and must always be, paramount.
- All children have the right to protection from abuse regardless of their age, gender, race, disability, sexual orientation, faith, belief or any other distinguishing characteristic.
- All concerns and allegations of abuse and/or neglect will be taken seriously and responded to swiftly and appropriately.
- Working in partnership with children, their parents/carers, safeguarding partners and other organisations is essential.

1.3 Safeguarding is everyone's responsibility and is defined as:

- Protecting children from maltreatment.
- Preventing impairment of children's health or development.
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best life chances.

The Ri also recognises that good safeguarding and child protection policies and practice are of benefit to everyone associated with the Ri, as they can help to protect them from erroneous or malicious allegations.

1.4 Trustees are responsible for safeguarding even if certain aspects of the work are delegated to staff. To assist staff in implementing and understanding the implications of this policy the Ri will appoint a trustee responsible for safeguarding, a Designated Safeguarding Officer (DSO) and at least one deputy DSO (Section 8). The DSO and deputy DSOs will work together as a team and any reference to the DSO in what follows should be interpreted accordingly.

1.5 The purpose of this policy is to ensure that all those who are associated with the Ri:

- Are clear about how to identify and respond to safeguarding concerns about children, including those that are of a child protection nature.
- Have a clear understanding of the principles and best practice involved in the safeguarding and protection of children.

¹ For the purposes of this policy, a child is a person under the age of 18 years.

² Child protection is a part of safeguarding and promoting welfare and refers to the activity that is undertaken to protect specific children who are suffering, or likely to suffer, significant harm.

- Understand the importance of prevention in responding proactively and efficiently to all concerns.
- Understand that if abuse is disclosed, this information cannot remain confidential and that the Ri will report it to the appropriate authority.

1.6 This policy is underpinned by the following:

- *Working Together to Safeguard Children*, HM Government, July 2018
- *Safeguarding and protecting people for charities and Trustees updated October 2018*

1.7 This policy should be read in conjunction with the relevant 'safeguarding partners', safeguarding arrangements.

1.8 This policy should be made freely available to children, and to their parents/carers, who should be informed of it.

1.8 For further guidance on the terms, definitions and types of abuse, please refer to Appendices 1 & 2.

2. Scope of this policy

2.1 This policy applies to:

- Trustees.
- Employees of the Ri (temporary and permanent).
- Employees of and others linked with organisations with whom the Ri has a contractual or partner relationship who have contact with children involved with the Ri. This does not include other organisations that use the building purely for hire.
- Volunteers, including interns and trainees of the Ri, who have contact with children involved with the Ri.
- Donors, supporters, sponsors and celebrity ambassadors for the Ri who regularly have contact with children through their association with the Ri.

2.2 All these individuals are, for the purposes of this policy, associated with the Ri, and as such must be familiar with and comply with the safeguarding rules of this policy (Section 3) and follow the code of conduct in Appendix 1 in all of their dealings with children. All Trustees and staff must sign to acknowledge their agreement and a record of this will be kept by the DSO.

2.3 Any individuals who do not fall within the scope of this policy and who have not had a current DBS check but who may have the opportunity for contact with children (such as one-off or infrequent visitors or speakers) will be supervised in their dealings with children and will not be left alone with a child.

3. Safeguarding rules

3.1 If you are associated with the Ri you must:

- 3.1.1 Behave, both professionally and personally, in a way which safeguards and protects the interests of children and minimises risks to their welfare.
- 3.1.2 Endeavour to protect children from harm and to prevent child abuse.
- 3.1.3 Cooperate with vetting and other background checks which the Ri requires to be carried out in accordance with its Safer Recruitment Policy.

- 3.1.4 Report to the DSO any concern or allegation that a child has been or may have been harmed, or is at risk of harm (Section 4).
 - 3.1.5 Report to the DSO any behaviour of any person, including anyone associated with the Ri, which suggests that they have or might have harmed a child, that they might pose a risk of harm to children, or that they are unsuitable to work with children (Section 5).
 - 3.1.6 Cooperate with any investigation relating to safeguarding and keep any such matters confidential (save as required to fulfil the reporting requirements set out in this policy).
 - 3.1.7 Avoid wherever possible, situations which may lead to your behaviour towards a child being misinterpreted.
 - 3.1.8 Keep information about children confidential and ensure that it is not used in such a way as to render a child vulnerable to harm.
 - 3.1.9 Undertake any training (including induction training) relating to safeguarding and child protection which the Ri requires you to undertake in accordance with and as appropriate to your role and responsibilities.
- 3.2 The Royal Institution is an organisation that works with children and adults at risk³ at a variety of levels of contact. To ensure the safeguarding of these children and adults the Board of Trustees require all staff, Trustees, the Director and COO to have background checks to a suitable level. As such:
- 3.2.1 All staff employed by the Ri will be asked to have a Basic DBS check completed, except where the role demands a higher level of check (see below). This basic check is optional.
 - 3.2.2 If a member of staff declines to have a basic DBS check completed, HR will need to keep a record to ensure that they are not able to participate in roles that may put them into contact with children or adults at risk. Such roles would include stewarding events, volunteering in the YSC and at family events, and attending Ri Masterclass sessions in an official capacity.
 - 3.2.3 If the role of the employee involves regular contact with children or adults at risk and is included in the Police Act 1997 (Criminal Records) regulations the employee will be subject to an Enhanced DBS check.
 - 3.2.4 If the role is eligible for an enhanced certificate and is specifically included in the Police Act 1997 (Criminal Records) regulations, then a check of the barred list for children will be included.
 - 3.2.5 In practical terms the level of non-basic check will be determined when a DBS certificate check is applied for through the umbrella agency. Checks will be performed by members of the HR team or D/DSO in consultation with the role's line manager.
 - 3.2.6 More information on the application process for DBS checks can be found in Appendix 6.
- 3.3 In carrying out responsibilities under this policy individuals may also need to consider a range of other policies and documents that the Ri has in place (see Section 12). Support and training will be provided to ensure that this policy is implemented effectively. A

³ See the Safeguarding for Adults at Risk Policy for more details

breach of policy may result in disciplinary or other further action – up to and including referral to the relevant authorities for criminal investigation.

4. Procedure: What to do if you are concerned about a child's welfare

(Please also refer to Appendix 3 for a procedural flow chart)

- 4.1 There are four key steps to remember and this procedure explains them. They are referred to as the 4 Rs:
- (i) Recognising abuse or neglect (see Appendix 2 and Section 4.2 below)
 - (ii) Responding to the concerns
 - (iii) Referring concerns on (Usually to the DSO or DDSO)
 - (iv) Recording any actions taken and outcomes (using the report form in Appendix 5)
- 4.2 Suspicions or concerns can be raised in a number of ways, the most likely of which are:
- A child 'disclosing' abuse (see Section 4.3)
 - Bruising or evidence of physical hurt, which may or may not be accompanied by:
 - Unusual behaviour by a child
- 4.3 If a child makes you aware of a safeguarding concern or allegation this is a disclosure and you should:
- 4.3.1 React calmly and supportively.
 - 4.3.2 Reassure them that they are doing the right thing in sharing the concern with you.
 - 4.3.3 Listen, and take the concern or allegation seriously.
 - 4.3.4 Keep questions to the absolute minimum necessary to ensure you understand what is being said and ensure that any question that it is necessary to ask is open and not leading.
 - 4.3.5 Do not criticise either the child or anyone else mentioned.
 - 4.3.6 Do not attempt to confront the person alleged to have caused harm, unless the immediate welfare of the child makes this unavoidable.
 - 4.3.7 Do not make promises of secrecy or confidentiality – instead, explain that it may be necessary to tell someone else in order to keep them and others safe.
 - 4.3.8 Explain what you will do next and who you will need to tell.
 - 4.3.9 Take any immediate steps which are necessary to protect the child from harm.
 - 4.3.10 Record what was said in writing as soon as possible after the discussion.
 - 4.3.11 Report the concern or allegation as set out below.
 - 4.3.12 Under no circumstances should you examine the child where they are alleging injuries. This is a role for medical personnel only.
- 4.4 Concerns should be reported to the DSO using the form in Appendix 5. If anyone identifies safeguarding concerns in an external venue such as a school, then these concerns should also be reported to the designated safeguarding lead in the school or other venue.

- 4.5 Concerns about protection of a specific child should be reported to the DSO immediately by telephone, email or in person, and confirmed in writing within 24 hours using the form at Appendix 5. Delay could prejudice the welfare of a child.
- 4.6 The DSO will consider the report and either refer this immediately to Social Services or the relevant authorities or, after taking appropriate advice, decide not to refer the concerns to the authorities but keep a full record of the concerns.
- 4.7 Summary of action individuals associated with the Ri must take (within the same working day) when a concern arises:
- 4.7.1 Report the concern immediately to the DSO, who will then determine the next steps to take.
- 4.7.2 It is not the responsibility of individuals associated with the Ri to determine if abuse has taken place, rather they are responsible for reporting on their concerns to the appropriate authorities.
- 4.7.3 A record must be kept of the concern. Preferably use the safeguarding concerns report form for this purpose (see Appendix 5). The form can be completed either by the person reporting the concern or by the DSO.

Remember, do not delay reporting the matter by trying to obtain more information.

If you are worried about sharing your concerns about possible abuse within the organisation you should contact the NSPCC 24-hour helpline on 0808 800 5000.

5. Procedure: What to do if you have concerns or receive allegations about an individual associated with the Ri

(Please also refer to Appendix 3 for a procedural flow chart)

- 5.1 If the concerns relate to the conduct of an individual associated with the Ri, these should be reported immediately to the DSO by phone, email or in person. Steps will be taken to fully support anyone who in good faith reports their concerns about such an individual and every effort will be made to maintain confidentiality for all parties whilst the allegation is considered.
- 5.2 If the concerns are about the DSO or deputy, they should be raised with the Director of Science and Engagement. If concerns are about the Director of Science and Engagement they should be raised, via the DSO, with the Chair of Trustees and the Trustee responsible for safeguarding.
- 5.3 Concerns that are anonymous or historic (e.g. relating to previous staff or an incident that happened some time ago) should not be ignored and must be reported to the DSO.
- 5.4 Concerns in relation to an individual associated with the Ri may indicate unsuitability to continue working with children in their present position, or in any capacity. Consideration will need to be given to whether:
- Someone has behaved in a way that has harmed a child, or may have harmed a child
 - Someone has possibly committed a criminal offence against or related to a child
 - Someone has behaved towards a child or children in a way that indicates they are unsuitable to work with children either in an unsupervised or supervised capacity
- 5.5 There may be up to three strands in the consideration of an allegation against an individual:
- A police investigation of a possible criminal offence

- Enquiries and assessment by children’s social services about whether a child is in need of protection or other services
- Consideration by the Ri of disciplinary action in respect of the individual if an employee

6. Information to be recorded

6.1 Information held by the Ri may need to be passed to the local authority and/or other external agencies (e.g. the Police) in order to assist any further enquiries and investigation. It is the responsibility of the DSO to ensure that such information is passed on to the relevant authorities as requested. So as to be as helpful as possible, the information should include:

- a) The nature of the allegation or concern
- b) A description of any visible bruising or other injuries
- c) The child's account (using their own words as far as possible)
- d) Any times, dates or other relevant information
- e) Whether the parent/carer or child is aware of a referral having been made and, if so, what has been said
- f) A clear distinction between what is fact, opinion and hearsay
- g) Records should be signed, timed and dated

Do not:

- Delay reporting the matter by trying to obtain more information
- Destroy any handwritten notes made at the time of the incident or at the time of reporting in case they are needed by the Crown Prosecution Service

7. Procedure: Actions and response of the DSO and Ri to concerns and incidents

(Please also refer to Appendix 4 for a procedural flow chart)

7.1 The DSO is responsible for evaluating any reports and passing on relevant information to people and organisations both inside and outside of the Ri; this may include the Police, the Designated Officer of the Local Authority (DOLA, formerly LADO) relevant to the child or children of concern, the chair of the Ri safeguarding committee, the Ri Trustee responsible for safeguarding, and/or the Ri Director or other senior Ri staff. Actions should always be expedited as soon as possible and usually within one working day. In any of the above circumstances the following procedure should be followed:

7.1.1 The DSO, possibly in consultation with the Director of the Ri and other senior staff, will determine if the police and/or the DOLA need to be contacted.

7.1.2 Where it is considered necessary to inform an outside agency about the behaviour of a member of Ri staff, this must involve consultation with the Ri Director and the Trustee responsible for safeguarding, who will inform the Chair of Trustees and other Trustees as appropriate. If the Director and Trustee responsible for safeguarding are not available or it is inappropriate to contact them (e.g. direct involvement in the concern) then the Chair of Trustees and the Chair of the Audit committee should be contacted. This should not delay any external reporting if the

DSO considers that there is an immediate risk of harm to a child that cannot be removed prior to informing the Ri Director and Safeguarding Trustee.

7.1.3 In dealing with any allegation the DSO needs to balance: the seriousness of the allegation; the risk of harm to children; possible contamination of the evidence and the welfare of the person concerned.

7.1.4 The DSO will require a written account from the member of staff/manager hearing the allegation/concern and a summary of any available additional information including the names and addresses of any potential witnesses. Both documents should be signed and dated.

7.1.5 Investigations will be dealt with quickly, fairly and impartially. The individual associated with the Ri should be informed about the allegation or concern as soon as possible but not before consultation with the DSO and children's social care/police where necessary, in respect of timing, content and the question of suspension. Suspension should be considered in any case where there is cause to suspect a child is at risk of significant harm. Police and children's social care investigations will usually need to take place prior to any disciplinary inquiry (in the case of an employee of the Ri) and the results may inform the disciplinary inquiry. The outcome of any investigation must be recorded and a copy kept on the individual's personnel file.

7.1.6 Under no circumstances should the accused or their colleagues be allowed to make contact with or try to retaliate against those that have raised the concern or those involved in the investigation.

7.1.7 Those involved in managing the concern are not permitted to discuss the situation with others except for co-operating fully with those performing the inquiry. Failure to comply will likely result in disciplinary action.

7.1.8 If an allegation has been made and the accused individual requires advice/support they should speak with the identified support person. The DSO will keep the accused individual informed of the progress of the case.

7.2 Referral for consideration of barring: if an allegation/concern is substantiated and the person is dismissed, resigns or the Ri decides to cease to use their services then the DSO in conjunction with the DOLA will decide whether a referral should be made to the Disclosure and Barring Service as regards whether that individual is barred from, or has conditions imposed in respect of working with children. If a referral is appropriate the referral should be made within one month. A referral must always be made if the Ri thinks that the individual has harmed a child or poses a risk of harm to children.

7.3 Poor practice: There may be circumstances, in the case of employees of the Ri, where allegations are about poor practice rather than child abuse but, where there is any doubt, the line manager should consult with the DSO. If the investigation shows that the allegation is clearly about poor practice then the Ri will determine how best to remedy this, e.g. as part of its performance management, or disciplinary procedure dependent on the nature and seriousness of the practice.

8. Appointment of a Designated Safeguarding Officer and deputies

- 8.1 The Ri will appoint a Designated Safeguarding Officer (DSO) and at least one Deputy Designated Safeguarding Officer (DDSO) who will be the first point of contact for staff and volunteers for advice or with any concerns about the safeguarding and protection of children. The DSO should be a paid employee of the Ri who will have operational, strategic and commissioning responsibilities. At least one deputy DSO should be appointed to provide operational cover during holidays and other absences of the DSO.

The DSO is:

Samantha Durbin

Contact number 020 7670 2915, mobile 07741 657 952

The DDSO(s) are:

Peter Gallivan

Contact number 020 7670 2927, mobile 07704 515 238

The contact email address for the Designated Safeguarding Officers is:

safeguarding@ri.ac.uk

The Director of Science and Engagement is:

Daniel Glaser

Contact email: dglaser@ri.ac.uk

- 8.2 Appointment as DSO does not, in itself, signify sole responsibility for providing a full service for child protection. This will usually be done through the totality of the Ri's safeguarding children arrangements. The DSO must however be fully conversant with the Ri's safeguarding and child protection accountability structure and should be the owner of this policy. The DSO and deputies should be provided with relevant child protection training which should be regularly updated.

- 8.3 The role of the DSO is to:

- a. Promote good practice and effective communication internally on all matters relating to safeguarding.
- b. Be the first point of contact for Ri staff and volunteers for advice and to receive safeguarding concerns.
- c. Know which outside agency to contact in the event of a safeguarding concern coming to the notice of the Ri.
- d. Ensure appropriate information is available when making a child protection referral and that the referral is made within one working day and confirmed in writing within two working days.
- e. Liaise with children's social services and other agencies, as appropriate.
- f. Keep relevant people within the Ri informed about any action taken and any further action required; for example, disciplinary action against an employee.

- g. Ensure that a full and proper record is kept of any referral and action taken, and that this is kept safely and in confidence.
- h. Provide information and advice on safeguarding and child protection within the Ri, alerting senior management to any deficiencies which come to light in the Ri's arrangements to safeguard and promote the wellbeing of children.
- i. Keep all staff updated with current procedure and practice, ensuring all new and temporary staff receive the necessary training to familiarise them with their safeguarding responsibilities.
- j. Advise the Ri of safeguarding and child protection training needs, including assessing suitable training for particular roles and coordinating with HR to commission and deliver such to required staff.
- k. Report to the Trustees, via the trustee with responsibility for safeguarding, activity on at least a quarterly basis and more frequently if an incident or incidents are ongoing. These reports shall be made to the Trustees even in the event of a null report.
- l. Annually review this policy and recommend changes for consideration by the Audit Committee.

The role of the deputy DSO(s) is to support the DSO in promoting good practice and effective communication internally on all matters relating to safeguarding, and in the absence of the DSO to perform functions b–g above.

9. Confidentiality and information sharing

- 9.1 Care must be taken to ensure that both adults' and children's confidentiality is maintained and that information is handled and disseminated on a need to know basis only and in line with the prevailing data protection regulation. Individuals must be confident that information held about them by the Ri will only be disclosed to others either with their consent or when there is a legal duty to do so.
- 9.2 Good practice principles must be adhered to when handling personal information, that is:
 - a) Obtained for a specific purpose and processed fairly and lawfully
 - b) Only disclosed in appropriate circumstances
 - c) Accurate, relevant and not held for longer than necessary
 - d) Kept securely
- 9.3 Whilst the Ri recognises that it is ordinarily best to gain verbal or written consent from a child or parent/carer before any personal information relating to them is shared with another organisation (such as the local authority), guidance allows for the disclosure of personal information without consent of the subject in certain conditions, including for the purposes of the prevention and detection of a crime, for example where there is a child protection concern. The protection of the child is the most important consideration.
- 9.4 In situations where a request is made by another organisation for information about individuals (staff, volunteers and/or children), the DSO must be informed, and their decision (including reasoning for this decision) should be recorded by the DSO and stored in line with the Ri's policies and procedures.
- 9.5 In all cases where information is shared the following information should be recorded:

- a) Date and time
- b) Summary of information shared
- c) Who the information was shared with
- d) Whether you are sharing with or without consent
- e) How the information was shared

9.6 The Ri will ensure that any data regarding children is correctly stored and managed in line with these principles, and will take all appropriate action regarding the sharing of information as follows:

- a) Recognise that legislation is not a barrier to sharing information about concerns.
- b) Be honest and open with the person (be they a child or an adult) about why, what, how and with whom information will be shared.
- c) Seek advice when it is in doubt, without disclosing the identity of the person (be they a child or an adult) where possible.
- d) Share information with consent where appropriate and respect the wishes of those who do not consent to share personal confidential information where possible.
- e) Base its information sharing decisions on considerations of safety and well-being.
- f) Ensure the information it shares has been lawfully gained, is necessary, proportionate, relevant, accurate, timely and secure.
- g) Keep a record of its actions, decisions, and reason(s).

10. Partner organisations

10.1 Any organisations with whom the Ri has a formal agreement or partnership that could involve work with children or in the presence of children attending Ri events (including schools contracted with the Ri for provision of the activity) will be:

- 10.1.1 Provided with a copy of this policy and asked to confirm that it has been circulated to any personnel who will fall within the scope of the policy and that these individuals have agreed to comply with this policy.
- 10.1.2 Asked to provide the DSO with a copy of their safeguarding policy or equivalent (if they have one), and if the procedures and guidance contained therein are inconsistent with this policy, or if there is any ambiguity as to where responsibilities connected with safeguarding lie, the DSO will liaise with the partner organisation to establish effective protocols to ensure that children are protected from harm.

11. Review of policy and procedures

11.1 The Board of Trustees of the Ri will:

- 11.1.1 Appoint a Trustee to have specific responsibility for safeguarding. Currently this Trustee is Alison Woollard.
- 11.1.2 Review, approve and endorse its safeguarding policy for children annually or when legislation changes.
- 11.1.3 Undertake ongoing monitoring to ensure that the related duties and responsibilities are being effectively implemented in practice.

11.1.4 Remedy deficiencies or weaknesses in its safeguarding arrangements without delay, not just at the next policy review date.

12. Safeguarding suite of policies and documents

11.2 This policy forms part of a suite of policies and documents that relate to the Ri's safeguarding responsibilities. This policy will impact upon and could influence the interpretation of the following:

- Induction pack
- Safer recruitment and selection policy
- Code of conduct (Appendix 1 of this policy)
- Disclosures in the public interest (Whistleblowing) policy
- Data protection policy
- Social media policy
- Health and safety policy
- Safeguarding policy for adults at risk

Appendix 1: Code of Conduct

In terms of protecting those children where concerns or risks have been identified we expect all individuals associated with the Ri to adhere to the Ri's policies, procedures and practices that:

- Take all suspicions and/or allegations of abuse or risk to children seriously, and respond swiftly and appropriately through the provision of child protection procedures.
- Support the timely sharing of information, with relevant authorities, when there are concerns about a child's welfare.
- Contribute to effective partnership working between all those involved in providing services for children.

In terms of safeguarding children we expect all individuals associated with the Ri to follow the Ri's policies, procedures and practices and Code of Conduct that:

- (a) Support staff – whether paid or voluntary – to maintain professionalism and high standards of practice.
- (b) Treat children with respect.
- (c) Provide a safe physical environment.
- (d) Promote safe practices and challenge poor and unsafe practice.
- (e) Promote an anti-bullying culture.
- (f) Recruit safely.
- (g) Induct, train and supervise staff accordingly, proportionate to their role in safeguarding and child protection issues.
- (h) Provide support to other staff and volunteers.
- (i) Contribute to effective partnership working between all those involved in providing services for children.

Safeguarding concerns: these will usually indicate a concern about a child's vulnerability, where it is felt that vulnerability needs further assessment and possible action, e.g. a child is not eating or is withdrawn.

Child protection concerns: these will arise when an individual associated with the Ri is worried or has evidence that a child has been harmed or is likely to be harmed, or where a child makes a disclosure.

The Royal Institution (the Ri)

CODE OF CONDUCT

The Ri expects its Trustees, staff and volunteers to be aware of this Code of Conduct and to adhere to its principles in their approach to all children. Your attention is drawn to the position of trust that you hold in working with children, and the power and influence you hold. The Ri expects this responsibility to be at the forefront of the minds of its Trustees, staff and volunteers to ensure that these positions of trust are never abused.

The following guidance aims to:

- Keep children safe by explaining the safeguarding expectations on all Trustees, staff and volunteers (in conjunction with those contained in the Ri's Safeguarding Policy for Children).
- Make those associated with the Ri aware of the concept of collective responsibility and that no single practitioner can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.
- Guide staff and volunteers who work with children, or those who are responsible for managing staff/volunteers who come into contact with children, to work safely and responsibly and to monitor their own standard and practice.
- Set clear expectations of behaviour and/or codes of practice relevant to the activities provided by the Ri.
- Give a clear message that unlawful or unsafe behaviour is unacceptable and that, where appropriate, disciplinary or legal action will be taken.
- Support safe recruitment practice.
- Minimise the risk of erroneous or malicious allegations being made against Trustees, staff and volunteers who have contact and/or interact with children.

The minimum expectations of all of the Ri's Trustees, staff and volunteers are that:

- The welfare of the child is, and must always be, paramount.
- They safeguard the welfare of children and promote their wellbeing.
- They are responsible for their own actions and behaviour, and avoid any conduct which would lead any reasonable person to question their motivation and/or intentions.
- The same professional standards should always be applied regardless of age, gender, race, disability, sexual orientation, faith or belief.

Trustees (where relevant), staff and volunteers must:

- Value and respect children as individuals.
- Treat all children fairly, equally and with dignity.
- Respect and listen to the opinions of children.
- Be an excellent role model, display a high standard of behaviour and appearance (disciplined, committed and time keeping), and remember that children learn by example.

- Avoid wherever possible situations which may lead to their behaviour towards a child being misinterpreted.
- Always work in an open environment (e.g. avoiding private or unobserved situations).
- Involve parents/carers wherever possible (e.g. encourage them to take responsibility for their children in the activity. If groups of children have to be supervised in the course of the activity, always ensure that parents/carers, teachers, or volunteers work in pairs wherever possible).
- Ensure, at residential events, that adults do not enter children's rooms or invite children into their rooms.
- Consider the welfare and safety of children before the achievement of goals.
- Establish and address the additional needs of disabled children or other vulnerable groups.
- Appreciate the efforts of all children, and never exert undue influence over them in order to obtain personal benefit or reward.
- Give enthusiastic and constructive feedback. Be positive, approachable and offer praise to promote the objectives of the Ri at all times.
- Develop an appropriate working relationship with children, based on mutual trust and respect, and which empowers them to share in the decision-making process.
- Encourage and guide children who participate in the Ri's activities to accept responsibility for their own performance and behaviour.
- Encourage all children not to discriminate on the grounds of age, gender, race, disability, sexual orientation, faith or belief, or lack of ability.
- Challenge the use of any inappropriate language by children (and adults).
- Report accidents, or concerns or allegations of abuse or poor practice to the Child Protection Officer (DSO), in accordance with the procedures set out in the Ri's Safeguarding Policy for Children.
- Keep information about children confidential and ensure it is not used in such a way as to render a child vulnerable to harm.
- Report to the DSO immediately any accident in which a child is hurt whilst in the care of the Ri, or where a child seems distressed in any way during the activity or workshop in which they are involved.
- Administer minor first aid in the presence of others and, where required, refer more serious incidents to the Ri's first aider.
- Keep a written record of any accident that occurs, along with details of any treatment given (in accordance with the Ri's Health & Safety Policy).
- Have access to a telephone for immediate contact to emergency services, if required.

Trustees (where relevant), staff and volunteers must not:

- Exploit children or abuse any position of trust that you hold through being associated with the Ri.
- Spend time alone with a child (unless that is necessary for the proper performance of their role and, if it is, no more time should be spent alone with a child than is absolutely necessary).

- Spend excessive amounts of time with any child unless there are exceptional circumstances.
- Show favouritism or unfair differential treatment to any child unless your manager (who should refer the issue to the DSO) has agreed that there is a good reason to treat a child differently.
- Harm or physically, emotionally or sexually abuse children, or act in a way that places them at risk of harm or abuse.
- Enter into any sexual, romantic or otherwise inappropriate relationship with any child (regardless of whether they are over the age of consent).
- Behave or encourage a child to behave in a way which is sexually provocative, or allow or encourage them to view abusive or pornographic images on digital media (or otherwise).
- Have physical contact with children, save in the case where physical support may be required, in which case it should be done openly, and with prior consultation with and explicit agreement from the parents/carers and the child.
- Use language to a child which is suggestive, sexual, inappropriate or offensive.
- Arrange meetings with a child outside of working hours.
- Have a child in your home or vehicle, or spend time in a child's, unless your manager (who should refer the issue to the DSO) has previously expressly agreed that there is an exceptional reason to do so.
- Develop social relationships with children who participate in the Ri's activities.
- Provide personal contact details to children (including mobile phone numbers or email addresses) unless their manager (who should refer the issue to the DSO) has previously expressly agreed that there is a good reason to do so.
- Communicate with a child through social media, such as twitter or Facebook, or add a child as a 'friend' or similar, or to membership of a group on a social media network, or accept an equivalent invitation over social media from a child.
- Use sanctions that humiliate or harm children.
- Smoke in the company of children (note: the Ri operates from a non-smoking building).
- Allow any rough or dangerous play, bullying, bad language or inappropriate behaviour.
- Encourage or condone behaviour of a child which is unlawful or unsafe.
- Deter children from making a disclosure of abuse through fear of not being believed.

Appendix 2: Types of Abuse

Types and definitions of abuse and neglect and potential indicators: Abuse and neglect are forms 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 family or in an institutional or community setting by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children. Males and females can be involved in the abuse of children. There are four types of abuse: physical abuse, emotional abuse, sexual abuse and neglect.

Detailed definitions of abuse

Statutory guidance offers four defined areas of abuse⁴:

- **Physical abuse:** Physical abuse 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:** Emotional abuse is 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 children 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 the 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. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
- **Sexual abuse:** 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 (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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
- **Neglect:** Neglect is 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 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).

⁴ As above

- Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional need.

Potential indicators of abuse or neglect

The following signs may be indicators or signs that abuse has taken place although some of these indicators can also be caused by other factors, e.g. a bereavement, family breakdown or illness. It is not the role of individuals associated with the Ri to decide if abuse or neglect has taken place - rather this is a complex task undertaken by skilled professionals working together across agencies. However, if any of these signs are present then these concerns should be shared as outlined in the Ri's aforementioned procedure. In deciding if something may be a concern it is always helpful to think about the child's age, abilities and stage of development too. It is important to keep in mind that abuse may be committed against children by members of the child's family or party; by other children; or by members of the workforce.

Physical abuse

Physical signs of abuse:

- Injuries which occur to the body in places which are not normally exposed to falls or games.
- Most children will collect cuts and bruises in their daily life, particularly on bony parts of their body like elbows, knees and shins. You should be more concerned by bruising which can almost only have been caused non-accidentally, is unexplained, or the explanation does not fit the injury, or where treatment isn't being sought. Bruising may be more or less noticeable on children with different skin tones or from different racial groups and specialist advice may be needed.

Patterns of bruising that are suggestive of physical child abuse include:

- Bruising children who are not independently mobile.
- Bruising in babies.
- Bruises that are seen away from bony prominences.
- Bruises to the face, back, stomach, arms, buttocks, ears and hands.
- Multiple bruises in clusters or of uniform shape, or carrying the imprint of an implement used, hand marks or fingertips.
- Unexplained bruising, marks or injuries on any part of the body.
- Cigarette burns, bite marks, broken bones, scalds.
- Injuries which have not received medical attention.
- Repeated urinary infections or unexplained stomach pains.

Changes in behaviour which may indicate physical abuse:

- Fear of parents being approached for an explanation.
- Aggressive behaviour or severe temper outbursts.
- Flinching when approached or touched.
- Reluctance to get changed, for example, wearing long sleeves in hot weather.

- Depression.
- Withdrawn behaviour.
- Running away from home.

Emotional abuse

The physical signs of emotional abuse may include:

- A failure to thrive or grow particularly if a child puts on weight in other circumstances, e.g. in hospital or away from their parents' care.
- Sudden speech disorders.
- Persistent tiredness.
- Development delay, either in terms of physical or emotional progress.

Changes in behaviour that may indicate emotional abuse include:

- Neurotic behaviour e.g. sulking, hair twisting, rocking.
- Obsessions or phobias.
- Being unable to play.
- Attention-seeking behaviour.
- Fear of making mistakes.
- Self-harm.
- Fear of parent being approached regarding their behaviour.

Sexual abuse

The physical signs of sexual abuse may include:

- Pain or itching in the genital/anal area.
- Bruising or bleeding near genital/anal areas.
- Sexually transmitted disease.
- Vaginal discharge or infection.
- Stomach pains.
- Discomfort when walking or sitting down.
- Pregnancy.

Changes in behaviour that may indicate sexual abuse include:

- Sudden or unexplained changes in behaviour e.g. becoming withdrawn or aggressive.
- Fear of being left with a specific person or group of people.
- Having nightmares.
- Running away from home.
- Sexual knowledge which is beyond their age or developmental level.
- Sexual drawings or language.

- Bedwetting.
- Eating problems such as over-eating or anorexia.
- Self-harm or mutilation, sometimes leading to suicide attempts.
- Saying they have secrets they cannot tell anyone about.
- Substance or drug abuse.
- Having unexplained sources of money.
- Not allowed to have friends (particularly in adolescence).
- Acting in a sexually explicit way with adults.

Neglect

The physical signs of neglect may include:

- Constant hunger, or stealing food from other children.
- Constantly dirty or smelly.
- Loss of weight or being constantly underweight.
- Inappropriate dress for the conditions.
- Under nourishment, failure to grow, inadequate care.

Changes in behaviour that can also indicate neglect include:

- Complaining of being tired all the time.
- Untreated illnesses, not requesting medical assistance and/or failing to attend medical appointments.
- Having few friends.
- Being left alone, being unsupervised or being supervised by an unsuitable adult or young person.

Bullying

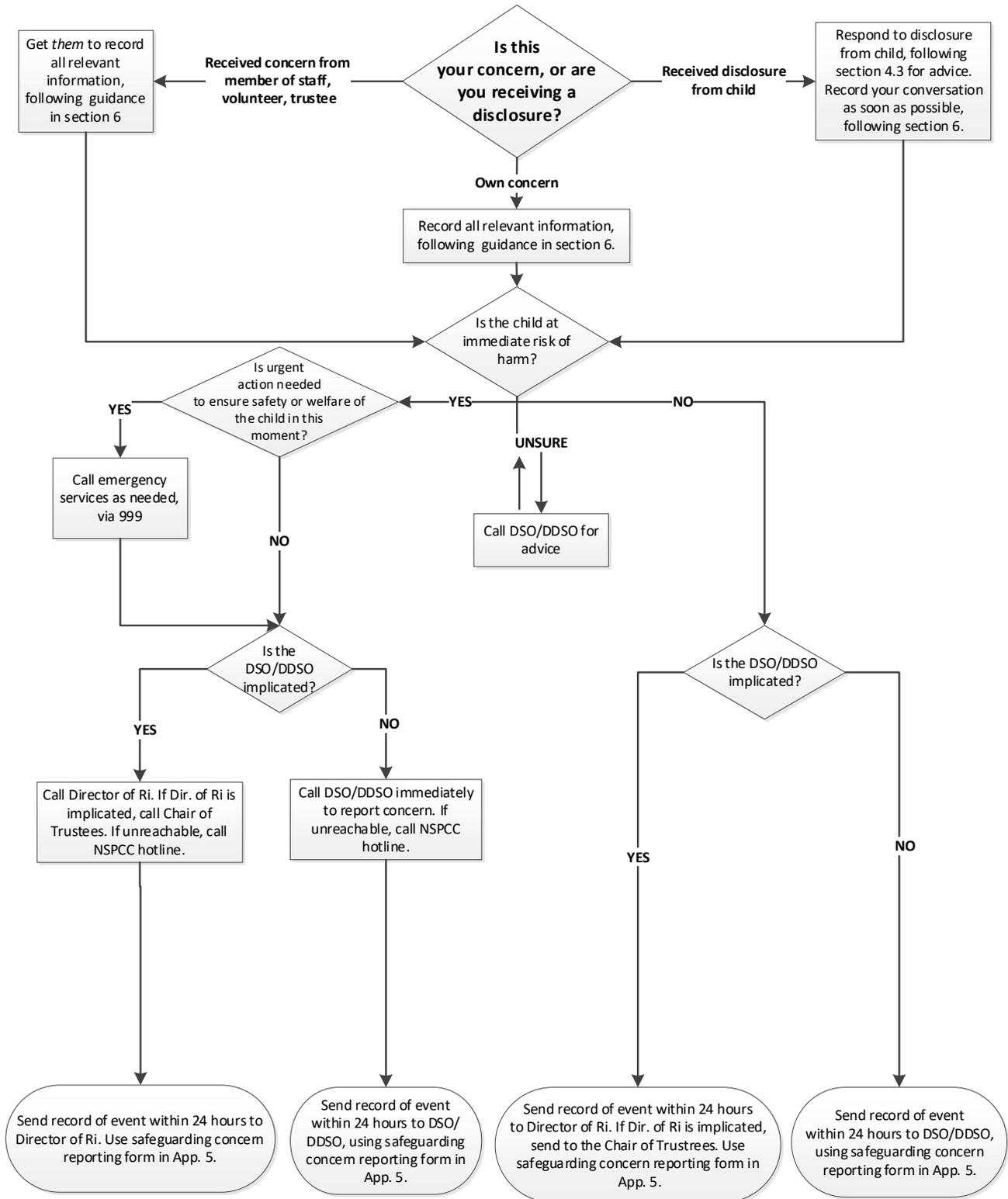
Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group). The damage inflicted by bullying (including bullying via the internet) can frequently be underestimated. It can cause considerable distress to children, to the extent that it affects their health and development or, at the extreme, causes them significant harm (including self-harm). In some circumstances bullying can be considered as emotional, physical or sexual abuse.

Additional vulnerabilities

It is also important to be mindful that some children are particularly vulnerable to abuse because of their age or their living circumstances or characteristics. Disabled children are at greater risk of abuse than non-disabled children. Children living in homes where there are adverse parental circumstances may also be more at risk, in particular children living in homes where there is domestic violence, substance misuse and/or severe parental mental illness. Children from particularly isolated or new communities may also be at increased risk of abuse as well as those children who show challenging behaviour.

Appendix 3: Process flow chart – Reporting safeguarding disclosures

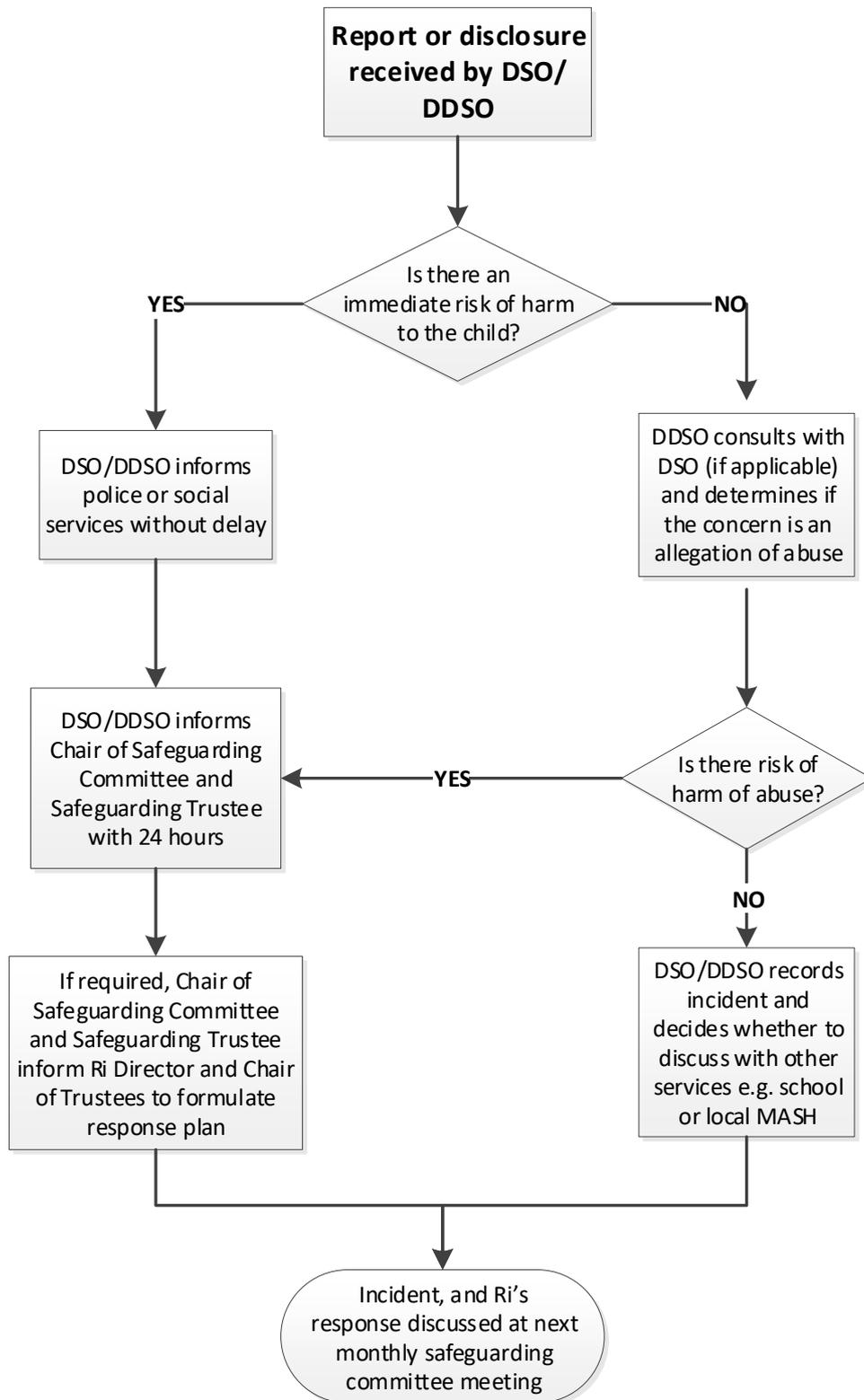
What to do if you have a concern about a child, or a disclosure has been made to you



Footnotes:

1. For advice on the different types of abuse, see Appendix 2
2. Also see Section 5 if the concern/ disclosure related to a member of staff at the Ri
3. For more information on next steps taken by the DSO/DDSO, see section 7.
4. For how the Ri responds to safeguarding incidents, see Appendix 4

Appendix 4: Process flow chart – Actions and responses of the safeguarding team, LT and Ri board to reported safeguarding incidents



Appendix 5: Safeguarding concerns report form

Please complete as much information as you can and return this form ASAP to the Ri Designated Safeguarding Officer (DSO) or deputy DSO. DO NOT delay in completing and sending this form in order to try to collect more information. Please see the Ri Safeguarding Policy for Children for more details on reporting a concern.

If you need any advice please call either the DSO or deputy DSO using the contact numbers at the end of this form, or the NSPCC. If you have any concerns over immediate risk of harm, contact the police.

Activity details

Educational activity	
Venue of educational activity	

Child's details

Child's name	
Age or date of birth	
First language	
Disability/special factors	
Parent/carer's name(s)	
Home address	
Telephone number	
Does the child have any other relevant characteristics which have an impact on the concern being reported?	

Concerns

Are you reporting your own concerns or passing on someone else's concerns? Give details	
Please give details of concerns	

<p>Please briefly describe what has prompted the concerns (include dates, times etc. of any specific incidents)</p>	
<p>Are there any physical or behavioural signs? What are they?</p>	
<p>Have you spoken to the child? What did the child say?</p>	
<p>Have you spoken to the parent(s)/carer(s)? What did they say?</p>	
<p>Has anybody been alleged to be the abuser? Please give details</p>	

Have you talked to anyone else about your concerns? Please give details	
Who was this reported to and when?	

Reporter's Details

Your Name	
Job title	
Signature	
Date	
Time	
Location	

This form must be completed and sent immediately (within 24 hours) or given in a sealed envelope marked 'Private & Confidential', to the Ri's Designated Safeguarding Officer (DSO) or Deputy DSO.

Contact email address:

safeguarding@ri.ac.uk

DSO:

Samantha Durbin, contact number 020 7670 2915, mobile 07741657952

Deputy DSO(s):

Peter Gallivan, contact number 020 7670 2927, mobile 07704 515 238

Postal address:

Designated Safeguarding Officer
The Royal Institution
21 Albemarle Street
London W1S 4BS

Appendix 6: Further information on Disclosure & Barring Service (DBS) checks

To ensure the safeguarding of all beneficiaries with whom the Ri works, whether children or adults at risk, the Board of Trustees requires all staff to have background checks to a suitable level.

Standard and enhanced checks

Where a member of staff is employed in a role eligible for a Standard or Enhanced DBS check with or without a barred list check, this will be applied for by the HR team or D/DSO through the Ri's preferred umbrella organisation (currently Atlantic Data), in consultation with the role's line manager. The precise level of check will be determined at the point of application.

Basic checks

All other staff employed by the Ri will be asked to have a Basic DBS check completed. This process is optional. Staff are encouraged to have this check completed to enable them to take part in activities beyond their core roles which may put them into contact with children or adults at risk – whether on a regular or ad hoc basis. This includes but is not limited to: stewarding for public events; volunteering in the Young Scientist Centre; assisting at the Christmas Lectures; assisting with the delivery of Family programme activities; or attending Ri Masterclass sessions in an official capacity.

Why and how are basic checks requested?

Basic DBS checks show any 'unspent' convictions. As a charity, the Ri has a policy of requesting checks from all staff as part of its duty to safeguard all those with whom it works.

All new Ri staff undertake a Safeguarding Induction with the DSO or DDSO. During this induction, the reasons for needing a basic DBS check, and what happens if they consent or decline this will be explained. Should the employee consent to this check being done, the D/DSO or HR team will complete this check through the Ri's preferred umbrella organisation (currently Atlantic Data).

What happens if a staff member declines to obtain a basic DBS check?

Any member of staff is free to decline a basic check. However, in that case a secure record will be kept to ensure that they are not able to participate in activities that may put them into contact with children or adults at risk, as detailed above.

Receiving Certificates

Applicants should usually receive a DBS certificate through the post within 14 days. Once a staff member has received their certificate, they should show it to a member of the HR team or D/DSO, who will securely record the certificate number, date of issue and if any information is contained. The original certificate is kept by the staff member.