



RicNic Safeguarding policy

LAST REVIEW DATE: January 2026

Summary

This is the policy of RicNic which sets out our approach to safeguarding. When we talk about safeguarding we mean the need for RicNic to protect children and young people who are involved with RicNic.

- When we refer to 'children' we mean those who are under 18 years old;
- When we refer to 'young adults' we mean those who are 18-25 years old;
- When we refer to 'children and young people' we mean children and young adults so those aged between 0-25;
- When we refer to 'RicNic member' we mean people, of any age, who are employed by RicNic or who are volunteering with RicNic and hold a position of responsibility.

Children, young people and young adults may be involved with RicNic in many ways, including: performing, directing, recruiting performers, marketing, designing the set and producing.

Children and young people may also attend RicNic performances, workshops and regular classes. Young adults might attend our workshop sessions, online classes or support our projects as volunteers and staff members. Ensuring that all are safe is really important for RicNic and that is why we have this policy.

The purpose of this policy is to provide RicNic members with the key principles and important points which help RicNic to seek to keep our community safe and protected. RicNic believes that no-one should experience abuse of any kind. RicNic has a responsibility to promote the welfare of all those who attend our work.

This safeguarding policy should be read in conjunction with RicNic's following policies:

- Feedback and Complaints Policy
- Health and Safety Policy
- Grievances Policy
- Anti-bullying policy
- E-safety policy

Safeguarding for Children, Young People and Young Adults

RicNic's diverse range of projects enables us to support a wide age range of children, young people and young adults across both our participant base, volunteer pool, staff and trustee teams. While both child and adult abuse encompass harmful acts, key differences exist, including the types of abuse, the legal context, and the potential for self-determination in adults. Children are considered vulnerable and unable to fully consent or protect themselves, leading to a greater emphasis on intervention and

protection by authorities. Meanwhile, adults are generally considered capable of making their own decisions, so intervention is typically only warranted when an adult lacks capacity or when the abuse extends to children or other vulnerable individuals. As RicNic's work focuses heavily around the 16-19 age group, where individuals are in the transition phase between child and adulthood, we must be mindful of our legal obligations, alongside ensuring that those young people who have just become legal adults are fully capable of decision making. It is essential that everyone connected with RicNic's work can recognise indicators of abuse and knows how to address situations with both age categories should they arise.

What is abuse, harm or neglect

See Appendix A for further information

RicNic recognises that:

- The welfare of children and young people is the most important factor of all.
- All children and young people, whatever their age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all type of harm or abuse;
- Some children and young people are more vulnerable because of their previous experiences, they may have to depend on other people more than some other children and young people, they may have additional communication needs, or other issues;
- Working together with children and young people, their parents or carers, and other agencies is essential to help promote the welfare of children and young people.

Our Safeguarding Commitments

RicNic will try to keep children and young people safe by:

- Valuing, listening to and respecting children and young people;
- Having a designated safeguarding officer (the DSO) for children and young people.
- Having a member of our Board of Trustees as the lead trustee for safeguarding (LTfS and Deputy Safeguarding Officer (DSO)
- Have a further member our Board of Trustees who will be responsible for safeguarding issues if both the DSO or deputy DSO (LTfS) are not available;
- Having a procedure for safeguarding children and young people and a code of conduct which all those involved in RicNic will be expected to follow;
- Having an e-safety policy and procedures document which all those involved in RicNic will be expected to follow;
- Providing supervision, support and training for RicNic members who have operational responsibility for RicNic activities;
- Recruiting RicNic staff and trustees safely and making sure DBS checks are made;
- Ensuring all staff members undergo safeguarding training relevant to their role and that training is updated every 3 years
- Recording, storing and sharing information about safeguarding in a safe way;

- Following our safeguarding procedures when we need to share concerns that we may have with agencies. We will try to involve children and young people, parents and carers in an appropriate way where this is possible;
- Using our safeguarding procedures to deal with any allegations made against RicNic members;
- Creating an anti-bullying environment for all RicNic activities and following our procedures and policy for dealing with bullying if it does happen;
- Having a policy for the effective handling of complaints;
- Ensuring that we provide a safe physical environment for RicNic activities by applying health and safety measures as outlined in our Health and Safety policy.

Contact details

SAFEGUARDING LEAD	LEAD TRUSTEE FOR SAFEGUARDING / DSO	TRUSTEE WITH RESPONSIBILITY FOR SAFEGUARDIN IN ABSENCE
Jennifer Holyhead – Executive Director	Sam Oladeinde Trustee	Hannah Lindsey – Co-Chair
jennifer@ricnic.org.uk	sam@ricnic.org.uk	Hannah@ricnic.org.uk

KEY CONTACTS

NSPCC on 0808 800 5000

Walsall Safeguarding Partnership - <https://walsallsp.co.uk/contact-us/>

POLICY CREATED ON: 29th JUNE 2017

Reviewing this policy

We will review this policy every 12 months

Date of Review	Carried out by / Signed off by	Notes and Changes / Recommendations
25 th January 2026	Jennifer Holyhead – Executive Director	

Document type: Annex Title: Annex A: What is abuse, harm or neglect

Types of 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: 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 and 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, '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: involves forcing or enticing a child or children 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 pornographic material or watching sexual activities, or 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: 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 material substance abuse. Once a child is born it may involve a parent or carer failing to provide adequate food, clothing, and shelter, including exclusion from home or abandonment; failure to protect a child from physical harm or danger; failure to ensure adequate supervision, including the use of adequate care takers; or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

There are also emerging types and methods of child abuse, including:

- Sexual exploitation
- Female genital mutilation (FGM)

- Trafficking of children in order to exploit them sexually, financially, via domestic servitude or via the involvement in activity such as the production and sale of illegal drugs
- Abuse linked to beliefs such as spirit possession or witchcraft
- Radicalisation and the encouragement or coercion to become involved in terrorist activities
- Abuse via online methods eg from adults seeking to develop sexual relationships with children or to use sexual or abusive images of them
- Domestic violence (either witnessing violence between adults family members, or, in the case of older young people, being subjected to coercion or violence in an intimate relationship in the same way as an older person)

ANNEX B: Indicators of abuse in children and young people

The NSPCC website provides useful information about the signs and symptoms of abuse - see link below

<https://www.nspcc.org.uk/preventing-abuse/signs-symptoms-effects/>

The information makes it clear that abuse is not always obvious, and that there are many reasons why children may not tell anyone that they are being abused. They might not even realise that what is happening to them is abusive. Many of the signs that suggest abuse may also be caused by other issues, and often it is a case of investigating agencies needing to build up a picture of a child's life by piecing together information held by different individuals and organisations.

It is also important to point out that children and young people can experience various types of abuse at the same time. For example, all abuse involves an element of emotional abuse, and neglect often occurs in contexts where children are also being subjected to physical or sexual abuse.

In terms of specific signs and indicators, sometimes there are physical signs such as:

- unexplained bruises, other injuries or health problems
- unexplained gifts or additional mobile devices
- poor appearance or hygiene
- recurring health problems that are not treated
- young children not meeting their developmental milestones (particularly if there is no disability)
- being left alone
- an unsuitable home environment eg cold, dirty, physically unsafe pregnancy, sexually transmitted infections or anal/vaginal soreness, any signs that a child/young person is at risk of being subjected to forced marriage or Female Genital Mutilation

A child's behaviour can also help to indicate that they are being abused. It can be helpful to be aware of behaviour that you might normally associate with an older or younger child. Look out for signs that a child is unsettled or unhappy:

- withdrawn
- suddenly behaves differently
- anxiety
- clingy
- depressed

- aggressive
- problems sleeping
- eating disorders
- wets the bed
- soils clothes
- takes risks
- misses school
- changes in eating habits
- obsessive behaviour
- nightmares
- drugs
- alcohol
- self – harm
- thoughts about suicide

ANNEX C: Document type: Procedure Title: Safeguarding procedure

This is the procedure of RicNic which sets out what we do if we are worried about a child or young person. These procedures should be read together with RicNic’s safeguarding policy. All RicNic members must follow the procedure.

Ways that concerns might come to RicNic’s attention:

- a child or young person might make a direct disclosure about him or herself;
- a child or young person might make a direct disclosure about another child or young person;
- a child or young person might offer information that is worrying but not a direct disclosure;
- a RicNic member might be concerned about a child or young person’s appearance or behaviour or about the behaviour of a parent or carer towards a child or young person;
- a parent or carer might make a disclosure about abuse that a child or young person is suffering or at risk of suffering;
- a parent or carer might offer information about a child or young person that is worrying but not a direct disclosure.

ANNEX D: Helping a child or young person in immediate danger or in need of emergency medical attention

- If the child or young person is in immediate danger and is with you, remain with him or her and call the police.
- If the child or young person is elsewhere, contact the police and explain the situation to them.
- If child or young person needs emergency medical attention, call an ambulance and, while you are waiting for it to arrive, get help from a first aider.
- If the first aider is not available, use any first aid knowledge that you may have yourself to help the child.
- You also need to contact the DSO or deputy DSO to explain what is happening.

ANNEX E: Managing a disclosure by a child or young person

A disclosure is when a person reports something to another person. Whenever a child or young person reports that they are suffering or have suffered significant harm because of abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from RicNic members should be only to listen carefully to what the child or young person says. This will help to:

- Reassure the child or young person that telling someone was the right thing to do;
- Clarify what the concerns are;
- Offer re-assurance to the child or young person about how she or he will be kept safe;
- Give the child the Childline telephone number: 0800 1111;
- Explain what steps will be taken and when.

The child or young person must not be pressed for information, led, cross-examined or given false assurances of absolute confidentiality, as this could prejudice any Police investigation which may happen later. If the child or young person can understand the significance and consequences of making a referral to the Children's social care department (in a local authority), he or she should be asked their view. However, it should be explained to the child or young person that although his or her view will be taken into account, the RicNic member has a responsibility to take whatever action is required to ensure the child or young person's safety and the safety of other children and young people.

If a child or young person tells a RicNic member that she or he has been abused, the RicNic member should:

- Stay calm – panic or anxiety will not help and it may cause the child or young person to not say anything else;
- Allow the child or young person to use his or her own words and explain things at his or her own pace;
- Make a full written note of what the child or young person has said as soon as possible and always within 24 hours;
- In all cases of suspected abuse and neglect, the RicNic member should report these to the DSO or deputy DSO.

If a child or young person tells a RicNic member that she or he has been abused, the RicNic member should not:

- Promise to keep secrets;
- Ask in detail about the abuse as this is for Children's social care or the Police to investigate;
- Put pressure on the child or young person if she or he is reluctant to speak;
- Ask to see injuries.

In some cases, the information shared by the children and young people will be distressing to the RicNic member. The DSO should take steps to ensure that the staff member has access to support in order that RicNic members are not unconsciously discouraged from dealing with such disclosures in future.

ANNEX F: What to do if you suspect abuse.

Sometimes it is not obvious that someone is subject to abuse, but you may have concerns yourself. If you think a person might be being abused but they have not said anything to you, your first action should be to discuss the situation with the Designated Safeguarding Officer. They will determine what the course of action should be, based on the individual situation. This might include

- Talking to the child or to the whole group in an anonymous capacity to remind them that RicNic is a safe space where they can talk to trusted adults if needed.
- Keeping a diary to note your concerns and spot any patterns
- Seeking wider advice from local authority partnerships

ANNEX G: Sharing concerns with a child, parents or carers and involving them in the decisions

RicNic has a commitment to work with a child's parents and carers and to share with them any issues or concerns. Where practical, the DSO should discuss the concerns with the child's parents or carers and, if possible, seek agreement for a referral to be made to Children's social care unless seeking agreement is likely to place the child at risk of significant harm through delay or through that parent or carer's own actions or reactions. The DSO has to make a decision about whether to share the concerns with the child's parents or carers. The decision should be recorded with the reasons for the decision explained. If a referral is made to Children's social care, the decision about sharing information with the parents or carers should be set out on the referral.

The decision may be made to inform the parents and carers after the referral, as a referral from a professional cannot be treated as anonymous, so the parent or carer will become aware of the identity of the referrer. However, if there is any doubt that in sharing this information a child may be placed at further risk, silenced or removed from the area, then the DSO should not engage in discussion with parents or carers about the referral until after agreement to do so is provided by Children's social care.

ANNEX H: What does the DSO do?

The Designated Safeguarding Officer holds the following responsibilities:

- Provides support and advice to RicNic members, participants and staff
- Advises on whether a referral should be made to Children's social care and / or the Police (investigation of criminal offences is a Police responsibility) and makes the decision about this;
- Ensures the lead and deputy trustee for safeguarding is notified of any safeguarding incidents and what steps were taken (if any);
- Makes the referral to Children's social care or Adults' social care if a decision is made to refer;
- Makes the decision about whether a child or young person should be told about whether a referral will be made;
- Makes the decision about whether a child's parents or carers should be told about

whether a referral will be made;

- Holds the discussion with a child's parents or carers if necessary;
- Takes action in escalating safeguarding concerns when required, if they believe concerns have not been responded to (by Children's social care) appropriately.

If the DSO makes a decision not to make a referral, a written note should be made of that decision and the reasons about why a referral was not made.

RicNic's policy is to keep a written diary of any safeguarding incidents that arise. This is shared with the DSO, LTfS and Additional Trustee to ensure that due diligence is paid to all incidents.

With young adults at risk, the DSO should make a referral to the local authority's Adults' social care department and / or the Police when:

- The young adult is at risk and there is a concern that he or she is being, or is at risk of being, abused or neglected, and at risk of significant harm and the young adult consents to a referral being made;
- The young adult is at risk but does not have mental capacity and there is a concern that he or she is being, or is at risk of being, abused or neglected, and at risk of significant harm;
- A crime has been or may have been committed against a young adult at risk without the mental capacity to report a crime and a 'best interests' decision is made;
- The abuse or neglect has been caused by a RicNic member;
- Other adults or children are at risk from the person causing the harm;
- The concern is about institutional or systemic abuse;
- An adult at risk has been harmed and the person causing the harm is also an adult at risk, in which case a referral should be made for both people.

Factors for the DSO to consider when deciding whether to make a young adult safeguarding referral:

- Is there any doubt about the mental capacity of a young adult at risk to make decisions about their own safety? We should assume the young adult has capacity unless there is evidence to suggest that he or she does not (capacity can be undermined by the experience of abuse and where the young adult is being exploited, coerced, groomed or subjected to undue influence or duress);
- How vulnerable is young adult at risk? What personal, environmental and social factors contribute to this?;
- What is the nature and extent of the abuse?;
- Is the abuse a real or potential crime?;
- How long has it been happening? Is it a one-off incident or a pattern of repeated actions?;
- What impact is this having on the young adult? What physical and/or psychological harm is being caused? What are the immediate and likely longer-term effects of the abuse on the young adult's independence and well-being?;
- What impact is the abuse having on other people?;
- What is the risk of repeated or increasingly serious acts involving the person causing the harm?;
- Is any other child or young person at risk?;
- Does the young adult at risk have capacity to make decisions about his or her own safety

and wants help?;

- Has the young adult at risk been assessed as not having capacity to make a decision about his or her own safety, but a decision has been made in their best interests to make a referral?

ANNEX I: Sharing concerns with a young adult and involving him or her in the decisions

RicNic has a commitment to work with young adults and to share with them any issues or concerns. RicNic members should expect to discuss the concerns with the young adult and seek his or her consent for a referral to be made to Adults' social care unless seeking agreement is likely to place the young adult, or others, at risk. If this is the case, the DSO has to make a decision about whether to make the referral without the young adult's consent and, if so, this should be explained within the referral.

When there is a safeguarding concern, the young adult may be assessed as having the capacity to make decisions about his or her own safety and he or she may decide that they do not want a referral to be made. If there is an overriding public interest or vital interest, a referral must be made even if the young adult does not consent. This would include situations where:

- Other children and young people (and possibly adults) could be at risk from the person causing harm;
- It is necessary to prevent crime;
- Where there is a high risk to the health and safety of the young adult at risk;
- The young adult lacks capacity to consent.

The key issue in deciding whether to make a referral is the harm, or risk of harm, to the young adult at risk and any other adults or children and young people who may have contact with the person causing harm.

Making a referral outside 'working hours'

All local authority Children's and Adults' social care departments have an 'out of hours' or emergency duty service. This means that a concern which comes to light outside of normal office hours can be referred on without delay.

ANNEX J: Managing allegations about RicNic members

In the event that allegations are made against an adult working for or involved in RicNic, any such allegations will be handled in accordance with RicNic's procedure: Dealing with allegations made against an Employee/Volunteer. RicNic is committed to ensuring that children who attend RicNic, and any other children who may come to RicNic's attention, are protected and supported following an allegation that they may have been abused by an adult from within RicNic. The procedure provides clear direction to staff and trustees who are called upon to deal with allegations and to manage investigations that may result from them.