Safeguarding Children, Young People and Vulnerable Adults Policy and Procedures

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1. Policy Statement

Ravensbourne regards the welfare of children and vulnerable adults as paramount and takes seriously its statutory duty and moral responsibility to ensure that, in all its activities and functions, robust measures exist to safeguard children and vulnerable adults and to protect them from harm or abuse.

Ravensbourne is committed to meeting its duty to safeguarding children and vulnerable adults within its community or whom it comes into contact with through activities and events. Ravensbourne aims to maintain a safe and welcoming environment for staff, visitors, children and vulnerable adults. This is to safeguard and promote the welfare of children and vulnerable adults.

Ravensbourne is a higher education institution with further education provision. There are therefore, situations where direct contact with children and vulnerable adults may take place through:

- Admission activity for further education provision.
- Learning and teaching in further education and increasingly in higher education (including Apprenticeships) as the student population diversifies and the number of students who may be categorised as vulnerable (e.g. by reason of learning or other disability, mental health or other illness and those who are in receipt of social or care service support) increases.
- Departments providing support services to applicants and students, including counselling, disability advice, financial advice, accommodation advice amongst others.
- Outreach and progression activities for further and higher education (on or off site).
- Other interactions between our provision and children or vulnerable adults (on or off site).
- SU activities or other student activity, which may bring them into contact with children or vulnerable adults.
- Events organised or facilitated by us involving children or young people.

Ravensbourne acknowledges that education staff have a crucial role to play in helping identify welfare concerns and indicators of possible abuse or neglect at an early stage.

Ravensbourne is committed to the care, respect and dignity of all children and vulnerable adults regardless of age, disability, sex, racial heritage, religious belief, sexual orientation or identity, believing each individual has the right to equal protection from all types of harm or abuse.

These policies and procedures apply to staff in any capacity: teaching, administrative, IT, students, mentors, student ambassadors, volunteers, other roles and external sessional staff/contractors.

For related safeguarding policies, procedures and guidance please see Staff Recruitment Policy and Procedures, Data Protection Policy, Whistle Blowing Policy and Procedure and Equality and Diversity Policy, Prevent Action Plan and Social Media Guidance.

1.1 Purpose of Policy and Procedures

The purpose of this document is:

- To ensure all staff are clear about how to identify and respond to safeguarding concerns about children and vulnerable adults, or someone else's behaviour, using these procedures.
- To ensure all staff understand the importance of prevention in responding proactively and efficiently to all concerns.
- To provide information for students attending Ravensbourne and/or participating in Ravensbourne events, on the responsibilities of and approach taken by Ravensbourne in the protection of children and vulnerable adults.
- Students should be made aware of this policy and procedure during their induction or through information widely distributed and provided at Ravensbourne.
- All Ravensbourne staff should adhere to the Ravensbourne Code of Practice (CoP) within this policy in relation to children and vulnerable adults.
- Information relating to any allegation or disclosure will be clearly recorded as soon as possible and there is a procedure setting out who should record information and the time-scales for passing this information on.
- It is part of Ravensbourne's acceptance of its responsibility of the duty of care towards children and vulnerable adults, that anybody who encounters

safeguarding concerns in the context of their work, on behalf of Ravensbourne, will be supported when they report their concerns in good faith.

2. Defining Child Protection and Safeguarding

See Appendix 1: Glossary of terms for further definitions.

2.1 The 1989 Children Act defines a child as 'a person under the age of 18':

This includes members' children under the age of 18 as well as other young people fewer than 18, participating in Ravensbourne activities on Ravensbourne premises.

2.2 Safeguarding and promoting the welfare of children is defined[1] 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.

2.3 Safeguarding children:

The action we take to promote the welfare of children and protect them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.

2.4 Child protection:

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

2.5 Significant harm:

[1] *England - Working Together to Safeguard Children: A guide to inter-agency working to safeguard & promote the welfare of children, HM Government, 2013*

Ill-treatment or the impairment of health or development (compared with the health or development which might be expected of a similar child).

2.6 Abuse and neglect:

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 by another child or children. Males and females can be involved in the abuse of children. There are four types of abuse (physical abuse, neglect, emotional abuse, and sexual abuse); however, in some circumstances, bullying can be considered as emotional, physical or sexual abuse.

2.7 Physical abuse:

Actual or likely physical injury to a child, or failure to prevent injury.

2.8 Sexual abuse:

Actual or likely sexual exploitation of a child, including prostitution.

2.9 Emotional abuse:

Actual or likely significant adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill treatment or rejection.

2.10 Neglect:

Persistent or severe neglect of child, or failure to protect a child from exposure to any kind of danger including cold or starvation, or extreme failure to carry out important aspects of care.

2.11 Bullying:

The repetitive, intentional hurting of one person by another, where the relationship involves an imbalance of power. Bullying can be carried out physically, verbally, emotionally or through cyberspace.

See Appendix 2 for detailed Definitions of Abuse for Children.

3. Defining Vulnerable Adults And Safeguarding

3.1 Vulnerable adult:

A person aged 18 years or over who may be unable to take care of themselves or protect themselves from harm or exploitation. 'Vulnerable adult' is defined by Department of Health guidance, No Secrets (DH 2000), which is,

'A person aged 18 years or over who is or may be in need of community cares services by reason of mental or other disability, age or illness. And who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'.

Whilst it is recognised that some people will be vulnerable due to their learning disability or Mental Health needs, there are those adults who are at risk due to a specific circumstance they may find themselves in, for example: domestic abuse; forced marriage; sexual or commercial exploitation and unable to safeguard themselves.

In recent years, the term "adult at risk" has been used to describe vulnerable adults potentially at risk from harm or abuse. This policy refers to adults at risk as vulnerable adults.

3.2 The Protection of Freedoms Act 2012:

This act led to a change in the definition if they are in receipt of services classed as regulated activity including health and personal care, or support required because of age, illness or disability. It is important to recognise that there can be different kinds of abuse, such as domestic abuse, financial abuse, physical and emotional abuse as listed overleaf:

Physical abuse - includes hitting, slapping, pushing, kicking, rough handling or unnecessary physical force either deliberate or unintentional, misuse of medication, restraint or inappropriate sanctions.

Sexual abuse - includes rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent to, or was pressured into consenting to.

Sexual abuse can occur between people of the same sex and it can occur within a marriage or any long-term relationship.

Psychological abuse - includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse or isolation.

Financial or material abuse - includes theft, fraud, exploitation, pressure in connection with wills, property, enduring power of attorney, or inheritance or financial transactions, or the inappropriate use, misuse or misappropriation of property, possessions or benefits.

Neglect and acts of omission - includes ignoring or withholding medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, clothing and heating.

Discriminatory abuse - includes racism, sexism, or discrimination based on a person's characteristics or disability.

3.3 Safeguarding from violent extremism:

Mindful of the duty set out in our Articles of Government in relation to academic freedom and our wider duties to freedom of speech, equality and diversity, nevertheless Ravensbourne is keenly aware of its moral duty to prevent radicalisation leading to terrorism. Prevent is part of the Government counter-terrorism strategy. It is designed to tackle the problem of terrorism at its roots, preventing people from supporting terrorism or becoming terrorists themselves. Universities and colleges have been identified within the Strategy as potential sites for radicalisation.

Ravensbourne has put in place a Prevent Action Plan which seeks to ensure that we take steps to help protect vulnerable young people in our community from radicalisation while ensuring that we do not damage the ability of students and lecturers to carry out research and creative work freely, protect their right to question and indulge in active debate or stigmatise any section of the community.

As part of the Prevent Action Plan, the scope of this policy is extended to include those who may be vulnerable to radicalisation (VTR) as described in Government's Prevent Strategy and to ensure procedures are in place for staff and students to identify any persons, within our community who may be at risk of being adversely influenced or radicalised by any extremist group or ideology under the terms of the

Governments Prevent Strategy as defined in the Prevent duty guidance, December 2014.

Staff or students may be concerned about someone due to changes in behaviour or appearance. For example:

- An individual may stop contact with peers and only be interested in contact with members of a particular ideological group.
- An individual may change their habitual style of dress.
- An individual may condone violence in support of their espoused ideology.

In such cases, the mechanisms for reporting concerns outlined in Section 6 below and in Appendix 9 should be adopted.

4. Legal Framework and Statutory Guidance

4.1 The policy and procedures adopted by Ravensbourne have been informed and developed with the support from the NSPCC Consultancy Services. The approach to safeguarding by Ravensbourne is underpinned by a range of legislative frameworks and government guidance. These help to identify the paramountcy of the child's welfare and the rights of the vulnerable adults fully in line with the following legislation and statutory guidance:

- Children Act 1989.
- Children Act 2004.
- Equality Act 2010.
- Working Together to Safeguard Children (HM Government 2015).
- Safeguarding Vulnerable Groups Act 2006.
- Protection of Freedoms Act 2012.
- Human Rights Act 1998.
- Sexual Offences Act 2003.
- Data Protection Act 1998.
- Police Act 1997.
- Care Standards Act 2000.
- Mental Capacity Act 2005.
- Keeping Children safe in Education Guidance 2015KeSection 175 of Education Act 2002.
- Safeguarding Children, Guidance for English Higher Education Institutes (HEI's) 2007.

4.2 The Education Act 2002, Section 175, places a duty on bodies of further education to safeguard and promote the welfare of children and young people. Keeping Children Safe in Education, Statutory Guidance for Schools and Colleges April 2014 sets out these legal duties with which Ravensbourne must comply. It covers:

- Safeguarding information for all staff.
- The management of safeguarding.
- Safer recruitment.
- Allegations of abuse made against teachers and other staff.

It explains that everyone who comes into contact with children and their families has a role to play in safeguarding children. Greater detail can be found within the guidance:

https://www.gov.uk/government/publications/keeping-children-safe-in-education

4.3 The above legislation does not include Higher Education Institutes, however there is a duty of care to protect and safeguard children and young people in higher education. Safeguarding Children, Guidance for English Higher Education Institutes (HEI's) provides a framework to enable higher education establishments to fulfil this duty. It covers:

- Roles and Responsibilities.
- Written policies and risk assessments.
- Responding to allegations.
- Staff: recruitment and vetting.
- Students: recruiting and vetting.
- Using and storing information.

More detailed information on this guidance is available from:

http://www.legislation.gov.uk/uk

and http://www.nspcc.org.uk/Inform/policyandpublicaffairs/uk-legislation.

5. Procedure: Key Roles and Responsibilities

The following are provided as procedures to guide practice about what to do when there is a concern about a child or vulnerable adult; roles and responsibilities, who to report to, what to record and how to refer.

5.1 Key Roles and Responsibilities

5.1.1 Board of Governors:

The governors are responsible for making strategic decisions about risk managing the organisation's activities and have responsibilities for the safeguarding of children and vulnerable adults.

It is the role of the **Director** to:

- Ensure that policy and procedures are communicated to staff.
- Ensure that the effectiveness of safeguarding within the organisation is evaluated.
- Ensure that Ravensbourne' policy and procedures on safeguarding are reviewed, updated and developed appropriately.
- Promote the importance of safeguarding across the organisation.
- Make decisions about appointing someone who has a criminal record.
- Ensure that the organisation meets the requirements of its insurers regarding its safeguarding responsibilities.

5.1.2 Designated Safeguarding Lead (DSL):

The Head of Student Services is responsible, institution wide, for:

- Implementing the framework for safeguarding children and vulnerable adults
- Keeping relevant senior staff within Ravensbourne informed about any incidents, action taken and any further action required.
- Escalating a serious concern to relevant external agencies when appropriate
- Ensuring that an individual case record is maintained of any concern, action taken, liaison with other agencies and the outcome.
- Advising the organisation of child protection training needs.
- Dealing with the aftermath of an incident in the organisation.
- Collating monitoring data on safeguarding activities.
- Updating the organisations policy and procedures on safeguarding.
- Ensuring contractors and other externals, in liaison with relevant managers, comply with safeguarding best practice in undertaking their duties.

- Ensuring links are maintained with the Local Safeguarding Children's Board (LSCB) to ensure local procedures are adopted, kept up to date and to become more effective in safeguarding children at strategic level.

5.1.3 Designated Safeguarding Officer's (DSO's):

The Head of Student Services, Senior Lecturer of Further Education and Wellbeing & Disability Support Coordinator are all DSO's at Ravensbourne. They are responsible for:

- Being the first point of contact for staff or students who are concerned about the safety and welfare of a child or vulnerable adult.
- Providing information and advice on safeguarding within Ravensbourne.
- Being aware of government guidance on safeguarding and child protection.
- Making a referral to the relevant authorities following safeguarding incidents in the absence of the DSL.

- Ensuring appropriate information is available when making a referral and that the referral is made within one working day and confirmed in writing within two working days to adult's social care or children social care.
- Keeping an accurate record of concerns reported and actions taken.
- Informing the DSL whenever concerns arise about a child or vulnerable adult so that a decision can be made as to what action to take.
- Ensuring students, visitors, lecturers are aware of the colleges safeguarding policy and procedures.
- Maintaining links with the Local Safeguarding Children's Board LSCB to ensure local procedures are adopted, keep up to date and to become more effective in safeguarding children at an operational level.

5.1.4 All staff

Every member of Ravensbourne staff has a responsibility for identifying and responding to safeguarding concerns and to:

- Be familiar with Ravensbourne's safeguarding policy and procedures.
- Take action (within the same working day) when a concern arises.
- Report the concern immediately to a DSO named in this policy, who will determine the next steps to take.
- Record concerns and actions taken (or to pass to DSO to record).

- Be as helpful as possible, the information should include:

    - The nature of the allegation or concern.
    - A description of any visible bruising or other injuries (location, size, colour or any other significant factor) when relevant.
    - The child's or vulnerable adult's account, if he or she can give them, of what happened.
    - Any times, dates, or other relevant information.
    - Whether the parent, carer, child is aware of the concern.
    - A clear distinction between what is fact, opinion, or hearsay.

5.2 A record must be kept of the concern using the Safeguarding Concern Form in Appendix 11. The person reporting the concern, or the DSO/DSL can complete the form. However, it is the role of the DSO to ensure that it has been completed and appropriate action is taken.

5.3 It is not the responsibility of Ravensbourne staff to determine if abuse has taken place rather they are responsible for reporting on their concerns to the appropriate individuals within the institution such as DSO.

6. Procedure: What to do if you are concerned about a child or vulnerable adult

6.1 Process for reporting concerns:

There are essentially four key steps to remember and this procedure explains them. They are referred to as the 4 Rs:

- **Recognising** abuse or neglect.
- **Responding** to the concerns.
- **Referring** concerns on – within Ravensbourne (and beyond if DSL).
- **Recording** any actions taken and outcomes.

See Appendix 3: Indicators of abuse for Children
See Appendix 4: Indicators of abuse for Vulnerable Adults

6.2 Circumstances where concerns about a child or vulnerable adult may arise:

- They may tell you about something that has upset them, or has happened to another person.

- Someone else might report that a child or vulnerable adult has told them, or they strongly believe, that the child or vulnerable adult has been or is being harmed in some way.

- A child or vulnerable adult may show signs of injury for which there appears to be no satisfactory explanation.

- The behaviour or attitude of a member of staff or another adult towards a child or vulnerable adult worries you or makes you feel uncomfortable in some way.

6.3 Responding appropriately to concerns:

If a child or vulnerable adult is telling you about abuse that they have suffered or that another child or vulnerable adult has suffered abuse, then you should:

- Stay calm and listen to what is being said.

- Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others but only those who need to know about it. Do not promise to keep secrets.

- Allow the child or vulnerable adult to continue at his/her own pace.

- Ask questions for clarification only and avoid asking questions that suggest a particular answer.

- Reassure the child or vulnerable adult that they have done the right thing in telling you.

- Tell the child or vulnerable adult what you will do next.

- Record in writing what was said using the child's and vulnerable adult's own words as soon as possible, note the date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated.

- Pass your written record to the DSO who will consider what action to take next.

- Keep the discussion confidential, following the procedure for reporting concerns, aside from this do not discuss with others.

- Any subsequent events/incidents where you or Ravensbourne are involved affecting the child or vulnerable adult need to be recorded.

Once a concern has been raised with the DSO, they should follow the process flowchart: Appendix 8 for a child and Appendix 9 for a vulnerable adult.

7. Procedure: What to do if there are concerns or allegations about any member of staff

7.1 Child and vulnerable adult abuse can and does occur outside the family setting, within organisations as well as in other settings. This could involve anyone who has the opportunity to have contact with children or vulnerable adults through their work.

It is crucial those involved in Ravensbourne are aware of this possibility and that all allegations (current or historical) are taken seriously and appropriate action taken. When dealing with any allegation against staff, it is vital to keep the welfare of the child and vulnerable adult as the central concern.

7.2 These procedures about managing cases of allegations or concerns about a member of staff within Ravensbourne should be used in respect of all cases in which it is alleged that a staff member has:

- Behaved in a way that has harmed a child or vulnerable adult, or may have harmed a child or vulnerable adult.

- Possibly committed a criminal offence against, or related to, a child or vulnerable adult.
- Behaved towards a child or vulnerable adult in a way that indicates s/he is unsuitable to work with either.

7.3 In any of these circumstances, the following procedure should be followed:

- Staff are responsible for sharing their concern with a DSO in the first instance.

- If any member of staff does not feel able to share their concern with the DSO then s/he should speak directly to the DSL or member of the senior management team.

- The DSO will then inform the DSL and explore the seriousness of the allegation/concern. Together they will be responsible for coordinating the management of the concern, including the decision-making about any immediate protective actions that are warranted. For example; informing and supporting the parents/guardian and child/ren; suspension from role; confinement; change of duties etc.

- In dealing with any allegation, the DSO needs to balance: the seriousness of the allegation, the risk of harm to the child or vulnerable adult, possible contamination of the evidence and the welfare of the person concerned.

- There may need to be one or more type of inquiry depending on the nature of the concern: a child or vulnerable adult inquiry, police investigation and/or a disciplinary process. See Staff Handbook for Disciplinary procedures.

7.4 Management of Allegations: DSO Responsibilities:

See Appendix 5: Management of Allegations Against Staff Members - DSO Responsibilities for more detail information and Appendix 9 Flowchart.

- The DSO will inform the DSL, unless the DSO is the subject of the allegation, then it should be the DSL who reports to the Director.

- The DSO, in consultation with the DSL, will determine if the police need to be contacted and/or the Local Authority Designated Officer (LADO) in cases where police do not need be involved, who is responsible for capturing concerns relating to children or allegations of offences, and will provide advice and guidance to Ravensbourne.

- Concerns about staff relating to a vulnerable adult need to be reported to the Adult Social Care Team.

- 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.

- Investigations will be dealt with quickly, fairly and impartially. The member of staff should be informed about the allegation or concern as soon as possible but

not before consultation with the DSL and Children's Social Care/Adult Social Care /Police where necessary, in respect of timing and content.

- The Police and Social Care investigation will usually need to take precedence over any disciplinary enquiry and the results may inform the disciplinary enquiry. Any disciplinary enquiry should follow Ravensbourne's Disciplinary Procedure within the Staff Handbook.

- The outcome of any investigation must be recorded and a copy kept on the member of staff's personnel file.

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

- If an allegation has been made and the staff member or student reporting it requires advice/support, they should speak with the DSO, HR or Student Services. The DSO will keep the member of staff informed of the progress of the case.

See Appendix 10 process flowchart: What to do if there is a concern or allegation made about a member of staff.

7.5 Poor Practice:

There may be circumstances where allegations are about poor practice rather than child or vulnerable adult abuse but, where there is any doubt, the supervisor/manager should consult with the DSO. If the investigation shows that the allegation is clearly about poor practice then Ravensbourne 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.

7.6 Position of Trust:

It is an offence for any person aged 18 or over who is in a 'position of trust', to have a sexual relationship with a young person under 18 if their role is one identified within the Sexual Offenses Act 2003. This includes staff working in educational institutions.

7.7 Safeguarding concerns outside of Ravensbourne:

If you are concerned about an incident, which occurred outside of Ravensbourne, this should be raised with the DSO who will ensure appropriate procedures are followed.

7.8 Safeguarding concerns about an external organisation (using Ravensbourne):

If there is a concern about an employee from an external organisation, this should be referred to the DSO who will follow procedures set out in paragraph 7.4, Appendix 8 and follow the process as indicated in the flowchart; Appendix 9.

7.9 External hirers:

It is important that organisations/individuals who hire Ravensbourne's premises comply with its safeguarding policy and procedures. Concerns regarding these individuals will be referred to the DSO who will follow procedures. In order to reinforce the importance of safeguarding, Ravensbourne has identified minimum requirements that must be met by any hirer prior to a booking being accepted from them.

7.10 Support for staff raising concern:

Ravensbourne will fully support and protect any member of staff who, in good faith, reports his or her concern that a colleague is, or may be abusing a child. If an allegation is made that is found to be malicious or fraudulent, Ravensbourne retains the right to take appropriate action against the individual responsible for making the claim.

7.11 Referral for consideration of barring:

If an allegation/concern is substantiated and the person is dismissed, resigns or Ravensbourne decides to cease to use their services, the DSL, in conjunction with the local authority designated officer LADO or Adult Social Care, will decide whether a referral should be made to the Disclosure and Barring Service (DBS) as regards whether that individual is barred from, or has conditions imposed in respect of working with children or vulnerable adults. If a referral is appropriate, the referral should be made as soon as possible. A referral must always be made if Ravensbourne thinks that the individual has harmed or poses a risk of harm to children or vulnerable adults.

8. Confidentiality and Information Sharing

8.1 The principles of the Data Protection Act 1998 must be adhered to when handling personal information and that personal information is:

- Obtained and processed fairly and lawfully.
- Only disclosed in appropriate circumstances.
- Accurate, relevant and not held for longer than necessary.
- Kept securely.

8.2 The Act 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.

8.3 Any report/records regarding abuse shall be kept confidential and disclosure should be restricted to only those that have authority for dealing with the incident.

8.4 It is best practice to gain verbal or written consent, from a child or parent/guardian, or staff members before any personal information relating to them is shared with another authority. However, Ravensbourne will not need to seek consent to share information if it might be unsafe to seek (e.g. seeking consent might increase the risk to the child or another person) or cause an unjustified delay or if it would prejudice the prevention, detection or prosecution of a serious crime. When in doubt, advice should always be sought from someone experienced in dealing with these issues, such the DSO/L, children's social care, or the NSPCC Helpline.

8.5 In all cases where information is shared, the following information should be recorded:

- Date and time.
- Summary of information shared.
- Who the information was shared with.
- Whether you are sharing with or without consent.
- If sharing without consent, whether the child or family were informed.
- How the information was shared and any receipt of it having been received.

9. Record Keeping of Safeguarding Concerns

9.1 It is very important that an accurate record is kept of any safeguarding concern and that this is updated each time any actions are taken in relation to that concern. A Safeguarding Concern Form is provided for this purpose and must be completed by the relevant member of staff or DSO. This should then be sent to Human Resources for secure storage.

See Appendix 11 for Safeguarding Concern Form

9.2 Written reports about safeguarding concerns must be either stored away in a locked filing cabinet (with restricted access to that filing cabinet) or held securely electronically. Retention of these records should be kept until the person reaches normal retirement age or for 10 years if that is longer.

9.3 Destruction of records should comply with the retention period. Paper records should be destroyed through shredding and disposed of as confidential waste. Electronic records should be deleted. A record should be made of records destroyed and this should be authorised by the DSL.

9.4 In situations where a request is made by another organisation for information about an individual, the DSO must be informed, and their decision (including the reasoning for this decision) should be recorded and stored at head office.

9.5 Records will be kept of all safeguarding concerns and incidents and their outcomes. Confidentiality will be respected; any relevant information will be shared only on a need to know basis in the interest of the protection of children and vulnerable adults. Records will be held in accordance with the Data Protection Act 1998 (See Data Protection Policy for further guidance).

It is essential that the details be recorded correctly and legibly:

- Record the date, time and the place of the incident or disclosure.
- Make a note of key phrases used, do not interpret words.
- Avoid slang / abbreviations in your own comments.

- These notes and records must be written as soon as possible and shared with the DSO.

See appendix 6 for 'Principles for Sharing Information'

10. **Vulnerable Adults and Consent**

10.1 Unlike where concerns arise in relation to children, where it is a statutory requirement that action is taken to protect a child who is believed to be at risk of harm or abuse, with vulnerable adults, issues of mental capacity and consent MUST be considered under the Mental Capacity Act 2005.

10.2 It is not for Ravensbourne alone to make a decision about whether an adult lacks capacity and therefore, the best practice would be for the DSO or DSL to seek advice and consult with the Adult Social Care before making a referral if there is doubt about seeking consent from the vulnerable adult or making a referral without consent.

10.3 In all cases where information is shared the following information should be recorded:

- Date and time.
- Summary of information shared.
- Who the information was shared with.
- Whether you are sharing with or without consent.
- If sharing without consent, whether the child, vulnerable adult or family were informed.
- How the information was shared and any receipt of it having been received.

See Appendix 7 for more information on Consent and Mental Capacity Act 2005.

11. **Recruitment and Vetting**

Ravensbourne will take responsibility to ensure every effort is made to state responsibilities according to best practice for safer recruitment and vetting. **The DSL, in consultation with HR, will advise the Senior Management Team on Ravensbourne's requirements in respect of Data and Barring Service (DBS) checking of staff and others in engaged in our activity.**

See Ravensbourne Recruitment Policy and Procedures for more information.

12. **Training**

Ravensbourne will take responsibility to ensure every effort is made to ensure Staff; DSL's, DSL and the Board receive the appropriate level of safeguarding training for their role and responsibilities.

13. **Code Of Practice (CoP)**

Ravensbourne wishes to ensure that all staff that come into contact with children and vulnerable adults understand the boundaries of appropriate behaviour. Every member of staff is required to demonstrate exemplary behaviour in order to protect children and vulnerable adults from abuse. The following are examples of behaviour that create a positive and safe environment for staff and vulnerable groups at Ravensbourne:

13.1 Staff should:

- Always put the welfare of a child or vulnerable adult first.
- Report all concerns, allegations or suspicions of abuse, harassment, bullying, victimisation and/or discrimination to the relevant DSO for Ravensbourne.
- Take responsibility for ensuring that they can identify and contact those with these designated roles.
- Treat everyone with fairness and respect. Demonstrate commitment to ensure safety in all areas of Ravensbourne life, taking action to safeguard children and vulnerable adults where risk is foreseeable.
- Work openly, avoiding private or unobserved situations and working in isolation. Try to ensure that you are not the only adult present and are, at least, within

sight or hearing of others. Leave the door open if you find yourself in a room alone with a child or vulnerable adult.

- Ensure that if any form of manual/physical touching is required, it should be provided openly. Ideally, the reason why this is necessary should be explained to the child, vulnerable adult and/or member and their informed agreement gained.

- Challenge all unacceptable behaviour in accordance with this code of practice.

- Ensure that all relationships with members should be based upon mutual trust and respect whatever their age, developmental stage, ability, gender, background, responsibilities, gender, sexual orientation/identity, religion or beliefs, or ethnicity.

- Consider appropriate dress, which is not either overtly provocative or likely to cause embarrassment or offence to those they meet in a professional capacity.

- Ensure that informed consent is gained for all photographs or photographic images of members and their families with clarity about the purposes for which images may be used. Where this involves a child this must be written consent from a parent/legal guardian.

13.2 Staff should never:

- Spend time alone with children or vulnerable adults away from others.

- Discuss their personal life with students.

- Give out their personal contact details (personal phone or mobile number, email or home address).

- Befriend members or their families on social networking sites e.g. Facebook and Twitter.

- Establish on-line networking, group or blog forums, which are not regulated with controls relating to Ravensbourne governance and scrutiny.

- Leave a group of children without appropriate supervision.

- Use inappropriate or sexual language or allow members to use inappropriate language without challenging it.

- Do things of a personal nature that children, vulnerable adults can do for themselves.

- Use physical contact as a means of communication. If physical contact is necessary (e.g. to guide a member with visual impairment), ensure that it takes place only with the full consent of the member and that its purpose is made clear.

- Allow allegations made by children or vulnerable adult to be ignored, not recorded or not acted upon.

- Engage in or pursue sexual contact with anyone for whom you are in a position of power and/or trust.

- Engage in sexually provocative behaviour; use inappropriate or sexually suggestive language or gestures.

- Make sexually suggestive comments, even in fun.

- Allow or engage in any form of inappropriate touching.

- Reduce a child or vulnerable adult to tears as a form of control.

- Share a room overnight with a student or their family or invite them into their room.

- Go into a member's room unless it is absolutely necessary (if it is necessary, two members of staff should enter).

1. APPENDIX 1: Glossary of Terms

Children's Social Care:

Every local authority has a statutory duty to protect and promote the welfare of children in need in its area. This may be achieved through the provision of a range of services but includes working closely with children, young people and their parents, relatives or other carers and a DSL with other organisations. The name of the department may vary from one authority to another – children's social care, children's services etc. – however there will always be a dedicated department within each local authority responsible for assessing child welfare concerns.

Local Authority Designated Officer (LADO):

The LADO works within Children's Social Services Departments and should be alerted to all cases in which it is alleged that a person who works with children has:

- Behaved in a way that has harmed, or may have harmed, a child.
- Possibly committed a criminal offence against children, or related to a child.
- Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.

The LADO captures concerns, allegations or offences and will provide advice and guidance to the employer. They help co-ordinate information sharing with the right people and will monitor and track any investigation, with the aim to resolve it as quickly as possible.

Local Safeguarding Children Board (LSCB):

A LSCB is the local statutory body responsible for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in that locality, and for ensuring the effectiveness of what they do. All LSCBs are partnerships made up of senior representatives

from several organisations and agencies which may include the Local Authority, the local Council, the Police, the Health Service, Youth Offending Service, local Probation Service, the Children and Family Courts Advisory and Support Service, the NSPCC and others. Each LSCB will produce and publish guidance on what to do if you are concerned about a child's welfare; this guidance is based on legislation and statutory guidance issued by Government.

For more detail visit: http://www.londonscb.gov.uk/procedures

Adult Social Care:

Part of the local authority social care Initial access point for the Adult Social Care Service responsible for assessing adults needs for community care or social care.

The Local Safeguarding Adults Board (LSAB):

LSAB brings together local statutory and independent sector agencies working with vulnerable adults at risk of abuse. The LSAB is responsible for ensuring the Multi- Agency Safeguarding Adults Policy and Procedures are effective and prevent adults from experiencing significant harm.

At Risk:

A term that has become broadly accepted to mean that someone may be more vulnerable to abuse than someone else. For example, an adult with a learning disability may well be more at risk of financial abuse as they may struggle with managing their finances. This could leave them at risk from an unscrupulous person; hate crimes or exploitation.

Capacity:

The ability to make a decision at a particular time. For example, when under considerable stress. The starting assumption must always be that a person has the capacity to make a decision unless it can be established that they lack capacity. The law allows adults with mental capacity to make their own 'unwise' decisions.

2. APPENDIX 2: Definitions of Abuse for Children

Physical abuse:

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

Emotional abuse:

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. 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 young person to take part in abuse 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 a DSL 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 a DSL commit acts of sexual abuse, as can other children.

Neglect:

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.

It may include neglect of, or unresponsiveness to, a child's basic emotional needs.

3. APPENDIX 3: Indicators of Abuse for Children

The following signs may be indicators or signs that abuse has taken place although some of these indicators can be caused by other factors e.g. bereavement, family breakdown or illness. It is not the role of Ravensbourne staff 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 staff should share these concerns as outlined in the 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 staff.

Physical Abuse:

Physical signs of abuse:

- Injuries that occur to the body in places that 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, scald.
    - 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 of 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 join in social interactions.
- 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:

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

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 his/her age or development level.
- Sexual drawings or language.
- 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 others/publically.

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 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 (in some circumstances bullying can be considered as emotional, physical or sexual abuse):

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).

Additional vulnerabilities:

It is a DSL 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 a greater risk of abuse than nondisabled children. Children living in homes where there are adverse parental circumstances may 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 be at increased risk of abuse as well as those children who show challenging behaviour.

4. APPENDIX 4: Indicators of Abuse for Adults

Indicators of physical abuse may include:

- Observed or reported ill treatment of an adult, which may or may not cause physical injury. Instances might include hitting, slapping, pushing, kicking, inappropriate restraint, withholding or misuse of medication, squeezing or biting. It could include actions that are motivated by prejudice and/or discrimination e.g. racial, homophobic or religiously motivated attacks.

- A requirement for someone to work in an unsafe environment can be construed as physical abuse.
- Physical injuries, dehydration, poor skin condition or skin hygiene, untreated injuries, injuries of differing ages, weight loss.
- Inappropriate use of medication, overdosing or under dosing.
- The vulnerable adult telling you they have been hit, slapped or mistreated.

Emotional and psychological abuse can include:

- Use of threats or fear or the power of the carer's or other adult's position to negate the vulnerable person's independent wishes. Such behaviour can create very real emotional or psychological stress.
- Bullying, sexual and racial harassment.
- Denial of privacy or choice.
- Denial of dignity.
- Deprivation of social contact or deliberate isolation.
- Making someone feel worthless.
- Threats, verbal abuse, humiliation, blaming, controlling, pressurizing, coercion, fear or ignoring the person.
- Public or unreasonable criticism.
- Ignoring a person's wishes or point of view.
- Setting unreasonable study/work targets.
- Removing areas of responsibility.
- Undervaluing a person's efforts.
- Harassment in the form of name calling, victimization and ostracism, unwanted sexual attention, stalking, compromising invitations or gifts, the display of images that are racially or sexually offensive.

Possible indicators of emotional/psychological abuse:

- Feelings of helplessness.
- Hesitation in talking openly.
- Implausible stories.
- Confusion or disorientation.
- Anger without an apparent cause.
- Sudden changes in behaviour.
- The person becoming emotionally upset or agitated.

- Unusual behaviour (thumb or clothes sucking, biting or rocking).

Financial or legal abuse:

The wilful extortion or manipulation of the vulnerable person's legal or civil rights must be construed as abuse. Such activity may include misappropriation of monies or goods, the misuse of finances, property or possessions, or withholding money, the exploitation of a person's resources or embezzlement. Such abuse may involve the use of a position of authority or friendship to persuade a person to give away their belongings, buy people gifts or to give away money.

Possible indicators of financial abuse:

- Signatures on cheques etc. that do not resemble the adult's signature or which are signed when the adult cannot write.
- Any sudden changes in bank accounts including unexplained withdrawals of large sums of money.
- Students who have educational funding and/or grants to support their education but who have insufficient money for travel, food and necessities.
- The inclusion of additional names on an adult's bank account.
- Abrupt changes to or creation of wills.
- The sudden appearance of previously uninvolved relatives claiming their rights to a vulnerable person's affairs or possessions.
- The unexplained sudden transfer of assets to a family member or someone outside the family.
- Numerous unpaid bills, overdue accommodation payments, when someone is supposed to be paying the bills for the vulnerable person.
- Unusual concern from someone that an excessive amount of money is being expended on the care of the vulnerable person.
- Lack of amenities, such as study equipment, personal grooming items, appropriate clothing, that the vulnerable person should be able to afford.
- The unexplained disappearance of funds or valuable possessions such as art, mobiles, laptops or jewellery.

- Deliberate isolation of a vulnerable person from friends and family resulting in the caregiver alone having total control.

Neglect:

Neglectful behaviour is any pattern of activity by another person, which seriously impairs an individual. Neglect can include: failure to intervene in situations where there is danger to a vulnerable person or to others, particularly when a person lacks the mental capacity to assess risk; not giving personal care; deliberately withholding visual or hearing aids; withholding food, drink, light and clothing; restricting access to medical services; denying social, religious or cultural contacts; denying contact with family; lack of appropriate supervision.

Possible indicators of neglect:

- Dirt, faecal or urine smell, or other health and safety hazards in the vulnerable person's living environment;
- Rashes, sores, lice on the vulnerable person;
- Inadequate clothing;
- Untreated medical condition;
- Poor personal hygiene;
- Over or under medication;
- Lack of assistance with eating or drinking;
- Unsanitary and unclean conditions.

Sexual abuse:

A sexual act carried out without the informed consent of the other individual is abuse. Such behaviour includes contact and non-contact abuse. No one should enter into a sexual relationship with someone for whom they have professional responsibility within the University or hold a position of trust (this includes all staff).

Non-contact abuse may include sexual remarks and suggestions, introduction to indecent material, indecent exposure.
Contact abuse may include rape, indecent assault, being forced to touch another person, sexual intercourse or being pressurised into consenting to sexual acts or watching sexual materials/acts.

Possible indicators of sexual abuse:

Within the University setting it is unlikely that the following physical indicators would be apparent but a vulnerable adult may disclose discomfort or pain relating to the following:

- Bruises around the breasts or genital areas.
- Unexplained sexually transmitted disease or genital infections.
- Unexplained vaginal or anal bleeding.
- The vulnerable person telling you they have been sexually assaulted or raped.

Other indications that abuse may be occurring include:

- The vulnerable person may not be allowed to speak for themselves, or see others, without the suspected abuser being present.
- Attitudes of indifference or anger towards the vulnerable person.
- Blaming of the vulnerable person (e.g. accusation that incontinence is a deliberate act).
- Aggressive behaviour (threats, insults, harassment) by the abuser towards the vulnerable person.
- Previous history of abuse or bullying of others on the part of the abuser.
- Inappropriate display of affection by the suspected abuser.
- Flirtations, coyness, etc., which might be possible indicators of an inappropriate sexual relationship.
- Social isolation of the family or restriction of activity of the vulnerable person by the abuser.
- Conflicting accounts of incidents by the family, supporters or the vulnerable person.
- Inappropriate or unwarranted defensiveness by the caregiver.

5. APPENDIX 5: Management of Allegations Again Staff Members

DSO Responsibilities:

- Staff are responsible for sharing their concern with a DSO in the first instance.
- If any member of staff does not feel able to share their concern with the DSO then s/he should speak directly to the DSL or member of the senior management team.
- The DSO will inform the DSL and explore the seriousness of the allegation/concern, and together they will be responsible for coordinating the management of the concern, including the decision-making about any immediate protective actions that are warranted. For example, informing and supporting the parents/guardian and child/ren; suspension from role; confinement; change of duties etc.
- In dealing with any allegation, the DSO needs to balance: the seriousness of the allegation, the risk of harm to the child or vulnerable adult, possible contamination of the evidence and the welfare of the person concerned.
- There may need to be one or more type of inquiry depending on the nature of the concern: a child or vulnerable adult inquiry, police investigation and/or a disciplinary process. Refer to Ravensbourne Disciplinary Procedures.
- The DSO will inform the Director, if the DSL is the subject of the allegation, then it should be another member of Ravensbourne's senior management team that reports to the director.
- The DSO, in consultation with the DSL, will determine if the Police need to be contacted and/or the Local Authority Designated Officer (LADO) based in the local authority, who is responsible for capturing concerns relating to children or allegations of offences, and will provide advice and guidance to Ravensbourne.

- Concerns about staff relating to a vulnerable adult need to be reported to the Adult Social Care Team.

- 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.

- Investigations will be dealt with quickly, fairly and impartially. The member of staff should be informed about the allegation or concern as soon as possible but not before consultation with the DSL and Children's Social Care/Adult Social Care/Police where necessary, in respect of timing and content.

- The Police and Social Care investigation will usually need to take place prior to any disciplinary enquiry and the results may inform the disciplinary enquiry. Any disciplinary enquiry should follow Ravensbourne's Disciplinary Procedure.

- The outcome of any investigation must be recorded and a copy kept on the member of staff's personnel file.

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

- If an allegation has been made and the staff member requires advice/support they should speak with the DSO. The DSO will keep the member of staff informed of the progress of the case.

6. APPENDIX 6: Principles for Sharing Information

The government (HM Government Information Sharing: Guidance for Practitioners and Managers) 2006 has produced a list of 'seven golden rules' to support organisations and their workers when making decisions about when it is appropriate to share information with others, these are:

1) Remember that the Data Protection Act 1998 is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

2) Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information, will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3) Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

4) Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, the lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

5) Consider safety and wellbeing. Base your information sharing decisions on considerations of the safety and wellbeing of the person and others who may be affected by their actions.

6) Necessary, proportionate, relevant, accurate, timely and secure. Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

7) Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

7. APPENDIX 7: Capacity and Mental Capacity Act 2005

The following information is not for you as an individual to make a decision about whether an adult lacks capacity, but it is useful for professionals to have an overview or understanding of the 'notion' of capacity.

Definition of capacity:

- The ability to make a decision at a particular time, for example when under considerable stress.
- The starting assumption must always be that a person has the capacity to make a decision unless it can be established that they lack capacity.
- The term 'lacks capacity' means a person who cannot make a particular decision or take a particular action for them at a particular point in time, even if they are able to make other decisions. For example, they may be able to make small decisions about everyday matters such as what to wear for a sports activity, or what a healthy sports diet would be, but they lack capacity to make more complex decisions about financial matters.
- It may be the case that a person, who lacks capacity to make a decision at a certain time due to illness or an accident, may be able to make that decision at a later date.

Assessing Capacity:

- A person's capacity must be assessed at the point at which a decision is needed, taking into account relevant and immediate circumstances as well as possible long-term issues.
- Does the person have an impairment of the mind or brain, or is there some sort of disturbance affecting the way their mind or

brain works? (It does not matter if the impairment/disturbance is temporary or permanent).

- If so, does that impairment or disturbance mean that the person is unable to make the decision in question at the time it needs to be made?

Assessing ability to make a decision:

- Does the person have a general understanding of the decision they need to make and why they need to make it?
- Does the person have a general understanding of the likely consequences of making, or not making the decision?
- Is the person able to understand, retain, use and weigh up the information relevant to this decision?
- Can the person communicate their decision (by talking, using sign language or any other means)? Would the services of a professional such as a speech and language therapist be helpful?

Assessing capacity to make more complex or serious decisions:

- In most instances a doctor or other professional expert will have assessed the adult's capacity. Where background information such as this is available, for example, from a partner agency, the information should be stored confidentially.
- In most localities an independent mental capacity advocate (IMCA) is appointed to assist a person who is judged to lack capacity.

Statutory principles – The Mental Capacity Act 2005:

- A person must be assumed to have capacity unless it is established that they lack capacity.

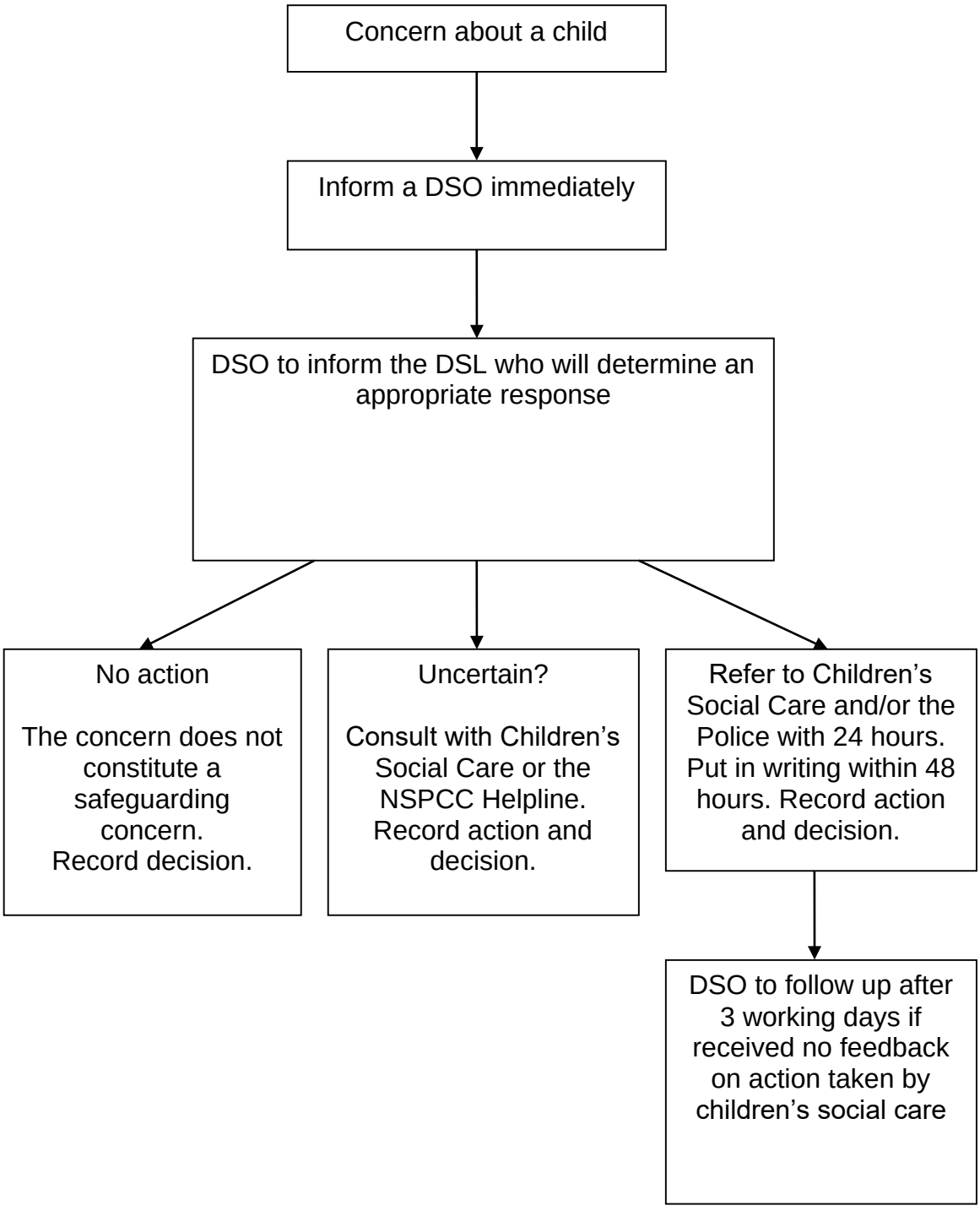
- A person is not to be treated as unable to make a decision unless all practical steps to help him/her to do so have been taken without success.

- A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision.

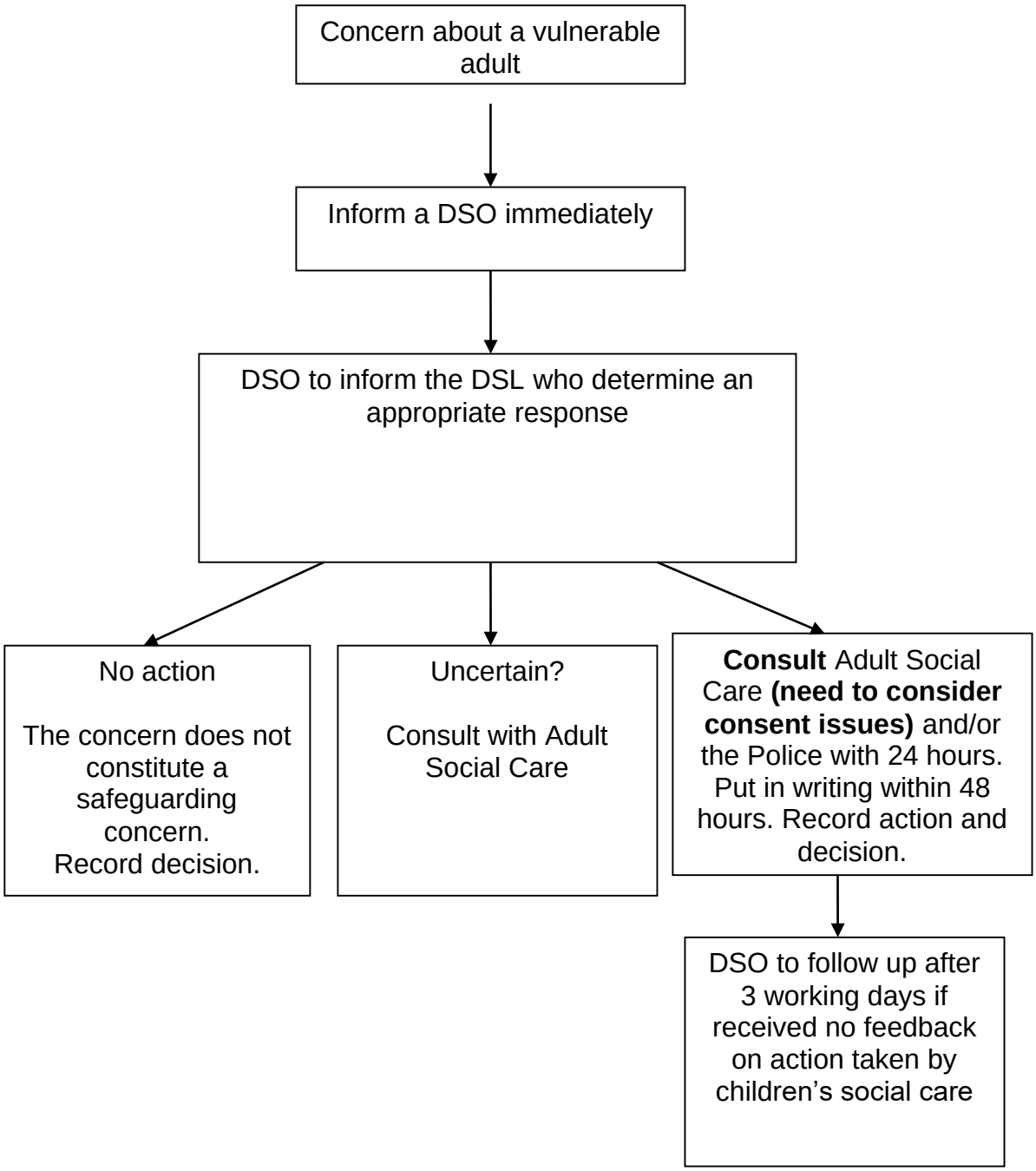
- An act carried out or decision made, for or on behalf of a person who lacks capacity must be undertaken, or made, in their best interests.

- Before the act is carried out, or the decision is made, regard must be paid to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

8. APPENDIX 8: What to do if you have safeguarding concerns about a child

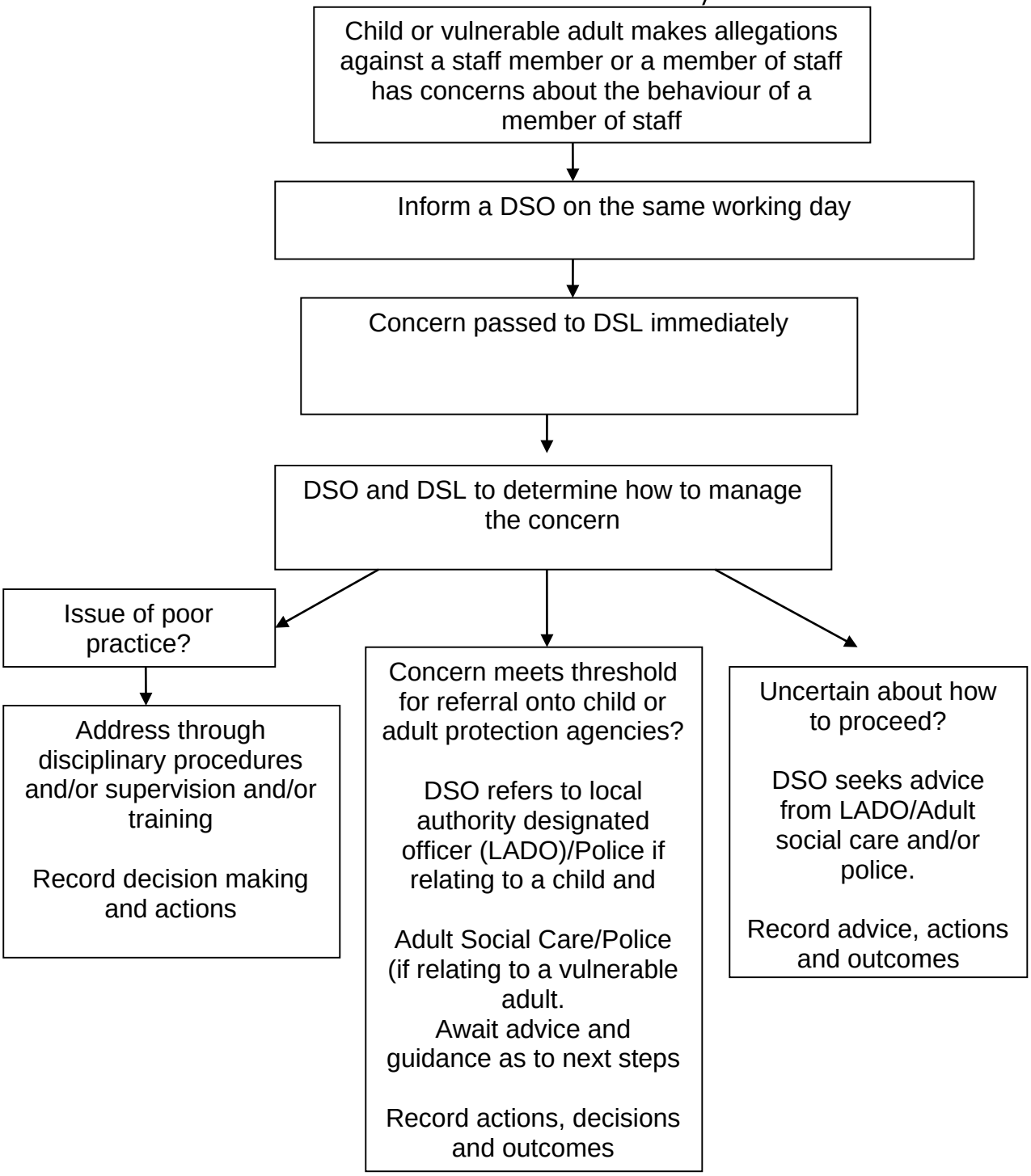


9. APPENDIX 9: What to do if you have safeguarding concerns about a vulnerable adult



10. APPENDIX 10: What to do if there are concerns or allegations made about a member of staff

*If the concern is about the DSO contact the DSL directly



11.
APPENDIX 11: SAFEGUARDING CONCERN FORM

Young Person/Vulnerable Adults name:

Age and date of birth Ethnicity/religion/first language

Disability/special factors

Parent/guardian's name (if applicable) : address

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

Please briefly describe what has prompted the concerns (include dates, times etc. of any specific incidents)

Have you spoken to the young person/vulnerable adult? What did they say?

Have you spoken to the parent/carer(s)? What did they say?

Who was this reported to and when?

What action has been or will be taken and by whom?

Signature……..

Print name/job title…… Date: …….....