



Yr Athro Julie E Lydon OBE, Is-Ganghellor
Professor Julie E Lydon OBE, Vice-Chancellor

UNIVERSITY OF SOUTH WALES

SAFEGUARDING POLICY

Title: SAFEGUARDING POLICY				
Issue Date	Revision Description	Owner	Approved By & Date	Next Review Date
November 2018	Second Issue	William Callaway, University Secretary and Director of Governance, Legal and Assurance	Safeguarding Group	September 2019
	Minor Amendments for external publishing		January 2019 Sharon Jones, Principal Safeguarding Officer	September 2019

**UNIVERSITY OF SOUTH WALES
PRIFYSGOL DE CYMRU**

SAFEGUARDING POLICY

This document is a policy for the University of South Wales Higher Education Corporation. Separate policies exist for the Royal Welsh College of Music and Drama, The College, Merthyr Tydfil, and the South East Wales Reaching Wider Partnership (First Campus at USW)

1. WHAT IS SAFEGUARDING

1.1 The University of South Wales is committed to upholding the safety and welfare of children and vulnerable adults. The key principles that underpin this policy stem from the Human Rights Act 1998, the Children Act 2004, the All Wales Child Protection Procedures 2008 and the Social Services and Wellbeing (Wales) Act 2014.

Whilst there is no statutory definition of safeguarding, 'Safeguarding children: working together under the Children Act' 2004 sets out that safeguarding and promoting the welfare of children is concerned with:

- protecting children from abuse and neglect
- preventing impairment of their health or development
- ensuring that they receive safe and effective care

1.2 Abuse is a violation of an individual's human and civil rights by any other person or persons.

2. WHO ARE WE SEEKING TO SAFEGUARD?

2.1 Safeguarding applies to 'children' and 'vulnerable adults' (sometimes referred to as 'adults at risk')

2.2 The Children Act 1989 defines a 'child' as a person under the age of 18.

2.3. In respect of safeguarding vulnerable adults, section 126 of the Social Services and Wellbeing (Wales) Act 2014, defines an adult at risk as being anyone 18 years of age or older who is:

- experiencing or is at risk of abuse or neglect;
- has needs for care and support whether or not the local authority is meeting these; and as a result of these needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

3. WHY IS SAFEGUARDING NECESSARY IN HIGHER EDUCATION?

3.1. The Lord Laming Report, 2003 stated that safeguarding is everyone's responsibility. This means that in an educational setting, including a university, everyone should know who to contact if they have concerns about a child or adult at risk. Following this report, the Children's Act 2004 required local authorities across England Wales to set up a Local Safeguarding Children Board. The business of this board is to ensure collective accountability for safeguarding children.

The Social Service and Wellbeing (Wales) Act 2014 establishes the National Independent Safeguarding Board for Wales to provide support and advice to the local Children's Safeguarding Boards and newly established Adult Safeguarding Boards (these may join together as one board in defined areas).

Universities have a common law duty to take the necessary steps that are reasonable to ensure that children and adults at risk are safe and that reasonably foreseeable harm does not occur as a result of careless acts or omissions of the institution.

4. STATEMENT OF POLICY

4.1 The University is committed to providing a safe and secure environment for all students, staff and individual visitors who access its facilities and services.

4.2 The University recognises its particular responsibility to safeguard the wellbeing of children, and vulnerable adults engaged in the breadth of the University's activities by ensuring that there are appropriate arrangements in place to enable it to discharge its duty to provide a safe and secure environment and to deal with issues concerned with suspected or reported current or historic abuse.

4.3 The University seeks to ensure that its policy and procedures comply with statutory duties and reflect available guidance on good practice in safeguarding and that safeguarding arrangements are proportionate to the risks involved.

4.4 The University recognises that it has a duty to help staff and students (through guidance, support and training), to promote safe working practices in order to minimise risk to children, and vulnerable adults and protect staff and the institution from the possibility of false allegations. It is not intended that staff should be restricted from normal ways of working, but staff are advised to consider how an action may be misperceived.

(The Codes of Practice for Working with Children, Young Persons and Vulnerable Adults are contained in Appendix 1.)

5. SAFEGUARDING STRUCTURE

5.1 The University has an organisational structure for safeguarding. Key staff with designated safeguarding responsibilities (as set out in paragraphs 6.1 to 6.2 below) are members of the Safeguarding Steering Group, which meets at least annually and on an as-needs basis in order to monitor, review and develop the work of the University in delivering its duty of care.

6. ROLES AND RESPONSIBILITIES

6.1 The University **Lead Safeguarding Officer (LSO)** will be a member of the University's Senior Management Team. This role is currently held by the University Secretary and will have overall accountability and strategic responsibility for safeguarding vulnerable groups within the University. The Lead Safeguarding Officer will chair the Safeguarding Steering Group

6.2. Two **Principal Safeguarding Officers (PSO)**, have strategic responsibility for overseeing the implementation of the safeguarding policy within the University and providing leadership and support to Designated Safeguarding Officers to undertake their role within their areas of responsibility. These are the **Director of Organisational Development** in respect of staff, and the **Director of Student Services** in respect of University students. They also deputise for the LSO in the university senior management structure for this function.

6.3 In those faculties and corporate departments where there are programmes or activities where staff and students work with children, young people and vulnerable adults as part of their roles, one or more **Designated Safeguarding Officers (DSO)** will be appointed to take responsibility for safeguarding within that programme or activity. The DSO will normally be the organiser or coordinator of the programme or activity. Depending on the scale of activity affecting children or vulnerable adults for each DSO appointed there may be one or more nominated **Deputy Designated Safeguarding Officer (DDSO)** to support the DSO. For example one faculty or department may have one DSO and a number of DDSOs, another may just have a DSO.

(The responsibilities of all Safeguarding Officers can be found at appendix 2.)

7. SIGNS OF HARM AND/OR ABUSE

7.1 Staff and students working in direct contact with children or vulnerable adults may come across signs of harm and/or abuse. Staff need to ensure that any concerns for the wellbeing of a child, or vulnerable adult are reported to the appropriate faculty or department DSO or DDSO or to the PSO (if DSO and DDSO are not available) as quickly as possible and, at most, within 24 hours.

7.2 The DSO, DDSO or the PSO as above will invoke the appropriate procedures to ensure that children and adults are safeguarded involving Social Services and the Police as appropriate. Where staff members are unsure and need guidance about safeguarding issues, they must seek support from the DSO, DDSO or PSO.

7.3 In addition to actions set out in paragraph 7.1 above, where an allegation of abuse or inappropriate behaviour is made against a member of staff and relates to their actions as an employee of the University, Human Resources will advise and guide the line manager of the member of staff against whom allegations have been made in relation to employment and disciplinary issues. A referral should be made to Children's Services if the allegation involves actual or possible harm to a child, or to Adult Social Services if the allegation involves actual or possible harm to a vulnerable adult.

7.4 In addition to actions set out in paragraph 7.1 above, where an allegation of abuse or inappropriate behaviour is made against a student and relates to their actions as a member of the University, the Head of Student Casework will provide advice in relation to student discipline or casework issues.

8. 'CONTROL MEASURES'/PROCEDURES

This policy document constitutes the general policy that applies to all areas of activity in the University.

It is the responsibility of the Safeguarding Steering Group to review this policy annually.

The University will develop new policies where necessary in line with changes in legislation and best practice guidance.

Any local procedures and codes of practice will be subject to approval by the Safeguarding Steering Group.

Following are some general principles that must apply to all local procedures and codes of practice.

8.1 Students

8.1.1 The University takes a risk management approach to safeguarding in organising learning and teaching and delivery of services to students and the public. Faculties and Departments are required to carry out risk assessments in respect of activities that involve children or adults at risk, and make reasonable, proportionate adaptations to those activities.

8.1.2 Where adaptations are reasonable and proportionate, the University will put in place measures in order to control risks and ensure safeguarding and wellbeing.

8.1.3 The University reserves the right to refuse to admit a child or adult at risk to a programme of study, or other University -managed activities, if it judges that the adaptations necessary to safeguard that individual's well-being go beyond what is reasonable and proportionate.

8.1.4 Except in relation to 8.1.5 below, the University has a limited power to ask about unspent criminal convictions on admission as a student and where, in the course of exercising that power, a conviction is disclosed which indicates that the individual poses a clear risk to vulnerable groups, the University has the right to deny admission as a student.

8.1.5 As a condition of admission to certain programmes of study or other university-organised activity where they will be in regulated activity, students are required to undergo a DBS check prior

to the commencement of placement activity. The University is obliged to refuse admission if the DBS disclosure, on a reasonable assessment, would disqualify the applicant from practising as a professional in the context of the activities of the University. Regulated activity is defined by the Safeguarding Vulnerable Groups Act 2006 as amended by the Protection of Freedoms Act 2012.

8.1.6 The University does not consider it practicable to take steps other than those described in paragraphs 8.1.4 and 8.1.5 above, to vet the backgrounds of students who, during the course of learning and teaching activities and administrative activities, come into contact with other students who are children, young people or vulnerable adults (including, for example, those volunteering to work in clinics). The University takes a risk management approach to organising curriculum and service delivery; Faculties or relevant Corporate Departments carry out a risk assessment, and make reasonable adaptations to the delivery of curriculum and/or services.

8.2 Staff

8.2.1 All employees, contractors and volunteers are advised to minimise physical contact with students, except for reasons of health and safety, or where physical contact may be a necessary part of learning in the University (e.g. safe manual handling or the provision of personal care (e.g. carers to disabled students)).

8.2.2 The University has a responsibility for the safety of its learners, and therefore reserves the right to deny employment to individuals where permitted DBS checks suggest that they might pose a danger to any member of its community.

8.2.3 The University reserves the right, in accordance with its employment procedures, to suspend and/or dismiss staff from employment or from undertaking a specific role with respect to that employment (e.g. academic staff acting as personal tutor). This may be in circumstances where the individual acquires or extends a relevant criminal record, or where they have withheld information about their criminal record at the point of employment. Disciplinary action may also be taken against staff, in accordance with the University's employment procedures for a failure to comply with this policy.

8.2.4 The University recognises its responsibility for the wellbeing of staff. Any employee who considers that they themselves may be an adult at risk, can seek support from line management. The employee may also seek additional help and guidance from his/her trade union. These sources of support are available equally to a member of staff who faces allegations of inappropriate behaviour, abuse and/or neglect. Employees who consider that they have been subject to inappropriate behaviour or abuse will also have access to the Dignity at Work and Study Policy

8.2.5 All employees, contractors and volunteers are reminded of the offence of abuse of positions of trust under sections 16 to 19 of the Sexual Offences Act 2003. This makes it an offence for a person aged 18 or over intentionally to behave in certain sexual ways in relation to a child aged under 18, where the person aged 18 or over is in a position of trust (defined as looking after a child aged under 18 who is receiving education at an educational institution) A person "looks after" a child in this context if he/she is regularly involved in caring for, training, supervising or is in sole charge of a child or children.

8.2.6 The University obtains DBS disclosures for all employees, students or volunteers undertaking regulated activity (Any work which is currently defined as regulated activity relating to children and adults within the meaning of Schedule 4 Part 1 of the Safeguarding Vulnerable Groups Act 2006). The University evaluates information about an individual's criminal record, and makes sensible, fair and consistent judgements about whether the individual is safe to engage (or remain engaged) in the employment, role or office.

8.2.7 Many employees are engaged in roles that do not involve undertaking regulated activity (see paragraph 8.2.6 above), yet are involved in activities that may also involve children or adults at risk.

As outlined in paragraph 8.1.1 above, the University takes a risk management approach to the delivery of learning and teaching and University-managed activities involving the wider public.

8.3 Other groups

8.3.1 Where children of students, staff or visitors are present on the University estate or premises used by the university, they remain the responsibility of their parent/guardian or teachers, unless they are enrolled as students, or are otherwise involved in a University-managed activity (see para 8.3.2 below).

8.3.2 Safeguarding the well-being of children visiting the University estate or premises used by the university (without their parent/guardian) is the responsibility of the organiser of the activities in which the child is participating.

8.3.3 Safeguarding the well-being of service users of the university is the responsibility of the organiser of the service they are accessing within the overall remit of this policy

9. PROCEDURES TO BE INVOKED WHEN HARM/ABUSE IS SUSPECTED

9.1 The procedures to be invoked when harm/abuse is suspected can be found at Appendix 1.

10. CONTACT DETAILS FOR DESIGNATED SAFEGUARDING STAFF

Safeguarding Role	Title	Name	Ext	Email
Lead Safeguarding Officer	University Secretary and Clerk to the Governors	William Callaway	01443 54171	William.callaway@southwales.ac.uk
Principal Safeguarding Officer	Director of Organisational Development	Catherine Thomas	01443 83705	Catherine.thomas@southwales.ac.uk
Principal Safeguarding Officer	Director of Student Services	Sharon Jones	01443 482494	Sharon.Jones@southwales.ac.uk

Appendix 1 - Code of Practice for Staff Working with Children and Vulnerable Adults

1. GENERAL PRINCIPLES

These guidelines reflect the principles that:

- Well-being is paramount.
- Everyone should be treated with respect and dignity.
- Employees should understand their responsibilities to safeguard and promote well-being
- All members of the University should demonstrate exemplary behaviour when working with children, and vulnerable adults in order to protect them from abuse and to protect themselves from false allegations.
- Employees should discuss and/or take advice promptly from a DSO/DDSO about any incident or behaviour that may give rise to concern.
- Any allegations or suspicions of abuse should be reported immediately to the DSO/DDSO and to the relevant Local Authority Department.
- Employees should be aware that breaches of the law and other professional guidelines could result in disciplinary or criminal action being taken against them.
- Employees should know the procedures for handling allegations against staff and to whom they should report concerns.

2. WORKING WITH CHILDREN AND YOUNG PEOPLE

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

2.1 WHAT IS ABUSE?

Abuse is a violation of an individual's human and civil rights by any other person or persons.

2.1.1 Abuse of children and young people

It is recognised that some members of the University will have little contact with vulnerable groups at work and consequently may not be in a position to recognise abuse.

Abuse can and does occur both within families and in institutional or community settings. The University acknowledges that some individuals seek to use voluntary and community organisations to gain access to vulnerable people, and that it is necessary to have an open mind when the possibility arises that a member of the University is suspected of abuse or inappropriate activity. Abuse is defined by the All Wales Child Protection Procedures 2008 as one of the following:

1. **Physical:** "Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing harm to a child. Physical harm may also be caused when a parent or caregiver fabricates or induces illness in a child who they are looking after."
2. **Emotional:** "Emotional abuse is the persistent emotional ill-treatment 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 in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, for example by witnessing domestic violence abuse within the home or being bullied or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone."
3. **Sexual:** "Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact activities, including penetrative or non-penetrative acts. They may 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.”

4. **Neglect:** “Neglect is the persistent failure to meet a child’s basic or physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. It may involve a parent or caregiver failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, 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. In addition, neglect may occur during pregnancy as a result of maternal substance misuse”
5. **Domestic Violence:** In addition, the Domestic Violence, Crime and Victims Act 2004 closed a loophole for murder/manslaughter and the 2012 Amendment includes “causing child or vulnerable adult to suffer physical harm”
6. **Grooming:** Under the Sexual Offences Act 2003, grooming of young people under the age of 18 became a statutory offence.

7. **Online Abuse:** Online abuse is any type of abuse that happens on the web, whether through social networks, playing online games or using mobile phones. Children, young people and vulnerable adults may experience cyber bullying, grooming, sexual abuse, sexual exploitation or emotional abuse. Children and vulnerable adults can be at risk of online abuse from people they know, as well as from strangers. Online abuse may be part of abuse that is taking place in the real world (for example bullying or grooming). Or it may be that the abuse only happens online (for example persuading children to take part in sexual activity online). Children and vulnerable adults can feel like there is no escape from online abuse – abusers can contact them at any time of the day or night, the abuse can come into safe places like their bedrooms, and images and videos can be stored and shared with other people.

Other areas to consider specifically for the student population are Radicalisation & extremism – links to your representation on the Channel Panels; Human Trafficking; Female Genital Mutilation; Honour Based Violence & Forced Marriage.

2.2 Working safely with children

You should:

- Maintain (or know the whereabouts of) a register of children working with you at any given time.
- Work in an open environment avoiding private or unobserved situations and encouraging open communication. Avoid spending time alone with children away from others. Teaching spaces for one-to-one tuition should incorporate a proportionate degree of external visibility.
- Any staff working with children, or adults at risk in a clinical or therapeutic setting, sometimes alone, should be appropriately supervised and have undergone DBS checks.
- Treat all children equally, with respect and dignity.
- Treat the child’s welfare as paramount.
- Maintain a safe and appropriate distance with children. It is illegal for staff, students or volunteers to have an intimate relationship with a child.
- Ensure that if any form of manual/physical contact is required, it should be provided where you can be observed and clearly seen by others. In sporting situations this should be according to guidelines provided by the appropriate National Governing Body.

- Involve parents/carers/teachers wherever possible, e.g. by encouraging them to take responsibility for the children in their care in changing rooms, clinics etc.
- Be an excellent role model.
- When feedback is necessary give enthusiastic and constructive feedback rather than negative criticism.
- Keep a written record of any injury that occurs, along with the details of any treatment given.
- Attend relevant safeguarding training courses that the University provides.
- Be committed to cooperate in any investigations.

You should never:

- Engage in rough physical games, or those that could be considered as sexually provocative.
- Share sleeping accommodation overnight with a child.
- Go into a child's room unless absolutely necessary. (If it is necessary, two members of staff should enter.)
- Use a mobile phone or camera when working except in an emergency or as part of an appropriate learning activity where a formal risk assessment has been undertaken.
- Allow or engage in any form of inappropriate touching.
- Allow children or colleagues to use inappropriate language unchallenged.
- Make comments to a child, even in fun, that could be construed as sexually provocative.
- Deliberately reduce a child to tears as a form of control, belittle or demean a child or use emotional abuse.
- Allow allegations made by a child to go unrecorded or not acted upon.
- Invite or allow children, to visit or stay with you at your home.
- Do things of a personal nature for children that they can do for themselves. It may sometimes be necessary for staff or volunteers to do things of a personal nature for children, particularly if they are young or are disabled. These tasks should only be carried out with the full understanding and consent of parents/carer or teacher and, where possible, the child. Toileting must be undertaken by two people, one of whom must be female when accompanying a female child, young person or vulnerable adult (where assistance is needed). There is a need to be responsive to a child's reactions, talk with him/her about what you are doing and give choices where possible. This is particularly so if you are involved in any dressing or undressing of outer clothing, or where there is physical contact, lifting or assisting a child to carry out particular activities. Avoid taking on the responsibility for tasks for which you are not appropriately trained.
- Some research activities involving children may necessitate physical contact. It is important for adults to understand what is appropriate within such activities, to avoid anything that could be misunderstood, and for such activities to be supervised.
- Physical contact between a member of staff and student is sometimes necessary for the student's learning. Its purpose and form should be explained to the student by the member of staff and the student's consent obtained in advance of physical contact taking place. In this context, as in all others, a member of staff should be sensitive to feedback from the student and respond accordingly.

- Have a child, young person or vulnerable adult on one's own in a vehicle.
- Spend time alone with a child. If you are in a situation where you are alone with a child, make sure that you can be clearly observed or seen by others. In a therapeutic, clinical environment relevant ethical and professional guidelines should be adhered to

3. WORKING WITH ADULTS

In respect of safeguarding vulnerable adults, section 126 of the Social Services and Wellbeing (Wales) Act 2014, defines an adult at risk as being anyone 18 years of age or older who:

- is experiencing or is at risk of abuse or neglect;
- has needs for care and support whether or not the local authority is meeting these; and as a result of these needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

There are situations, such as in the provision of personal care to a disabled person, where it will be necessary to have a degree of physical contact in a one-to-one situation. The key principle is that the person should be treated with respect and dignity and that consent should be obtained to any action taken where appropriate (e.g. in relation to cases under the Mental Capacity Act).

3.1 WHAT IS ABUSE?

Abuse is a violation of an individual's human and civil rights by any other person or persons.

3.2 Abuse of adults

There are many ways in which an adult may be abused. It is not unusual for an abused adult to suffer more than one kind of abuse. Accordingly, the impact of abuse and its seriousness for the individual must be evaluated in every case.

[In Safe Hands](#) (Welsh Government 2000) identifies five main categories of abuse:

1. Physical: including hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions;
2. Sexual: including rape and sexual assault or sexual acts to which the vulnerable adult has not given consent, or is incapable of giving informed consent or was pressured into consenting. This may involve contact or non-contact abuse (e.g. touch, masturbation, being photographed, teasing, inappropriate touching);
3. Financial or material: including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;
4. Emotional or Psychological: abuse including emotional, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks; and
5. Neglect or acts of omission: including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, withholding of the necessities of life, such as medication, adequate nutrition and heating.

Other areas to consider specifically for the student population are Radicalisation & extremism – links to your representation on the Channel Panels; Human Trafficking; Female Genital Mutilation; Honour Based Violence & Forced Marriage.

4. WHAT TO DO IF ABUSE IS REPORTED OR SUSPECTED

The recognition of abuse is not always easy and the University acknowledges that its employees are not experienced in this area and will not easily know whether or not abuse is taking place. Indeed, it is not the place of University members to make such a judgement. However, the university recognises that it has a responsibility to act on any concerns in order to safeguard the welfare of vulnerable groups.

Any concerns should be reported promptly to a DDSO or DSO who will in turn report to the Lead and Principal Safeguarding Officers as appropriate. All staff should be made aware of whom the DSO or DDSO is in their relevant setting, before working with members of any vulnerable group.

Every effort should be made to maintain confidentiality. Suspicions must not be discussed with anyone else on campus other than those nominated above.

The LSO and PSO have the responsibility to act on behalf of the University in dealing with allegations or suspicion of abuse or neglect. This will include collating details of the allegation or suspicion and referring the matter to the appropriate statutory authorities.

Where there are outreach activities, e.g. in a school or hospital, reported or suspected abuse should be referred to the Designated Safeguarding Officer of the school or hospital. The expectation of the University is that any such referral would be brought to the attention of the University Lead Safeguarding Officer by the school or hospital Designated Safeguarding Officer.

NB: It is the task of designated statutory bodies (Police, Social Services, NSPCC) not the University, to assess the information given to them and to decide whether to investigate the matter further under The All Wales Child Protection Procedures (2008) and the Wales Interim Policy and Procedures for the Protection of Vulnerable Adults (2013).

It is important to note that in the case of adults, if the adult has the capacity to refuse consent to Social Services responding to the alleged abuse and there are no other vulnerable adults at risk; a crime has not been committed; and children are not present (or in the environment where the alleged abuse has taken place), Social Services cannot proceed without consent and therefore, the University would not be able to proceed.

Under no circumstances should members of the University carry out their own investigation into suspicions or allegations of abuse, neither should they question victims closely, as to do so may contaminate evidence and obstruct any investigation that may be carried out subsequently by the Police or Social Services.

5. RESPONDING TO SUSPICIONS OF ABUSE

If a vulnerable person says something or acts in such a way that abuse is suspected, the person receiving the information should:

- React in a calm but concerned way.
- Tell the person that s/he is right to share what has happened; and that s/he is not responsible for what has happened.
- Take what the person says seriously.
- Keep questions to an absolute minimum only to clarify what the person is saying; not to interrogate.
- Do not interrupt the person when they are recalling significant events.
- Reassure the person that the problem can be dealt with.

- Do not give assurances of confidentiality that cannot be kept but should reassure the person that the information will only be passed on to those people who need to know.
- Make a full record of what is said and done, though this should not result in a delay in reporting the problem to the relevant DSO or DDSO.

The record should include:

- The person's account of what has occurred.
- The nature of the allegation or concern.
- A description of any visible physical injury (clothing should not be removed to inspect the injury).
- A verbatim record of the disclosure. This may be used later in a criminal trial and it is vital that what is disclosed is recorded as accurately as possible. Do not ask leading questions. The record must be drafted in the person's words and should not include the assumptions or opinions of others.
- Any dates, times or places and any other potentially useful information.

The problem should be reported IMMEDIATELY by the DSO/DDSO to the LSO or PSO who will take the appropriate action. If the concern is of a very serious nature and arises out of normal office hours (evenings and weekends), contact should be made directly with the relevant Social Services Emergency Duty Team.

It is recognised that staff may need support after receiving a disclosure and will be offered appropriate support by line management.

6. WHISTLEBLOWING

Whistleblowing is an important aspect of a safeguarded institution whereby staff, student mentors and volunteers are encouraged to share genuine concerns about a colleague's behaviour, in confidence, with a Principal Safeguarding Officer.

Working with children, or adults at risk places staff and volunteers in positions of power. In order to retain the trust of a child, or adult at risk, it is essential that all reasonable steps are taken to ensure this power is exercised responsibly.

There may be situations whereby staff or volunteers have genuine concerns about the conduct of a colleague towards a child or adult. All members of the University have the right and the responsibility to raise concerns, without prejudice to their own position, about the behaviour of staff, managers, volunteers, students or others, which may be harmful to those in their care and will receive appropriate support when doing so.

In accordance with the Public Interest Disclosure Act 1988 and the All Wales Whistleblowing – Right to Raise Concerns 2012, and the USW Whistleblowing Policy, the University will support and protect those staff and students who, in good faith and without malicious intent, report suspicions of abuse or concerns about colleagues and their actions. Whistleblowing should be part of transparent work practices and is not intended to set up mistrust or suspicion among staff and volunteers.

Staff who want to get free confidential advice about whistleblowing can contact Public Concern at Work on 020 7404 6609 or visit their website at: www.pcaew.org.uk.

7. ALLEGATIONS OR SUSPICION OF ABUSE AGAINST A MEMBER OF THE UNIVERSITY

This can be an extremely difficult issue to deal with. It can be difficult to accept that a colleague may harm a child, or adult. It may also be that the behaviour that causes concern is bad practice rather than abuse. Any concerns should be reported to the DSO/DDSO in the first instance.

It is important that any response is properly co-ordinated and that events are managed in the right order. For this reason, the University will consider taking no direct action against a member of the University without the advice and agreement of the investigating agencies (e.g. the Police, NSPCC or Social Services), except where such action is necessary to protect a child, or adult.

If, following consideration and any consultation, the concern is clearly about bad practice rather than abuse, the University will take the necessary action to advise, manage or instigate disciplinary action against the member of the University about whom the allegation has been made.

Irrespective of the outcome of any Police or Social Services investigations, the University may consider disciplinary action in accordance with its disciplinary procedure.

8. CONCERNS OF POSSIBLE ABUSE OUTSIDE OF THE UNIVERSITY

As a result of their contact with a child, or adult, members of the University may become concerned that the person is being abused by someone unconnected with the University. In these circumstances the individual should report their concerns to the DSO/DDSO as outlined above.

9. ALLEGATIONS OF ABUSE BY AN INDIVIDUAL FROM AN EXTERNAL ORGANISATION USING UNIVERSITY FACILITIES

A child, or adult who is on campus through an external organisation may make an allegation of abuse to a member of the University about an adult member of that external organisation. In this situation, the member of the University must report the allegation to the DSO/DDSO. The DSO/DDSO will report the matter to the external organisation and will notify the Lead Safeguarding Officer of their action. The University expects the organisation to follow its own safeguarding policy and will require confirmation that the appropriate action has been taken. In addition, the Lead Safeguarding Officer will consider whether it is permissible to allow the external organisation continued use of the facilities during the investigation period and beyond.

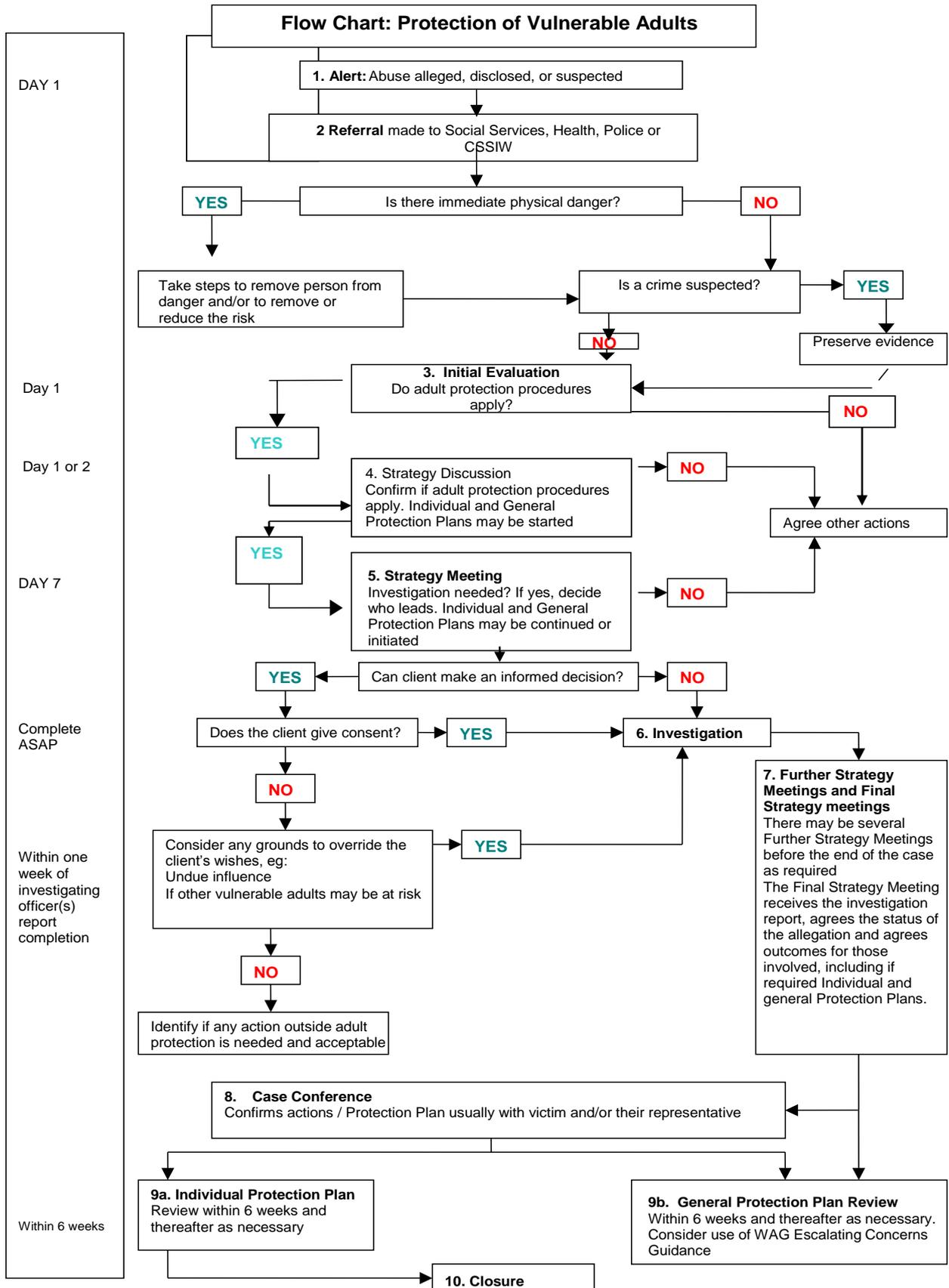
10. WORKING WITH VULNERABLE GROUPS IN RESEARCH

There are important issues to consider when working with vulnerable groups on a research project:

- The Faculty Ethics Committee/Ethics Champion/University Ethics Committee with the Lead DBS Countersignatory (Director of Organisational Development) must consider whether anyone working with vulnerable groups as part of a research project (whether staff or student within the University) requires a DBS disclosure.
- All research involving vulnerable groups must obtain approval from the relevant Faculty Ethics Committee/Champion and be consistent with the University's policy on research ethics.
- The researcher should ensure that informed consent has been obtained from parents of children under 18. Children should be given the opportunity also to consent to participation, but parental consent is essential.
- Any research activity will respect the person's right to confidentiality and comply with any relevant code of ethics applicable to the type of research being conducted.
- The researcher should monitor the effect of the research on the person to ensure that they feel comfortable with continuing with the research.
- Wherever possible, a same sex chaperone should always be present during the research.

Appendix 2

The Ten Stages and Timescales in the Adult Protection Process



Stage	Activity	Timescale
Stage 1 Alert (abuse alleged, disclosed, suspected)	<ul style="list-style-type: none"> Evaluate risk, Make decision, Take action Make referral. 	Take immediate/ emergency action if necessary → Referral to be completed within one working day.
Stage 2 Referral Received	<ul style="list-style-type: none"> Referral received by Social Services, Police, CSSIW, HIW or Health. Evaluate risk. 	
Stage 3 Initial evaluation	<ul style="list-style-type: none"> Decide if the <i>Adult Protection Procedures</i> apply. 	→ Initial evaluation on the day the referral is received.
Stage 4 Strategy Discussion	<ul style="list-style-type: none"> Initial information gathering. Evaluate all risks. Create and implement Individual or General Protection Plans if risk identified. <i>'Police will decide if a criminal investigation is required'</i>. 	→ Strategy Discussion within 2 working days of the alert
Stage 5 Strategy Meeting	<ul style="list-style-type: none"> Evaluate risk and in the context of risk assessment decide if investigation needed or alternative action. Create and implement Individual or General Protection Plans if risk identified. 	→ Within 7 working days of the alert
Stage 6 Investigation	<ul style="list-style-type: none"> Investigation conducted, including further evaluation of risk. 	→ Complete as soon as possible and within timescale agreed at Strategy Meeting
Stage 7 Reconvened Strategy Meeting	<ul style="list-style-type: none"> Receive investigation report, agree actions. Review risk and formulate Individual and General Protection Plan whenever necessary. 	→ Within 7 working days of completion of the investigation report
Stage 8 Case Conference	<ul style="list-style-type: none"> Feedback to alleged victim/advocate/family Agree Protection Plan. Evaluate risk 	→ Within one week of Reconvened Strategy Meeting.
Stage 9 Reviews	<ul style="list-style-type: none"> Reviews of Individual Protection Plan and risk. 	→ Within 6 weeks of agreement of Individual Protection Plan and thereafter as agreed.
Stage 10 Closure	<ul style="list-style-type: none"> Adult protection work completed and adult protection file closed. Care management continues as necessary. 	→ Once all risks resolved or agreement reached on the management of any continuing risks.

NB: Working days exclude weekends and bank holidays

Appendix 3. Adult Protection Referral Form – Confidential

Please complete as fully as possible, especially ensuring that risks are identified.

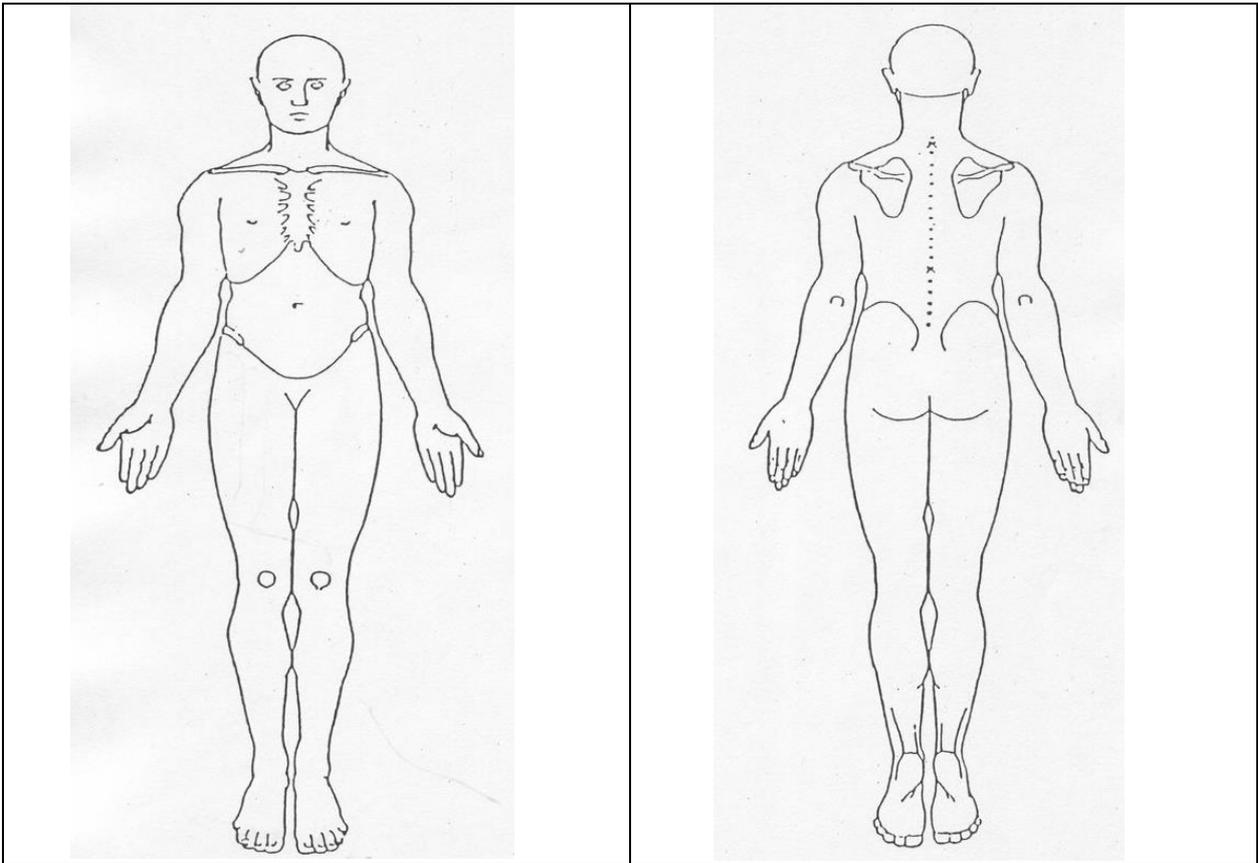
1. ABOUT THE VULNERABLE ADULT (Subject of referral)

Date Referral Received:	Date(s) of Incident(s) if known:
Name:	
Client/Patient ID Number:	
Date of birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Vulnerable Adult/Client's Current Address:	Other Vulnerable Adults / Children living at the property:
Tel Number:	Main Client Group: Elderly Mentally Infirm <input type="checkbox"/> Older Person <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Learning Disability <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Disability <input type="checkbox"/> Substance Misuse <input type="checkbox"/> Other <input type="checkbox"/>
Marital Status:	
Ethnicity:	
First Language:	
Need Interpreter: Yes <input type="checkbox"/> No <input type="checkbox"/>	
GP's Name:	
Telephone Number:	
Surgery Address:	Client Category: Open/active <input type="checkbox"/> Open, review only <input type="checkbox"/> Closed <input type="checkbox"/> Not previously known <input type="checkbox"/> Other County <input type="checkbox"/>

Next of kin:	Relationship:
Address:	
Telephone number:	
Is the vulnerable adult aware of the referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has the vulnerable adult consented to the referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there any evidence to suggest that the vulnerable adult lacks mental capacity to consent to this referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	

2. ABOUT THE ALLEGED ABUSE

Type of alleged abuse (tick all relevant boxes) Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional/Psychological <input type="checkbox"/> Financial/Material <input type="checkbox"/> Neglect <input type="checkbox"/>
Personal circumstances – Is the alleged victim subject to any legislative powers, e.g. Mental Health Act, Power of Attorney?
Where did the alleged abuse occur? Own Home <input type="checkbox"/> Care Home - Residential <input type="checkbox"/> Care Home – Nursing <input type="checkbox"/> Care Home – Respite <input type="checkbox"/> Relative’s Home <input type="checkbox"/> Supported Tenancy <input type="checkbox"/> Hospital <input type="checkbox"/> Hospital – Independent <input type="checkbox"/> NHS Trust Group Home <input type="checkbox"/> Home of Perpetrator <input type="checkbox"/> Daycare <input type="checkbox"/> Educational <input type="checkbox"/> Sheltered Accommodation <input type="checkbox"/> Hospice <input type="checkbox"/> Public Place <input type="checkbox"/> Other <input type="checkbox"/> Please State:
Is the abuse: Historical <input type="checkbox"/> Current <input type="checkbox"/>
Description of alleged abuse/injuries:



What steps have been taken to safeguard the vulnerable adult and by whom:

3. ABOUT THE PERSON(S) ALLEGEDLY RESPONSIBLE FOR THE ABUSE

Person 1:

Unknown at present: <input type="checkbox"/>	
Name:	Address:
Tel No:	Date of Birth:
Age:	Relationship to Alleged Victim:
Employing Agencies. List all known:	
Is alleged perpetrator a vulnerable adult? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Is alleged perpetrator a child? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Is alleged perpetrator aware of the referral? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Is the alleged perpetrator known to social services, health or police? Please give appropriate details	

Person 2:

Unknown at present: <input type="checkbox"/>	
Name:	Address:
Tel No:	Date of Birth:
Age:	Relationship to Alleged Victim:
Employing Agencies. List all known:	
Is Alleged perpetrator a vulnerable adult? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Is Alleged perpetrator a Child? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Is Alleged perpetrator aware of the referral? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Is the Alleged perpetrator known to social services? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
If yes, Client/Patient Database Number:	Team responsible:

If more than two alleged perpetrators have been identified please photocopy this page or at details in Section 8 – Additional information.

4. ABOUT THE PEOPLE WHO WITNESSED THE INCIDENT (S)

Witness 1:

Name:	Address:
Tel No:	Relationship to victim (if any):
Is witness a child? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Is witness a vulnerable adult? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Is witness aware of referral? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	

Witness 2:

Name:	Address:
Tel No:	Relationship to victim (if any):
Is witness a child? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Is witness a vulnerable adult? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Is witness aware of referral? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	

Witness 3:

Name:	Address:
Tel No:	Relationship to victim (if any):
Is witness a child? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Is witness a vulnerable adult? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Is witness aware of referral? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	

5. ABOUT THE PERSON WHO FIRST RAISED THE CONCERN

Name:	Address:
Tel No:	Occupation/Relationship:
Date/Time report:	

Does the referrer wish to remain anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state why:

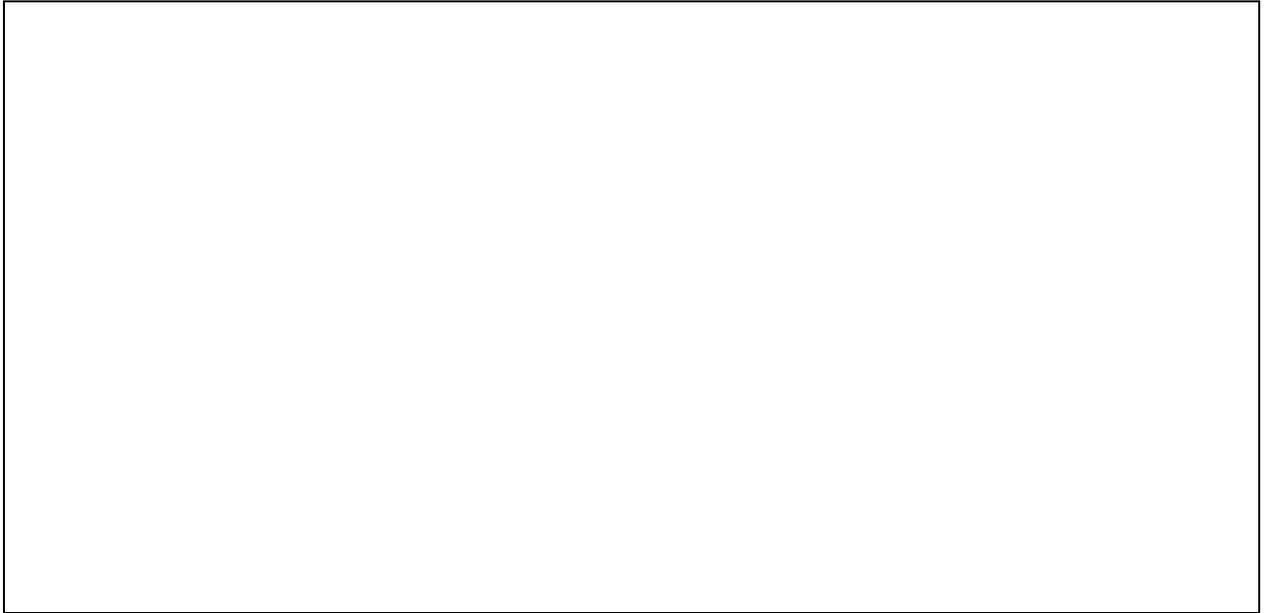
6. ABOUT THE PERSON WHO IS REPORTING THE INCIDENT (S) TO SOCIAL SERVICES

Is the person reporting the incident a witness to the incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name:	Address:
Tel No:	Occupation/Relationship:
Date/Time reported:	
Does the referrer wish to remain anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please state why:	

7. DETAILS OF PERSON COMPLETING THIS FORM

Name:	Designation:
Agency:	Time/Date completed:
Signature:	Telephone number:
Where applicable, details of countersigning line manager:	
Name:	Designation:
Signature:	Time/Date countersigned:

8. ADDITIONAL INFORMATION:

A large, empty rectangular box with a thin black border, intended for providing additional information. The box is currently blank.

Appendix 4

Responsibilities of Safeguarding Officers

Lead Safeguarding Officer (LSO)

- To be accountable to the University Executive Team and Governing Body for the institution's safeguarding policy and practice.
- Ensure there is a staff structure and committee structure in place to fulfil safeguarding responsibilities
- To develop University wide procedures, practice and guidance for safeguarding that are compliant with Local Safeguarding Children Board procedures.
- To Chair the University Safeguarding Steering Group.
- Ensure that safeguarding is afforded utmost priority at the most senior level within the institution.
- Undertake safeguarding training at an appropriate level.
- Ensure that funding and human resources including staff development and training are available to fulfil safeguarding responsibilities.
- Ensure procedures are in place for managing allegations, whistleblowing and safe recruitment practices.
- Ensure that secure records of Vulnerable Groups Protection concerns are stored and shared appropriately.
- To create links with the local authority children's services teams.
- To identify Principal Safeguarding Officers.
- Ensure that monitoring and review systems are in place to incorporate new guidance and legislation and to test out existing systems.
- To act as a source of support, advice and expertise to staff.

Principal Safeguarding Officers (PSO)

- Deputise for the LSO in the university senior management structure
- Receive referrals that have been escalated from DSO/DDSO level
- Liaise with the Lead Safeguarding Officer to inform him/her of any issues and on-going investigations
- Devise the means by which the policy is implemented, monitored and refined.
- Ensure each member of staff has access to and understands the USW Safeguarding Policy especially new or part time staff who may work with different educational establishments
- Refer cases of suspected abuse or allegations escalated from DSO/DDSO level to the relevant investigating agencies
- Report such referrals to the Lead Safeguarding Officer.
- Keep detailed, accurate and secure written records of referrals/concerns

Lead Safeguarding Officer (LSO), Principal Safeguarding Officer (PSO)

Training

- Be trained to an appropriate level in Safeguarding and attend any relevant or refresher training courses at least every two years.
- Be trained in whistleblowing.
- Have a working knowledge of how (Local Children's Safeguarding Boards) operate, the conduct of a Child Protection case conference or strategy meeting and be able to attend and contribute to these effectively when required to do so

Designated Safeguarding Officer (DSO)
Deputy Designated Safeguarding Officer (DDSO)

- Receive incident or case information from staff or students.
- Refer cases of suspected abuse or allegations to the relevant investigating agencies such as Social Services, Police (DSO).
- Report referrals to Lead Safeguarding Officer when they need to be escalated and keep the LSO aware of developments in cases managed by DSO.
- Act as a source of support, advice and expertise to staff.
- Ensure programmes or activities are planned, organised and delivered in accordance with this policy.
- Undertake safeguarding risk assessments of activities making suggestions for reasonable adjustments (e.g. to curriculum or assessment)
- Liaise with Marketing and Student Recruitment when dealing with under-18s or vulnerable adult students.
- Provide the Safeguarding Steering Group with any additional safeguarding policies or procedures for implementation at a local level such as a clinic operation.
- Receive relevant and appropriate training to undertake the role.
- Arrange the training, induction and guidance for all staff and volunteers appropriate for programmes or activities concerned, including drawing attention to this policy.
- Ensure all relevant staff have induction training covering safeguarding (Level 1) and are able to recognise and report any concerns immediately they arise to the appropriate person.
- Where appropriate, advise parents of the existence of the Safeguarding Policy, which alerts them to the fact that referrals may be made and the role of the establishment in this to avoid conflict later.
- Keep detailed, accurate and secure written records of referrals/concerns.

DSO/DDSO Training

- Undertake Level 2 Safeguarding training and attend any relevant or refresher training courses at least every two years.
- Be trained in whistleblowing.
- Have a working knowledge of how Local Children's Safeguarding Boards operate, the conduct of a Child Protection case conference or strategy meeting and be able to attend and contribute to these effectively when required to do so; and the equivalent for vulnerable adults.

Appendix 5 - Relevant Legislation, Guidance and Codes of Practice

The Data Protection Act 1998

Human Rights Act 1998

The Children Act 1989

In Safe Hands (Welsh Government 2000)

The Children Act 2004

Working Together to Safeguard Children 2004

All Wales Child Protection Procedures 2008

Safeguarding Children in Education (DfES 2004)

Safeguarding Children: A Framework for HEIs (2007)

Sexual Offences Act 2003

Safeguarding Vulnerable Groups Act 2006

Wales Interim Policy and Procedures for the protection of Vulnerable Adults from Abuse (2013)

Social Services and Wellbeing (Wales) Act 2014

Female Genital Mutilation Act 2004

Forced Marriage Act 2007

Criminal Justice and Immigration Act 2008

Appendix 6

Contacting Children's Services

The appropriate Children's Services to be contacted in instances of alleged child abuse will be the one which covers the local authority area within which the incident occurred.

Therefore, if the incident occurred at the child's home/school, the appropriate geographical Children's Services would be the one for that local authority area.

Blaenau Gwent/Monmouthshire
Social Services
7 Bridge Street
Civic Centre
Ebbw Vale
01495 315700

Bridgend County Borough Council
Social Services Department
Council Offices
Sunnyside
Bridgend
CF31 4AR
01656 643643

Caerphilly Borough Council
Caerphilly Children Services
Hawtin Park
Gellihaf
Blackwood
08081001727

Merthyr Tydfil County Borough Council
Via Cwm Taf MASH
Child - 01443 743619
Out of office hours emergency - 01443 74366

Cardiff Council
Social Care and Health
PO Box 97
Cardiff
CF11 1BP
Intake and Assessment Team
029 2053 6400 - during office hours
Emergency Duty Team
02920 788570 - out of office hours

Monmouthshire County Council
County Hall
6th Floor
Cwmbran
NP44 2XH
01633 644644

Neath Port Talbot County Borough Council
Civic Centre
Port Talbot
SA13 1PJ
01639 685717

Newport Child Protection Unit
Children and Families Services
Newport County Borough Council
3rd Floor
Royal Chambers
High Street
Newport
NP20 1FR
01633 656656

Rhondda Cynon Taff County Borough Council
Via Cwm Taf MASH
Child - 01443 742928
Out of office hours emergency - 01443 743665

Swansea
Directorate of Social Services

Torfaen County Borough Council
Social Services Department

City and County of Swansea
PO Box 603
Swansea
SA1 9HT
01792 635700

County Hall
Cwmbran
Torfaen
01633 762200

Vale of Glamorgan
Child Protection and Reviewing Unit
Vale of Glamorgan County Council
Dock Offices
Subway Road
Barry Docks
Barry
01446 725202

Contacting Adult Safeguarding Teams

The contact details for each local authority can be found at the link below.

http://ssiacymru.org.uk/home.php?page_id=3015

For the university the most relevant regional clusters are the Cwm Taf, Western Bay and Gwent regions.

The Western Bay Safeguarding Adult Board covers the County Boroughs of Bridgend, Cardiff, Swansea, Vale of Glamorgan, Rhondda Cynon Taff, Merthyr and Neath and Port Talbot.

The Gwent region Adult Safeguarding Board includes the County Boroughs of Caerphilly, Blaenau Gwent, Monmouth, Newport and Torfaen. It is one of the four regional groups covering the whole of Wales.

Cwm Taf Multi-agency Safeguarding Hub (MASH) covers the Merthyr and RCT areas.

Cwm Taf MASH
Adult Services
Pontypridd Police Station
Berw Rd
Pontypridd CF37 2TR

Merthyr Tydfil: 01443 742942
adultsatrisk@merthyr.gcsx.gov.uk

RCT: 01443 742940
adultsatrisk@rctcbc.gcsx.gov.uk

RCT Emergency duty team
socialworkemergencydutyteam@rctcbc.gcsx.gov.uk