

SAFEGUARDING 1 – CHILD AND VULNERABLE ADULT PROTECTION

1.0 PURPOSE

To set out how the college will meet its statutory duty to protect children, and its duty under legislation, policy and guidance to protect vulnerable adults from abuse.

2.0 SCOPE

This Quality Code applies to all staff, governors and volunteers.

3.0 REFERENCES AND RELATED DOCUMENTATION

The Quality Code has been developed by reference to:

- Stockton Local Safeguarding Children: Procedures and Guidance for Working Together to Safeguard and Promote the Welfare of Children in Stockton-on-Tees; version 10 – issued July 2011
- Teeswide Safeguarding Adults Partnership: Safeguarding Vulnerable Adults Inter-Agency Policy – issued July 2010
- HM Government: Every Child Matters – Change for Children. Non Statutory Guidance 2006
- HM Government: Information Sharing – Guidance for Practitioners and Managers 2006
- HM Government: Working Together to Safeguard Children 2010
- HM Government: What to do if you're worried a child is being abused 2006
- Education Act 2002
- Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- Mental Capacity Act 2005

This Quality Code should be read in conjunction with the following documentation:

- Safeguarding Policy
- Personnel 3 - Staff Disciplinary and Dismissal Regulation

- Personnel 8 - Whistleblowing Regulation
- ICLT 6 - Data Protection and Freedom of Information Regulation

4.0 DEFINITIONS

Children: Those under the age of eighteen (sometimes referred to in other guidance as children and young people).

Vulnerable Adults: A person aged 18 years or over who is, or may be, in need of community care services by reason of mental or other disability, age or illness **or** who is, or who may be, unable to take care of him or herself **or** unable to protect him or herself against significant harm or exploitation. (Law Commission for England and Wales, 1995). This could include learners with learning difficulties and/or disabilities.

Safeguarding: Pro-actively keeping children and vulnerable adults safe from harm and abuse. This means ensuring they are safe from accidents, crime, bullying, and actively promoting their well-being in a healthy, safe and supportive environment.

Child & Vulnerable Adult Protection: A central part of safeguarding. It is the process of protecting specific children or vulnerable adults identified as suffering, or at risk of suffering, significant harm as a result of abuse or neglect.

Significant Harm: The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life. The local authority has a duty to make enquiries or cause enquiries to be made if a child or vulnerable adult is judged to be at risk of suffering significant harm.

Duty of Care: The duty which rests upon an individual or organisation to ensure that all reasonable steps are taken to ensure the safety of a child or vulnerable adult involved in any activity or interaction for which that individual or organisation is responsible. Any person in charge of, or working with children or vulnerable adults in any capacity is considered, both legally and morally to owe them a duty of care.

5.0 STATEMENT OF ACTION

Stockton Riverside College Stockton Riverside College is committed to safeguarding and promoting the welfare of children and vulnerable adults and expects all staff, governors and volunteers to share this commitment.

Who is responsible for Safeguarding and protecting Children and Vulnerable Adults from abuse?

Both are everyone's business and it is essential you understand your role. ***We all have a Duty of Care***

5.1 Definitions of Abuse

a) Physical Abuse

May include hitting, shaking, throwing, poisoning, burning, scalding, suffocating or otherwise causing physical harm. Physical harm can also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child or vulnerable adult.

b) Emotional Abuse

The persistent emotional maltreatment of a child or vulnerable adult such as to cause severe and persistent adverse effects on emotional development. This may involve conveying that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person. It may include persistent scapegoating, hostility, ridicule, frightening or threatening behaviour, or cruelty. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve children seeing or hearing the ill-treatment of another or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment though it may occur alone.

(c) Sexual Abuse

Sexual abuse involves forcing or enticing a child or vulnerable adult to take part in sexual activities, including prostitution, whether or not the person is aware of what is happening. The activities may involve physical contact, including penetration or non-penetrative acts. They may include non-contact activities, such as involving individuals in looking at, or in the production of pornographic material, watching sexual activities, or encouraging people to behave in sexually inappropriate ways.

(d) Neglect

The persistent failure to meet a child or vulnerable adult's basic physical and/or psychological needs, likely to result in the serious impairment of health or development. It may involve a parent or carer failing to provide adequate food, clothing and shelter (including exclusion from the family home). Failing to protect from physical harm or danger, failing to provide adequate supervision including the use of inadequate care-takers or the failure to ensure access to appropriate medical care or treatment.

(e) Financial or Material Abuse

Gaining access to and misusing funds, possessions or benefits. More usually associated with a Vulnerable Adult.

(f) Institutional Abuse

Institutional abuse can be seen when organisations allow the abuse of those in their care as a consequence of practices in the organisation. This could include routine bullying and humiliation of service users, shortage of food, warmth and clothing, and 'rough' handling of people. Institutional abuse can arise as a result of poor management, the absence of appropriate training and support for staff, a lack of policy and clear procedures and poor channels of communication.

5.2 Is it Abuse?

Abuse is not always obvious so it is very important to be vigilant and share concerns and information (taking into account the requirements to do so confidentially and appropriately – see Appendix 1).

All concerns, including those which perhaps seem minor (such as noting a learner was behaving out of character) should be referred to the Personal Tutor of the person concerned. This enables a good record to be maintained of what can seem like minor issues when looked at in isolation. The Personal Tutor will action as required. For children the goal (which can also be applied to vulnerable adults) is always to help the child meet the five outcomes that were specified in the Every Child Matters guidance:

- Be Healthy
- Stay Safe
- Enjoy and Achieve
- Make a Positive Contribution
- Achieve Economic Well-being

Actions may involve organising a tutorial with the learner, contacting the learner's parents (with consent), referring the learner to internal services such as career guidance, counsellor or youth workers, raising as a general issue with the tutor group, or just noting for future reference.

If the Personal Tutor is unsure of what action to take they will discuss with an appropriate colleague or member of the faculty management team. If still unsure (or unsure whether

the matter is a safeguarding issue) the matter should be immediately referred to one of the college's Designated Persons for Safeguarding:

- **Liz Boynton** – (Head of Higher Education, Safeguarding & Professional Development): senior manager responsible for safeguarding and lead designated person 01642 865482 / 07553367540
- **Lorna McLean** – (Head of Equality & Learner Support) 01642 865464 /07970982324
- **Miriam Stanton** – (Deputy Principal Teaching, Learning & Learner Services)01642 631318
- **Ged Coull** – (Head of Bede Sixth Form) 01642 373265 or 373250

5.3 Significant causes for concern

A significant concern is where there has been, or is, a likelihood of harm (ill treatment or impairment of health) that will have a significant effect on development (physical, intellectual, emotional, social or behavioural) or health (mental & physical).

There are no absolute criteria for judging what significant effect means. It could depend on:

- the degree and extent of physical harm
- the duration and frequency of emotional abuse and neglect
- the impact on health and development
- any specific needs such as a disability
- the wider and environmental family context
- the capacity of parents/carers to meet needs

If you have a significant concern or you are unsure but think it may be significant it must be reported immediately to a Designated Person. Do not think of the consequences on others (e.g. parents or another member of staff) of reporting – the focus must always be solely on the needs of the child or vulnerable adult.

A significant concern can arise because a learner discloses about abuse, information is received from someone else (e.g. another learner) or there are signs and symptoms that indicate abuse either may already have taken place, or may happen in the future. A significant concern can also arise due to a final piece of information being added to previous concerns.

5.4 Disclosure (including allegations)

Disclosure may occur through classroom activities or may be made directly to you as a member of staff or volunteer. If a child or vulnerable adult tells you that s/he has been or is experiencing any form of abuse or his/her explanation of a physical injury is that a parent, guardian or other person has caused it, this is an **allegation**. If this happens:

- Remain calm, listen carefully and allow the person to speak without interruption and do not trivialise or exaggerate the issue.
- Never make suggestions, coach or lead the person in any way. This is very important as asking what could be seen to be leading questions could seriously weaken a case if it went to court. Leave this to those who will conduct the subsequent investigation (e.g. the police).
- Give the person plenty of time to talk and if possible try to write down what they say as they are saying it (or if unable to write at the time do it as soon as possible afterwards). Record the date and the precise time of day s/he told you and the date and precise time you wrote it down.
- Be honest and explain that you are unable to keep the information they have told you a secret and that you will have to involve other people, but reassure them that they have done the right thing by disclosing to you, that only people who need to know will be told, and that the situation will be dealt with sensitively.
- Contact a Designated Person, or if you do not think it is advisable to leave the learner on their own ask someone else to contact them. If a Designated Person is not immediately available contact the College Duty Manager. If physical injury has occurred also **ask for a first aider immediately** and in cases of imminent threat, e.g. physical attack on College premises, **ask for Facilities to assist in ensuring immediate safety**
- Complete a Referral form (see Appendix 2) as soon as you are not directly involved with the person who made the disclosure (available on college intranet in the Safeguarding section) and deliver it and any other notes you made in a sealed envelope marked confidential to the Designated Person. Do not keep any copies, although you should make a general note for your own records (e.g. disclosure made by .. on.. at... Referred to ...on...at...)
- In the unlikely event that neither a Designated Person or Duty Manager is available (e.g. in holiday periods or outside normal college opening hours) refer to another college manager who is familiar with the role of Duty Manager (e.g. faculty/sixth form heads and deputies). If no other option take all reasonable steps yourself to

protect a child or vulnerable adult from an immediate threat (e.g. contact First Contact / the Emergency Duty Team or the Police on the numbers below).

In office hours First Contact Team
Telephone: 01642 527764
Email: firstcontact@stockton.gov.uk

Out of hours Emergency Duty Team
Telephone: 08702 402994

Police
Telephone: 01642 326326 or (999 in an emergency)

DO NOT contact parents, guardians or any other person (e.g. friends of the child or vulnerable adult) without first consulting the Designated Person. This is very important to prevent the potential for warning people who may be involved in the allegations, or who may take action if aware an allegation has been made (e.g. further abuse or making immediate arrangements for a child to leave the country for a forced marriage).

5.5 Designated Person

On notification of a significant concern the Designated Person will:

- Check for any existing records (if appropriate to the situation) held in the Child & Vulnerable Adult Protection file.
- Determine the priority/level/immediacy of risk (could include factors relating to the person concerned, others and any carers involved).
- Arrange for emergency first aid (if required) only. Any other medical intervention/ checks will be arranged by the Social Care Service and/or the Police.
- Refer any allegations involving a learner aged 14-16 to the Head of Equality & Learner Support (Lorna McLean) or the Deputy Head of Equality & Learner Support (Sue Pattison). They in turn will refer the matter to the pupil's home school.

If the Designated Person decides a referral to the Adult or Children's Social Care Service is required they will:

- Refer any allegations involving a member of staff, volunteer, college governor, partner or employer to the senior manager responsible for safeguarding (Liz

Boynton) via the safeguarding mobile. If she is unavailable seek advice from the Deputy Principal Teaching, Learning & Learner Services (Miriam Stanton).

- If the allegation involves either of the managers named above refer the matter to whichever of them is not involved. Alternatively the matter should be referred to the Principal. If the allegation cannot be reported to the Principal (e.g. an allegation of institutional failure) it should be reported to the Governor responsible for Safeguarding (Val Northcombe) via the Clerk to the Governors (Sarah Thompson) sarah.thompson@stockton.gov.uk tel 01642 865415.
- Ask the view of the child or vulnerable adult concerned if they can understand the significance and consequences of making a referral (see Appendix 3 & 4 re mental capacity and consent for 16-18s), however whilst their view should be respected and considered, it remains the responsibility of the Designated Person to take whatever action is required to ensure the safety of the child/vulnerable adult involved and others who may be at risk. **The protection of the child or vulnerable adult must always be the most important consideration.**
- Where practicable (and appropriate for a vulnerable adult) discuss concerns with the family/carers and seek agreement for a referral *unless* this may, either by delay or the behavioural response it might prompt, place the child or vulnerable adult at risk of significant harm or compromise the safety of another person.
- Collate the details required for a referral as comprehensively as possible (including full address, date of birth, whether there are other children or vulnerable adults in the setting, any special needs and other professionals involved) and document whether consent for referral was obtained from the person and their family/carers, or if not the reason for this decision.
- Refer to social services in a timely way (reflecting the level of perceived risk but usually within a maximum timeframe of 1 working day) recording the name of the person referred to and the time of the call.
- Refer to the social services emergency duty team if out of hours.
- Confirm the referral to social services in writing within 48 hours.
- Keep a written record of all discussions with the child/vulnerable adult and their parents/carers, discussions with others with the college, information provided to Social Care, their advice and any decisions taken (timed, signed and signed).
- Store the records in the safeguarding file (kept securely in the management suite) and notify the senior manager responsible for Safeguarding via email to alert them.
- Clarify with First Contact whether the referral has been accepted for action.

- If the referral is accepted for action comply with requests from the Social Care Services for further involvement.
- If the referral is not accepted, clarify the reasons why not, and if you still consider that the person (or others) are at risk consult as appropriate (e.g. with senior manager responsible for safeguarding) regarding next steps.
- If you consider that the matter can be dealt with by college services or those of another agency (excluding the Social Care services) follow the steps outlined below.

If a referral to the Social Care Service is not required or not accepted for action:

- Consider whether the identified need/s can be met in the college or by working with other services such as Connexions.
- If referral to external services is indicated for a child, check the Common Assessment Framework (CAF) database to see whether there is a current CAF open. If not refer to the service using CAF 1 and copy to the CAF lead. The CAF is a standardised tool used to identify at the earliest opportunity a child's additional needs which are not being met by the college and universal services (e.g. GP, dentist, etc.).
- Consent for referral to external agencies **must be obtained** from the child/vulnerable adult and/or their parent or guardian as appropriate if the level of risk does not warrant referral to Social Care services under the 'significant risk' parameter.

5.6 Allegations against a staff member

Actions will follow the policy and guidance in the staff disciplinary and dismissal Quality Code and/or whistleblowing.

5.7 Allegations against a learner

Actions will follow the Disciplinary Procedure for Learners.

Version	1	Author/ Reviewer	Liz Boynton	Validation Panel	NP, PH, LMc, SD, AMA, SE, LB, NE, VO
EIA Completed		Date Reviewed	August 2011	Date Validated	30 August 2011
SLT Lead	Miriam Stanton		Lead Manager	Liz Boynton	
Applies to Merged Organisation					

SHARING INFORMATION AND CONFIDENTIALITY

It is essential that you understand when, why and how you should share information so you are able to do so confidently and appropriately as part of day to day practice.

Seven golden rules for information sharing:

- The Data Protection Act is not a barrier to sharing information but a framework to ensure it is shared appropriately.
- Be open and honest with the person from the outset about what will be shared, with who and why.
- Seek their consent unless it is unsafe or inappropriate to do so.
- Where possible respect the wishes of those who do not consent to share information. Remember though that you do not need consent if in your judgement the lack of consent can be overridden in the public interest (this includes significant harm has happened or is likely to happen).
- Consider safety and the well-being of the person and others who may be affected by their actions.
- Ensure the information you share is necessary, proportionate, relevant, accurate, timely and secure.
- Keep a record of what you shared, with whom, for what purpose and whether you had consent (this should be brief and not contain confidential details unless essential to do so).
- Seek advice from an appropriate manager or a Designated Person if in doubt without disclosing the identity of the person where possible.

Remember - Child or Vulnerable Adult Protection trumps Data Protection every time

SAFEGUARDING CONCERN FORM

CONFIDENTIAL ~ record of concern and action taken

MEMBER OF STAFF REPORTING INCIDENT/CONCERN/DISCLOSURE/ ALLEGATION:

Name			
Faculty/area			
Date and time concern disclosed to you			
Date and time concern recorded			

LEARNER:

Name		Date of birth	
Address			
Any special needs: YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, description:		

PERSON WHO REPORTED CONCERN TO YOU (*IF NOT THE NAMED LEARNER*)

Name	
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FACTUAL DESCRIPTION OF CONCERN/DISCLOSURE/ALLEGATION:

Be clear about the concern. Do not make assumptions but do not ask questions, just listen and record exactly what is said. You should also note presentation (for example emotional state) and any visible signs of abuse, ie bruises or other injuries.

Referred to Safeguarding Designated Person (DP)

Name		Date		Time	
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THIS FORM MUST BE GIVEN IMMEDIATELY TO THE DP, WHO WILL ARRANGE FOR IT TO BE ACTIONED AND STORED CONFIDENTIALLY AND SECURELY.

YOU MUST NOT KEEP A COPY!

(ALTHOUGH YOU SHOULD KEEP A GENERAL NOTE IN YOUR RECORDS)

Referral discussed with child or vulnerable adult	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Consent given to refer	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Discussed with parent/guardian (if appropriate)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Consent given to refer	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Reason for not seeking consent or reason given by learner/parent for not wanting matter to be referred (if applicable):

Are there any other children/vulnerable adults living in the same setting who could be at risk?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, how many? <input type="checkbox"/>	Ages, if known:	

Other professionals involved (e.g. Connexions, Social Worker)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, brief summary:		

ACTION TAKEN by Designated Person:

Verbally referred to:	
Date and time:	
Written confirmation sent to:	
Date and time:	
Referral accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Outcome and further action (including response from Social Services):

MENTAL CAPACITY ACT (MCA) 2005

The Act is underpinned by five key principles:

Principle 1: A presumption of capacity – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that you cannot assume that someone cannot make a decision for themselves just because they have a particular medical condition or disability.

Principle 2: Individuals being supported to make their own decisions – a person must be given all practicable help before anyone treats them as not being able to make their own decisions. This means you should make every effort to encourage and support people to make the decision for themselves. If lack of capacity has been established (in a legal process), it is still important that you involve the person as far as possible in making decisions.

Principle 3: Unwise decisions – people have the right to make decisions that others might regard as unwise or eccentric. You cannot treat someone as lacking capacity for this reason. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.

Principle 4: Best interests – anything done for or on behalf of a person who lacks mental capacity must be done in their best interests.

Principle 5: Less restrictive option – someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights and freedoms of action, or whether there is a need to decide or act at all. Any intervention should be weighed up in the particular circumstances of the case.

The test to assess capacity

This is a formal legal process which involves the consideration of two questions.

- Is there an impairment of or disturbance in the functioning of a person's mind or brain? If so,
- Is the impairment or disturbance sufficient that the person lacks the capacity to make a particular decision?

The MCA says that a person is unable to make their own decisions only if they cannot do one or more of the following four things:

- understand information given to them.
- retain that information long enough to be able to make the decision.
- weigh up the information available to make the decision.
- communicate their decision – this could be by talking, using sign language or even simple muscle movements such as blinking an eye or squeezing a hand.

GILLICK COMPETENCY AND FRASER GUIDELINES

These arose from a 1985 legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year-olds without parental consent. The judge ruled:

"...it is not enough that she should understand the nature of the advice which is being given: she must also have a sufficient maturity to understand what is involved."

He also commented more generally on parents' versus children's rights:

"Parental right yields to the child's right to make his own decisions when he reaches a sufficient understanding and intelligence to be capable of making up his own mind on the matter requiring decision."

Since the 1985 case, the principles have been more widely used in many debates (including child protection) to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.