

# **Code of Practice for those working with Children and ‘Adults at risk’**

## **1. General Principles**

These guidelines reflect the principles that the well-being of the individual is paramount. When working with Children and Adults at risk the following Principles apply:

- Everyone should be treated with respect and dignity.
- All staff, students and volunteers should understand their responsibilities to safeguard others and promote wellbeing.
- All members of the University should demonstrate acceptable behaviour when working with Children, and Adults at risk in order to protect them from abuse and to avoid situations which may be misinterpreted and lead to false allegations.
- Staff, students and volunteers should discuss and/or take advice promptly from a Designated Safeguarding Officer (DSO) or a Deputy Designated Safeguarding Officer (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.
- Staff, students and volunteers should be aware that breaches of the law and other professional guidelines could result in disciplinary or criminal action being taken against them.
- Staff, students and volunteers should know the procedures for handling allegations against staff and to whom they should report concerns.

## **2. Working safely with Children and Adults at risk**

**When working with Children (those under the age of 18) and Adults at risk you should:**

- Maintain (or know the whereabouts of) a register of Children and/or Adults at risk working with you at any given time.
- Treat all Children and Adults at risk fairly, with respect and dignity.
- Treat the Child or Adult at risk’s welfare as paramount.
- Maintain a safe and appropriate relationship with Children and Adults at risk (see also University Code of Practice on Close Personal Relationships).
- Work in an open environment avoiding private or unobserved situations and encouraging open communication. Avoid spending time alone with Children/ or Adults at risk away from others. Teaching spaces for any one-to-one tuition and any other spaces used for one-to-one activity should incorporate a proportionate degree of external visibility.

- Any staff, student or volunteer working in regulated activities with Children or Adults at risk should be appropriately supervised and/or have undergone DBS checks (see guidance note for more information on DBS checks).
- 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 or Adults at risk in their care in changing rooms, clinics etc.
- Aim to be a good role model.
- When feedback is necessary, aim to 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 or Adult at risk.
- Go into the room of a Child or Adult at risk unless absolutely necessary. (If it is necessary, two members of staff should enter.)
- Use a mobile phone or camera to photograph a Child or Adult at risk except for legitimate and express purposes and where relevant written consent (from parent/guardian) has been established beforehand.
- Allow or engage in any form of inappropriate touching.
- Allow children or colleagues to use inappropriate language unchallenged.
- Make comments to a Child or Adult at risk, even in fun, that could be construed as sexually provocative.
- Deliberately reduce a Child or Adult at risk to tears as a form of control, belittle or demean a child or adult at risk, or use emotional abuse.
- Allow allegations made by a Child or Adult at risk to go unrecorded or not acted upon.
- Invite or allow Children or Adults at risk, to visit or stay with you at your home.
- Have a Child or Adult at risk on their own in a vehicle (unless this is part of the role employed and an appropriate DBS check has been undertaken).

- Do things of a personal nature for a Child or Adult at risk that they can do for themselves. It may sometimes be necessary for staff or volunteers to do things of a personal nature for a child or adult at risk 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 or adult at risk. Toileting must be undertaken by two people, one of whom must be female when accompanying a female child, or adult at risk (where assistance is needed). There is a need to be responsive to the reaction of a child or adult at risk, 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 or adult at risk to carry out particular activities. Avoid taking on the responsibility for tasks for which you are not appropriately trained.
- Some research activities involving children or adults at risk may necessitate physical contact. It is important for those in charge of the activity 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. This is applicable to physical contact with students of all ages, but is particularly important for students who are children or adults at risk.
- Spend time alone with a child or adult at risk. If you are in a situation where you are alone with a child or adult at risk 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. What to do if Abuse is Reported or Suspected**

The recognition of abuse is not always easy and the University acknowledges that its staff, students and volunteers 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 children or adults at risk.

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 children and adults at risk 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.

Any concerns should be reported promptly to a Deputy Designated Safeguarding Officer or Designated Safeguarding Officer 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 children or adults at risk.

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) (subject to updating under the Social Services and Well-Being Act 2014).*

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 if there are no other adults at risk involved; if a crime has not been committed; and if 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 with external reporting procedures. This does not prevent the appropriate student support services of the University being utilized by the individual to receive support in the interests of their own safety and peace of mind. Notes of the circumstances can be maintained should the individual change their mind at a later stage.

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. All discussion with the victims should be recorded as fully and accurately as possible, quoting the individual's own words verbatim where possible.

All records should be stored securely.

#### **4. Responding to Suspicions of Abuse**

If a child or adult at risk 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 issue 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 Designated Officer or Deputy Designated Officer (see Appendix 1)

**The record should include** (see template in guidance note on Reporting Concerns):

- 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 Designated Safeguarding Officer/Deputy Designated Safeguarding Officer to the Lead Safeguarding Officer or Principal Safeguarding Officer 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 (see information below).

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

The following contact numbers are correct at the time of writing this policy, however please check online to find up to date information:

MID AND WEST (SWANSEA)	SOUTH EAST WALES (BRO TAF)	SOUTH EAST WALES (GWENT)
<p><b><u>Social Services</u></b> <b>Bridgend</b> Day 01656 642320 EDT 01443 849944</p> <p><b>Swansea</b> Day 01792 635700 EDT 01792 775501</p> <p><b>Neath Port Talbot</b> Day 01639 685717 EDT 01639 895455</p>	<p><b><u>Social Services</u></b> <b>Cardiff</b> Day 02920 536400 EDT 02920 788570</p> <p><b>Merthyr Tydfil</b> Day 01685 724506 EDT 01443 849944</p> <p><b>RCT</b> <b>Rhondda</b> Day 01443 431513 EDT 01443 849944</p> <p><b>Taf Ely</b> Day 01443 486731 EDT 01443 849944</p> <p><b>Cynon Valley</b> Day 01685 888800 EDT 01443 849944</p> <p><b>Vale of Glamorgan</b> Day 01446 725202 EDT 02920 788570</p>	<p><b><u>Social Services</u></b> <b>Newport</b> Day 01633 656656</p> <p><b>Caerphilly</b> Day 0808 1001727</p> <p><b>Blaenau Gwent</b> Day 01495 315700</p> <p><b>Monmouthshire</b> <b>Chepstow</b> Day 01291 635679</p> <p><b>Abergavenny</b> Day 01873 735908</p> <p><b>Torfaen</b> Day (Customer Care) 01495 762200</p> <p><b>For ALL the above areas the EDT no is:</b> 0800 3284432</p>