

Safeguarding Procedure

This procedure sits under the Safeguarding Policy.

Brief Description & Purpose:	The purpose of this procedure is to provide detail on how to apply the Safeguarding Policy, including when to refer to other related policies and procedures and how to report breaches of the policy.		
Applicable to (list cohorts):	Staff: All staff, including Governors and co-opted Board	Students: All Students	Third Parties: All who are in a formal relationship with the University
Effective From:	26 February 2024	Last reviewed date:	N/A
Executive Owner:	Georgina Bailes	Next review date:	26 February 2027
Business Owner:	Jack Taylor	Publication External Y/N	Y
Contact for queries:	Jack Taylor		

1. Introduction

1.1 These procedures apply to all staff, governors, students and third parties acting on behalf of the University and to all University activities undertaken in the UK or overseas.

1.2 All University staff and third parties acting on the University's behalf are expected to:

- follow the University's guidance on safeguarding issues and to undertake all training associated with the Safeguarding Policy;
- bring to their line manager's attention any concerns or queries over whether their work activities would require them to have an appropriate level of Disclosure and Barring Service (DBS) clearance;
- co-operate fully with any internal or external investigations carried out into reported concerns;
- maintain confidentiality about any suspected or actual incidents involving the University, through the University's safeguarding reporting systems and whistleblowing arrangements, as required. Some staff and students may also be required to make use of safeguarding reporting systems and whistleblowing arrangements in operation in other workplaces, placement providers and so on, where similar expectations of confidentiality would apply.

1.3 The Safeguarding Policy and this procedure do not apply to Northumbria Students' Union, or Northumbria University Nursery, both of which maintain their own Safeguarding Policy and procedures.

2. Procedure Detail

2.1 Safe Recruitment

2.1.1 DBS checks must be conducted for staff and students undertaking any Regulated Activity. Checks for staff and students will be carried out prior to regulated activity commencing and, where regulated activity continues, will be repeated every three years.

2.1.2 A record of DBS checks carried out is held by Human Resources (staff DBS checks) and Student, Library and Academic Services (SLAS) (student DBS checks). The Research Ethics online system will also record evidence that DBS checks have

taken place for any staff and students involved in regulated activity within research projects.

2.1.3 Access to the information contained within DBS Certificates will be restricted to relevant staff within Human Resources and SLAS who are responsible for administering the DBS checking process for staff and students, and to members of any Criminal Convictions Panel (as detailed in the University's [Criminal Conviction Policy](#)) that may be convened to review the results of a DBS check that has highlighted concerns.

2.2 Reporting Concerns of Allegations of Abuse or Neglect

2.2.1 Concerns and allegations about abuse or neglect arise in a variety of ways, including internal sources (e.g. staff members) or external sources (e.g. partners, contractors), and require sensitive and careful handling. If an individual is concerned that another person is at risk of harm, it is their responsibility to raise this concern.

2.2.2 If an individual is at imminent risk of harm, Security must be contacted on 0191 227 3200, who will contact emergency services and assist their access to campus. If there is a safeguarding concern resulting from the incident, Security will refer this to the appropriate Designated Safeguarding Officer (DSO) where the concerns relates to students or staff, or to the Principal Safeguarding Officer (PSO) where the concerns relates to a member of the public. DSO and PSO contact details are available on the [University Safeguarding Pages](#).

2.2.3 Where there is no imminent danger or emergency situation involving the child or adult at risk, concerns should be communicated to a Designated Safeguarding Officer (DSO) or the Principal Safeguarding Officer (PSO), who will need a brief description of the situation in which the concern emerged, the individual(s) involved, and any evidence supporting the concern.

2.2.4 Gathering evidence means that the person raising the concern should obtain sufficient information in order to refer the matter to a DSO or PSO. All concerns should be raised with a line manager or DSO to investigate.

2.2.5 Where the person raising the concern is uncertain if their concern relates to safeguarding, they should contact a Safeguarding Champion in the first instance, who will advise the appropriate reporting route. Safeguarding Champion contacts are available on the [University Safeguarding Pages](#).

2.2.6 Alternative reporting routes are also available. [When to Refer](#) outlines a number of situations that may be the cause of concern for students, including those at risk of abuse or neglect and radicalisation. The [Unacceptable Behaviours Reporting Tool](#) allows for general concerns to be reported, including anonymously, and should a report highlight any potential safeguarding implications, these will be directed towards an appropriate DSO.

2.2.7 In cases where processes outlined above are deemed inappropriate by the person raising the concern, the allegation can be raised using the [University's Public Interest Disclosure \("Whistleblowing"\) Policy](#) on the advice of the Director of Governance, and can be done so anonymously. Contact details for the Director of Governance can be found on the University's [Safeguarding webpages](#).

2.2.8 Anonymous allegations or concerns will be accepted and acted on, as there may be genuine reasons why an individual may not feel able to disclose their identity.

However, anonymous enquiries may not allow the University to facilitate some elements of its internal or external investigation processes, and disclosure of the identity of the individual raising the concern is encouraged.

2.2.9 Concerns or allegations may come to light when individuals acting on behalf of the University are involved in activities led by, or held on the premises of, external organisations. The individual with the concern should report the concern through the safeguarding arrangements of the external organisation. If the person raising the concern is unsure of which reporting route to follow or is not satisfied with the host organisation's response, they should seek advice from the relevant DSO.

2.3 Internal Response and External Reporting

2.3.1 The PSO is responsible for ensuring that arrangements are in place for safeguarding concerns/allegations to be investigated and referred, as appropriate, to external safeguarding authorities, supported by the DSOs.

2.3.2 The initial management of reported Safeguarding cases will be overseen by the University's DSOs, who will notify the PSO of the details of the case, the approach to managing the case, and any onward reporting requirements. The PSO will review all concerns reported internally to check for potential connections between these, which, when viewed together, may indicate the need to make an external referral to the relevant Local Authority.

2.3.3 The PSO is also responsible for ensuring that all safeguarding related allegations which suggest harm or possible harm to any person under-18 that are made against members of the University community (e.g. staff, students, Governors, contractors) are referred externally to the relevant Local Authority Designated Officer (LADO), as required by statutory guidance.

2.3.4 When a concern is raised with a DSO, they will consider the concern or allegation, convene a case conference (if required), and decide whether to refer the matter to either Children or Adult Social Care Services within the relevant Local Authority. A case conference will be required where input from a number of key stakeholders across the University is needed to form the University's response. It will usually be chaired by the relevant DSO or the PSO, with relevant stakeholders from a range of areas, including Student Life and Wellbeing, Legal, Facilities, Security, HR, Faculties, and Governance. If there is a requirement for onward referral to an external agency, the PSO will be notified during, or after, the case conference.

2.3.5 Where the concern or allegation relates to a staff member, the DSO will instead notify the Director of Human Resources and the PSO, who will ensure that appropriate reporting of the concern is made to the LADO, as and when required by statutory guidance.

2.4 Record Keeping and Information Sharing

2.4.1 Safeguarding Referrals Records associated with safeguarding referrals involving children and/or adults at risk will be retained confidentially, in accordance with data protection and other legal requirements, and the University's Record Retention schedule. SLAS will retain records associated with students, while HR will retain records associated with staff. The PSO will retain a high-level record of cases for both students and staff.

2.4.2 Evidence that the check was carried out will be retained, including the Unique DBS reference number, date of issue, and summary of outcome (please see the University's Record Retention schedule published on the website for full details of evidence retained). Similarly, related Criminal Convictions Panel records will be retained: after each panel, all documentation is permanently destroyed by panel members and only relevant information is kept securely within the admissions office in accordance with the Data Protection Act 1998. These records will be retained for the durations outlined in the University's [Records Management Policy](#), published on the website.

2.4.3 Information relating to certain safeguarding referrals will be shared with external safeguarding authorities (e.g. Local Authorities, Police) as appropriate, and with due regard to statutory and non-statutory guidance.

2.4.4 As outlined in Section 4, all safeguarding related concerns/allegations made against members of the University community that suggest an under-18 is being harmed or is potentially at risk of harm will be referred to the relevant Local Area Designated Officer(s), as required by statutory guidance.

3. Related Procedures, Guidance and Other Resources

- All related Safeguarding training materials
- [Degree Apprenticeship guidance and procedures](#)
- [Keeping children safe in education](#)
- [Prevent Duty Policy Statement](#)
- [Public Interest Disclosure Policy](#)
- [Reportable Incidents Policy](#)
- [Safeguarding Policy](#)
- [Safeguarding webpages](#)
- [Staff Code of Conduct](#)
- [Student Terms and Conditions](#)
- [Unacceptable Behaviours Policy](#)
- [Visiting and External Speakers and Events Policy and Guidance](#)

4. Version

Version No.	Reviewer	Date	Changes
1.0	Jack Taylor	25/01/2024	<i>First Version</i>
1.1	Jack Taylor	05/02/2024	<i>Reference to DfE statutory guidance in Section 3.</i>