St Catherine's

Specialists in Speech, Language and Communication Needs

School - College - Post 19

ADULT SAFEGUARDING POLICY

September 2026

Document Information

Title:	Adult Safeguarding Policy
Remit:	Please note this policy refers to St Catherine's College and St Catherine's Post 19 All students aged 18 and over; staff, trustees, volunteers, agency workers, contractors and relevant visitors
Status:	Final
Revisions	
Review Frequency:	Recommended annually
Next Review:	September 2027

1. Purpose, scope and status

St Catherine's provides specialist education, residential support and transition-to-adulthood provision for people with speech, language and communication needs and other special educational needs and disabilities (SEND). Support may include residential care, therapy, life-skills and independence programmes, off-site accommodation, community activities and placements or learning delivered by external providers.

This policy explains how St Catherine's prevents, identifies and responds to abuse, neglect and exploitation affecting students aged 18 and over. It applies across school, residential, Post-19, off-site, community, work-placement, online and other settings connected with provision. It applies to all employees, trustees, volunteers, agency workers, contractors and other people working on behalf of St Catherine's.

Safeguarding is everyone's responsibility. Every member of staff must act on a concern promptly; referring a concern to a manager or Designated Safeguarding Lead (DSL) does not remove an individual's responsibility to ensure that appropriate action is taken.

This policy does not replace emergency services, statutory adult social care procedures, professional regulatory duties or other policies. It must be used alongside the relevant Isle of Wight Safeguarding Adults Board procedures and the procedures of the local authority responsible for the adult. Where a student is aged under 18, staff must follow the Child Protection Policy and child safeguarding procedures. If a concern crosses the age boundary or involves a person under 18, the DSL/DDSL must ensure the correct services coordinate the response.

The term 'adult at risk' is used in this policy as a practical safeguarding term. Under section 42 of the Care Act 2014, the local authority's statutory enquiry duty applies where an adult has needs for care and support (whether or not those needs are being met by the local authority), is experiencing or at risk of abuse or neglect, and because of those needs is unable to protect themselves. Staff must report concerns even where they are unsure whether the legal threshold is met; the local authority decides whether a statutory enquiry is required.

2. Safeguarding principles and legal framework

St Catherine's will work in a way that protects people's rights, dignity, independence and wellbeing. Safeguarding must be person-centred and proportionate, and should support adults to make informed choices and exercise as much control over their lives as possible.

- Empowerment – support people to express their views and make informed decisions, using accessible communication.
- Prevention – act early and reduce the likelihood of harm before a concern escalates.
- Proportionality – take the least restrictive action that is appropriate to the level of risk.
- Protection – provide support and representation to people who need it.
- Partnership – work with adult social care, health services, police, commissioners, families and other agencies where appropriate.
- Accountability – record decisions, actions and reasons clearly and ensure leaders provide oversight.

The policy should be read with the current versions of relevant legislation and guidance, including:

- Care Act 2014 and Care and Support Statutory Guidance, particularly chapter 14 (safeguarding).
- Mental Capacity Act 2005 and its Code of Practice.
- Human Rights Act 1998 and Equality Act 2010.
- Data Protection Act 2018 and UK GDPR.
- Domestic Abuse Act 2021 and applicable statutory guidance.
- Sexual Offences Act 2003; Female Genital Mutilation Act 2003; Forced Marriage (Civil Protection) Act 2007 and applicable criminal law.
- Modern Slavery Act 2015.
- Counter-Terrorism and Security Act 2015 and the Prevent Duty Guidance for England and Wales (2023, in force from 31 December 2023).
- Keeping Children Safe in Education 2026, where relevant to child protection, safer recruitment and staff working with children under 18; it is not a substitute for adult safeguarding guidance.

The legal framework and local procedures should be checked at each annual review. This document is a working draft and does not claim to replace legal advice or local authority procedures.

3. What abuse and neglect can look like

Abuse may be a single incident or a repeated pattern. It may be deliberate, opportunistic, coercive or arise through neglectful practice. It may be caused by a relative, partner, friend, peer, member of staff, professional, volunteer, stranger or organisation. Abuse can occur in person, in a person's home, in the community, in a placement or online. A person may be harmed even if they appear to agree or do not recognise the behaviour as abusive.

Physical abuse
Hitting, pushing, shaking, inappropriate restraint, misuse of medication, causing injury, or unnecessary or unsafe physical intervention.

Domestic abuse
Physical or sexual violence, threats, coercive or controlling behaviour, emotional abuse, isolation, stalking or economic abuse by a personally connected person. Abuse can occur in any relationship and regardless of sex or sexuality.

Sexual abuse
Sexual assault, rape, sexual activity without freely given consent, sexual coercion, exploitation, indecent exposure, sexualised touching, or non-consensual recording or sharing of intimate images.

Psychological or emotional abuse
Threats, humiliation, intimidation, verbal abuse, harassment, isolation, coercion, manipulation, discriminatory treatment or preventing someone from communicating with others.

Financial or material abuse
Theft, fraud, scams, pressure to hand over money, misuse of benefits or bank cards, coercion about wills or property, unauthorised transactions, or exploitation of a person's labour or possessions.

Modern slavery and exploitation
Human trafficking, forced labour, servitude, sexual exploitation, forced criminality, or controlling a person through threats, debt, deception or abuse of vulnerability.

Discriminatory abuse
Harassment or unequal treatment linked to disability, race, religion or belief, sex, sexual orientation, gender reassignment, age or another protected or personal characteristic.

Organisational abuse
Unsafe or degrading routines, inflexible practices, poor care, lack of choice, inadequate staffing, inappropriate restraint, poor hygiene or a culture that discourages complaints.

Neglect and acts of omission
Failure to provide necessary care, food, drink, warmth, medication, personal care, access to healthcare, communication support or protection from avoidable harm.

Self-neglect
A person's behaviour or circumstances may create serious risk through neglect of personal hygiene, health or surroundings. Respond sensitively and seek advice; self-neglect does not automatically meet the section 42 criteria.

Online and technology-facilitated abuse
Cyberbullying, grooming, blackmail, impersonation, image-based abuse, scams, account takeover, location tracking, coercive messaging, or exploitation through social media, gaming, messaging or AI-generated content.

Peer abuse and hate crime

Bullying, harassment, assault, sexual harassment, coercion, 'mate crime', initiation or hazing, or abuse motivated by hostility or prejudice.

Possible indicators include unexplained injuries; fearfulness or distress around a particular person; sudden changes in behaviour, communication, mood or attendance; withdrawal; unexplained gifts, debts or missing possessions; poor personal care; repeated medication errors; sexualised behaviour or disclosures; isolation; unusual online contact; or a person appearing controlled by someone else. These indicators are not proof of abuse. Staff must consider the person's usual presentation and communication, record objective observations and report concerns rather than making assumptions.

4. Prevention and person-centred practice

St Catherine's will :

- Create a culture in which adults are listened to, treated with respect and know how to raise a concern or complaint.
- Explain safeguarding in accessible formats, including easy-read, symbols, pictures, objects of reference, communication aids, interpreters or other methods identified in the person's communication plan.
- Never assume a person lacks capacity because they have SEND, communicate non-verbally, make an unwise decision or need support with daily living.
- Include the adult's wishes, feelings, preferred outcomes, relationships, culture, identity and communication needs in planning wherever possible.
- Support safe friendships, healthy relationships, consent, personal boundaries, online safety, financial safety and independent living skills.
- Use individual risk assessments and support plans for known risks, including community access, relationships, medication, money, online activity, travel, accommodation and missing-person concerns.
- Ensure staff understand professional boundaries, intimate care expectations, appropriate touch, gifts, social media contact, use of personal devices, lone working and reporting requirements.
- Take concerns about poor care, restrictive practices or unsafe culture seriously, even if there is no clear allegation against a particular person.
- Offer adults accessible information about advocacy, complaints and independent support. Do not make family involvement automatic where a family member may be implicated or where the adult does not want them involved.

5. What staff must do when concerned

5.1 Immediate response

1. If someone is in immediate danger, needs urgent medical attention or a serious crime may be in progress, call 999. Do not delay emergency action while seeking internal approval.
2. Make the situation as safe as reasonably possible. Do not put yourself or others at unnecessary risk. Preserve evidence where possible and do not disturb a potential crime scene unless needed for safety or medical care.
3. Listen calmly. Take the person seriously, allow them time to communicate, and use their preferred communication method. Do not express shock, ask leading questions, investigate or promise secrecy.
4. Explain that the information may need to be shared with people who can help keep them or others safe. Be honest about what will happen next.
5. Record the person's own words as accurately as possible, including any communication method used. Note immediate actions and who was present.
6. Report the concern immediately to the DSL/DDSL or the senior manager on duty, following the on-call procedure outside normal hours. If they are unavailable, implicated or you believe they have not acted, escalate to the Principal, Chair of Trustees or directly to the appropriate statutory agency.
7. Make a prompt referral to the relevant local authority adult social care safeguarding service in line with local procedures. The DSL can coordinate this, but internal reporting must not delay an urgent referral. Contact the police where a crime may have occurred or the risk requires it.
8. Continue to support the adult and review immediate safety. Do not contact an alleged perpetrator or alert them to a referral if this could increase risk, compromise evidence or prejudice an investigation.

5.2 Referral and decision-making

The DSL/DDSL or senior manager should consider: the adult's immediate safety; the adult's wishes and desired outcomes; whether other adults or children may be at risk; the need for medical care or police involvement; capacity and consent in relation to the specific decision; whether advocacy or communication support is required; whether a staff member or person in a position of trust is implicated; and which local authority has responsibility. The referral should include relevant facts, actions already taken and safe contact arrangements.

A person's refusal of support must be taken seriously and explored without pressure. It does not automatically end the matter. Information may need to be shared without consent where there is a lawful basis and a proportionate safeguarding reason, for example serious risk, risk to other people, a possible serious crime or a legal duty. Seek advice from adult social care, the police or the

organisation's data protection lead where necessary. Record the rationale for decisions to refer, not to refer, or to share information.

5.3 Concerns outside the organisation

Where a concern arises at a college, placement, in supported accommodation, during a community activity or through an external provider, staff must still report it through St Catherine's safeguarding procedures. The DSL/DDSL will coordinate with the relevant provider and statutory agencies, clarify who is leading the response, and ensure that information is shared lawfully and that the adult is not left without support.

6. Mental capacity, consent and advocacy

The Mental Capacity Act 2005 applies to people aged 16 and over in England and Wales. Capacity is decision-specific and time-specific. A person must be presumed to have capacity unless it is established otherwise. All practicable steps must be taken to help the person decide, and an unwise decision does not by itself mean that the person lacks capacity.

Where capacity is in doubt, follow the Mental Capacity Act and organisational procedures. Use accessible information, additional time, communication aids, familiar supporters where appropriate, and a suitable environment. A capacity assessment must relate to the particular decision and must not be based solely on diagnosis, disability, behaviour or communication style.

Where a person lacks capacity for a particular decision, any decision made on their behalf must be in their best interests and be as least restrictive as possible. Record the decision, the information considered, the person's wishes and feelings, consultation with relevant people and why the selected option is in their best interests. Safeguarding action must not be delayed while capacity is assessed.

Consent to a safeguarding referral and capacity to make the decision are not the same as whether a concern should be reported. Explain options and seek the adult's views wherever possible. Consider independent advocacy where the adult would have substantial difficulty being involved in a safeguarding process and the statutory conditions apply. Family members or carers should not be treated as decision-makers unless they have the relevant legal authority for the decision.

7. Recording, confidentiality and information sharing

St Catherine's will:

- Make a factual, timely and dated record as soon as possible, using CPOMS or the approved adult safeguarding recording system. If the system is unavailable, use the approved secure alternative and transfer the record promptly.

- Record what was seen, heard or reported; the adult's words; relevant dates, times and locations; witnesses; injuries or immediate risks; communication support used; decisions and reasons; advice sought; referrals made; and follow-up actions.
- Separate fact from opinion. Attribute information to its source. Avoid judgemental or speculative language. Preserve original notes and follow the organisation's record-retention and data-protection procedures.
- Store records securely and restrict access to those who need the information for safeguarding or their role. Do not store safeguarding information in personal email, messaging apps, notebooks or unapproved systems.
- Share information lawfully, fairly, securely and promptly. Data protection law is not a barrier to necessary and proportionate safeguarding information sharing. Share only what is relevant, with the appropriate recipient, and record what was shared, with whom, when and why.
- Do not promise absolute confidentiality. Explain the limits of confidentiality in a way the adult can understand.
- Keep the adult's voice and preferred outcomes visible in the record, including where they disagree with the proposed action.

8. Specific safeguarding risks

8.1 Sexual violence, harassment, consent and intimate images

Sexual abuse and harassment can occur between peers, partners, staff and adults in positions of trust, online or offline. It must never be dismissed as banter or accepted because the people involved know each other. Staff should not investigate alleged sexual offences or ask the adult to repeat a detailed account unnecessarily. Preserve relevant messages or other evidence safely and seek advice from the DSL and police/social care. Any intimate image or video must not be copied, forwarded or circulated by staff.

8.2 Domestic abuse, forced marriage, FGM and so-called honour-based abuse

Be alert to controlling behaviour, threats, isolation, economic abuse, forced marriage, female genital mutilation (FGM), breast flattening and other forms of so-called honour-based abuse. Do not contact family or community members who may be involved in the abuse without advice. Follow relevant statutory reporting duties; where a child under 18 may be at risk, follow child protection procedures and applicable mandatory reporting requirements.

8.3 Criminal exploitation, county lines, cuckooing and gangs

Indicators may include unexplained money or possessions, coercive relationships, threats, debt, missing episodes, being asked to carry drugs or money, being pressured to shoplift, weapon carrying or someone taking over the adult's accommodation. Treat apparent consent cautiously where

coercion or a power imbalance may be present. Consider risks to other residents and coordinate with adult social care and police.

8.4 Modern slavery and trafficking

Consider whether a person is being controlled, transported, exploited, forced to work or prevented from leaving. Do not confront suspected traffickers. In an emergency call 999; otherwise refer promptly to the police and relevant safeguarding service, following current national and local referral procedures.

8.5 Radicalisation and the Prevent duty

Staff should report concerns about possible radicalisation, coercion or exposure to terrorist content to the DSL/Prevent lead. Decisions must be evidence-based, proportionate and non-discriminatory; a person's beliefs, identity or lawful expression alone are not evidence of radicalisation. The DSL will consider advice and referral through the current local Prevent/Channel arrangements. Follow the Prevent Duty Guidance for England and Wales (2023) and applicable organisational procedures.

8.6 Mental health, self-harm, suicide and substance use

A change in mental health or behaviour may indicate distress, abuse, neglect or exploitation and should not automatically be attributed to disability or diagnosis. Staff must follow the Mental Health and Wellbeing Policy and emergency procedures. Where there is an immediate risk to life or serious injury, call 999 and stay with the person if safe to do so. Seek appropriate clinical advice. Substance use should be considered alongside possible coercion, exploitation, medication risks and the safety of others.

8.7 Hate crime, mate crime, bullying and peer-on-peer abuse

A person who appears to be a friend may exploit trust to obtain money, accommodation, possessions, sexual access or unpaid labour. Record and report concerns even if the adult does not describe the relationship as abusive. Consider disability-related hostility, online abuse, bullying, harassment, intimidation and risk to other students. Follow anti-bullying and behaviour policies alongside safeguarding procedures.

8.8 Financial abuse, scams and digital safety

Be alert to pressure to transfer money, share passwords, take out credit, buy gift cards, disclose bank details, or allow another person to control benefits or online accounts. Do not access or take control of an adult's accounts without proper authority. Preserve relevant evidence and refer concerns through safeguarding and, where appropriate, police or fraud-reporting routes.

8.9 Missing person, homelessness and community safety

Follow the Missing Student/Missing Person procedure and individual risk plan. Do not wait for an arbitrary period before reporting a missing adult where the circumstances indicate risk. Contact police promptly where the person's safety is in doubt. Where an adult is homeless or at risk of homelessness, refer to the relevant housing and adult social care services and consider exploitation and immediate safety risks.

8.10 Organisational abuse, restraint and poor practice

Unsafe care, excessive restrictions, inappropriate restraint, degrading treatment, medication errors, missed personal care or a culture that discourages reporting must be escalated. Follow positive behaviour, restrictive intervention, medication, complaints and whistleblowing procedures as applicable. Any immediate danger must be addressed first. Do not assume that a concern is merely a performance issue if it may involve abuse, neglect or a crime.

9. Allegations and concerns about staff or people in positions of trust

All concerns about a member of staff, volunteer, trustee, contractor or another person in a position of trust must be reported immediately. The priority is the adult's safety and the safety of any other people who may be at risk.

- Report concerns about a staff member to the Principal or the designated senior person for adult safeguarding. If the concern is about the Principal, report it to the Chair of Trustees. If the usual recipient is implicated, unavailable or fails to act, report directly to the Chair of Trustees and/or the relevant statutory agency.
- The organisation must consider immediate protective measures, referral to adult social care and/or police, employment procedures, regulatory or commissioning notifications, and whether other adults or children may be at risk.
- Do not conduct an internal investigation that could compromise a police or safeguarding enquiry. Seek advice from the relevant local authority safeguarding team and police, and follow local procedures for allegations about people in positions of trust.
- Keep records of the allegation, risk assessment, decisions, reasons, referrals and actions. Maintain confidentiality on a need-to-know basis and avoid prejudging the outcome.
- Follow fair employment procedures, but do not allow employment processes to delay safeguarding action. Consider DBS referral duties where the legal criteria are met, and make any required professional or regulatory referrals.
- Where the concern is about poor practice rather than an allegation of abuse, record and address it through the appropriate management process while considering whether it also requires a safeguarding referral.

The Local Authority Designated Officer (LADO) is primarily part of child safeguarding arrangements and should be contacted where the relevant child protection procedures require it, including concerns involving staff who work with children. For concerns solely involving adults, use the local authority's adult safeguarding and position-of-trust procedures. Where both adults and children may be affected, consult both pathways.

10. Safer recruitment, training and supervision

St Catherine's will operate safer recruitment and vetting procedures appropriate to each role and legal requirement. These may include identity and right-to-work checks, references, employment history, appropriate DBS and barred-list checks, and other checks required for work with children or adults. The Recruitment Policy and current statutory guidance must be followed. The single central record should be maintained where required.

All staff, trustees and relevant volunteers must receive safeguarding induction before undertaking unsupervised duties, including how to recognise and report adult safeguarding concerns, the limits of confidentiality, communication support, professional boundaries, record keeping, information sharing, whistleblowing and emergency escalation.

Safeguarding training must be refreshed at least annually as St Catherine's organisational standard, with additional role-specific training and updates when local procedures, legislation, risks or practice change. Staff must know the current DSL/DDSLs, out-of-hours route, adult social care referral route and where this policy and related policies are held.

The DSL/DDSL and senior leaders must maintain training appropriate to their responsibilities and access specialist advice for complex cases. Trustees with safeguarding oversight should receive appropriate training. Supervision and team discussions should support reflection, learning and staff confidence to challenge unsafe practice.

11. Responsibilities and governance

All staff, volunteers and contractors

- Remain alert to signs of abuse, neglect and exploitation.
- Listen, respond respectfully and use accessible communication.
- Take immediate protective action where needed and report concerns without delay.
- Make accurate records and cooperate with lawful safeguarding enquiries.
- Maintain professional boundaries and raise concerns about unsafe practice.

DSL/DDSL and senior safeguarding leads

- Coordinate referrals and liaison with adult social care, police, health services and other agencies.
- Ensure immediate risks are assessed and safety plans are implemented and reviewed.
- Check that records are complete, decisions are reasoned and actions are followed through.

- Ensure the adult's wishes, communication needs, capacity considerations and desired outcomes are addressed.
- Provide advice and support to staff, escalate concerns about leaders and maintain current contact details and local procedures.

Principal and senior leadership

- Ensure the policy is implemented, staff are trained and adequate time and resources are available.
- Ensure allegations and serious incidents are escalated appropriately and external notifications are made where required.
- Promote an open culture in which staff and students can raise concerns without fear of reprisal.
- Review incidents, patterns, learning and actions and report safeguarding assurance to trustees.

Trustees

- Appoint a safeguarding trustee and ensure clear oversight and accountability.
- Receive regular anonymised safeguarding reports covering themes, training, referrals, incidents, outcomes and actions without unnecessary identifying details.
- Ensure the policy is reviewed at least annually and following significant changes or incidents.
- Ensure concerns about the Principal can be raised directly with the Chair of Trustees and that appropriate independent escalation is available.

12. Related policies and boundary with child protection

This policy should be read alongside the current versions of the following, where applicable:

- Child Protection Policy and Keeping Children Safe in Education procedures (for under-18s).
- Positive Behaviour Policy and any restrictive intervention guidance.
- Student Mental Health and Wellbeing Policy.
- Online Safety / acceptable use policy.
- Staff Code of Conduct and professional boundaries guidance.
- Whistleblowing Policy and complaints procedure.
- Recruitment Policy and safer recruitment procedures.
- Data Protection, confidentiality and records management policies.
- Intimate Care Policy, Lone Working Guidelines, Missing Student Policy and Health and Safety procedures.
- Equality, Diversity and Inclusion Policy.
- Alcohol, Smoking and Substance Misuse Policy.
- Residential care procedures, medication policy and emergency/on-call procedures.

Where an adult safeguarding concern arises alongside a child protection concern, staff must ensure both pathways are considered. A person under 18 is a child for safeguarding purposes. The 18th birthday does not mean that all risks or relationships suddenly change; transition planning and cooperation between children's and adult services may be necessary.

13. Contacts and escalation

Staff must use the current internal on-call arrangements and current Isle of Wight/local authority adult safeguarding referral procedures. Local authority contact routes can change.

Contact	Details / action
Emergency services	999 where there is immediate danger, urgent medical need or a serious crime in progress.
Police non-emergency	101 where police assistance or reporting is needed but the situation is not an emergency.
St Catherine's main office	01983 852722
General email	general@stcatherines.org.uk
DSL / adult safeguarding lead	Jenn Walker
Deputy DSLs / on-call lead	Sarah Thompson Lisa Haycox-O'Toole Katherine Cotton
Isle of Wight adult social care safeguarding	Jubilee Stores, The Quay, Newport, IOW, PO30 2EH Office hours, 01983 821000 / 01983 814980
Other placing local authority	Use the adult's responsible/placing authority procedures where applicable; record which authority has been contacted.
Safeguarding trustee / Chair of Trustees	Roger Rickman
Prevent lead / local Prevent team	Jenn Walker

Appendix A: Quick response checklist

- Is anyone in immediate danger or in need of urgent medical help? Call 999 if yes.
- Listen calmly, take the person seriously and use their preferred communication method.
- Do not investigate, ask leading questions, promise secrecy or confront the alleged perpetrator.
- Make the situation as safe as reasonably possible and preserve relevant evidence.
- Report immediately to the DSL/DDSL or on-call senior lead. If implicated or no action is taken, escalate independently.

- Refer to adult social care and/or police in line with local procedures. Do not delay emergency or statutory referrals while waiting for internal approval.
- Record facts, the person's own words, dates, actions, decisions and reasons promptly on the approved system.
- Consider consent, decision-specific capacity, communication support, advocacy and safe contact arrangements.
- Consider whether other adults or children may be at risk and whether parallel procedures are required.
- Check that a named person is responsible for follow-up and that the adult is kept informed and supported.

Appendix B: Minimum safeguarding record

- Adult's name and identifying details, recorded securely; date of birth where relevant.
- Date, time and location of concern and of the record.
- Who raised the concern and how it was received.
- Factual account of what was seen, heard or reported; direct words where possible.
- Communication method and any support or adjustments used.
- Details of injuries, immediate risks, witnesses and other people potentially at risk.
- Adult's wishes, desired outcomes, views on referral and safe methods of contact.
- Capacity considerations relevant to the specific decision and any best-interests decision.
- Immediate protective action and medical or emergency response.
- Who was informed, when, what was shared and the reason for sharing.
- Referrals made, advice received, reference numbers and decisions not to refer with rationale.
- Agreed actions, named responsible person, timescale and review date.

Appendix C: Review and implementation checks

Before this draft is approved, the policy owner should complete and record the following checks:

- Confirm the current names, roles and contact details of the DSL, DDSLs, Principal, safeguarding trustee and Chair of Trustees.
- Insert and test the current Isle of Wight adult safeguarding referral route, out-of-hours arrangements and relevant placing-authority routes.
- Confirm the current CPOMS configuration and how adult safeguarding records are securely categorised, accessed and retained.
- Confirm which services are regulated by the Care Quality Commission (CQC), and any provider-specific notifications or regulatory requirements that apply.
- Check the policy against the current Isle of Wight Safeguarding Adults Board procedures and position-of-trust guidance.
- Check all cross-referenced policies are current, available and consistent with this policy.

- Confirm training requirements for each staff group and ensure induction materials reflect the revised procedure.
- Ensure accessible versions or summaries are available to students and that students know how to seek help independently.
- Obtain review from the DSL/DDSL, Principal, residential/Post-19 leads, data protection lead and safeguarding trustee, then submit for formal approval.

Key legislation and guidance

- Care Act 2014: https://www.legislation.gov.uk/ukpga/2014/23/part/1
- Care and Support Statutory Guidance – Chapter 14: Safeguarding: https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance
- Mental Capacity Act 2005: https://www.legislation.gov.uk/ukpga/2005/9/contents
- Mental Capacity Act Code of Practice: https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice
- Keeping Children Safe in Education 2026 (for child protection responsibilities): https://www.gov.uk/government/publications/keeping-children-safe-in-education--2
- Prevent Duty Guidance: England and Wales (2023): https://www.gov.uk/government/publications/prevent-duty-guidance
- Domestic Abuse Act 2021 statutory guidance: https://www.gov.uk/government/publications/domestic-abuse-act-2021
- Human Rights Act 1998: https://www.legislation.gov.uk/ukpga/1998/42/contents
- Equality Act 2010: https://www.legislation.gov.uk/ukpga/2010/15/contents
- Data Protection Act 2018: https://www.legislation.gov.uk/ukpga/2018/12/contents
- Modern Slavery Act 2015: https://www.legislation.gov.uk/ukpga/2015/30/contents

Named persons

Designated members of staff for adult safeguarding at St Catherine's; all of which can be contacted via the school office on 01983 852722 or school email general@stcatherines.org.uk where appropriate:

- Sarah Thompson – Principal and DDSL
- Jenn Walker – Vice Principal, DSL and Designated Teacher of Looked After Children
- Lisa Haycox-O'Toole – Registered Manager, Post-19, DDSL
- Joanne Elliott – Head of Sixth Form
- Roger Rickman – Safeguarding Governor/Trustee
- Katherine Cotton – Head of Residential and DDSL