



MRC Cognition
and Brain
Sciences Unit



UNIVERSITY OF
CAMBRIDGE

MRC COGNITION & BRAIN SCIENCES UNIT (MRC CBU)

SAFEGUARDING POLICY

VERSION CONTROL

<i>Version</i>	<i>Summary</i>	<i>Date</i>
1.1	New draft policy	January 2015
1.2	Amendments following feedback from HR	27 th May 2015
1.3	Amendments following consultation with MRC CBU HR, Health & Safety and Panel	1 st June 2015
1.4	Amendments following consultations with HR, Panel and updated information from Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012	4 th June 2015
1.5	Amendments following comments from Frances C Rawle, Head of Corporate Governance and Policy, MRC	24 th November 2015
2	Annual review update	22 nd August 2016
3	Amendments to include mental health issues	13 th October 2017
4	Amendments to include staff, students, and testing of vulnerable groups within CALM and CCNRP	21 st December 2018
4.1	Amendments regarding signposting to services	16 th May 2019
4.2	Change of Unit Safeguarding Officer to Anna Bevan	29 th October 2020
5	Various amendments to HR and SMT contacts Amendments regarding safeguarding for online studies	3 rd July 2022

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2. OVERVIEW

SAFEGUARDING AND HOW IT APPLIES TO YOU

Safeguarding means preventing and reducing harm to vulnerable groups in regulated activity. Definitions of vulnerable groups and regulated activity are provided in Section 3.

This document states the MRC CBU policy on safeguarding. It provides information about how to protect children and vulnerable groups from harm and abuse in your work and how to deal with allegations or suspicions of abuse.

This policy applies to all staff and all students at the MRC CBU, including scientists, administrative and technical staff, students, visiting workers, students and volunteers who have access to the MRC CBU, and any external person recruiting from the MRC CBU participant panel.

Even if you do not work directly with children or vulnerable groups you have responsibilities in respect of safeguarding. Everyone who works at the MRC CBU, or who is frequently on site, is responsible for safeguarding on the MRC CBU premises and must know the appropriate action to take in the event of allegations or suspicions of abuse against a child, participant, visitor, co-worker or themselves.

For this reason, all persons mentioned above must read this document and sign the form at the back of this document and return it to Human Resources (HR) to acknowledge that they understand the MRC CBU's safeguarding policy and procedures.

Any person working with a vulnerable group must follow the procedure outlined in Section 5b before they begin their activities with this group.

This policy does not apply to any other MRC Units; these have their own internal procedures or policies where necessary.

KEY INFORMATION

All persons interacting with children or vulnerable groups as part of their work at the MRC CBU must have enhanced DBS clearance and must complete the NSPCC E-learning safeguarding training course BEFORE they are allowed to work with vulnerable groups. This is an online 3 hour safeguarding training course. The MRC CBU has a registered account with the NSPCC course. Places must be booked through HR. Once a person has been booked on to the course they will receive an email with details about how to complete the training. Records of persons who have completed the course are maintained on our MRC CBU registered account on the NSPCC website.

Any on-site testing with children or vulnerable groups must take place in a testing room with CCTV (CALM 1, CALM 2, CALM 3, 435, 436, 437, 438, 442).

WHAT TO DO IF A SAFEGUARDING INCIDENT OCCURS

Follow these steps ***in all cases*** where abuse is suspected or reported.

Do not discuss the incident with anyone else. The only exception is the MRC CBU's designated safeguarding person (DSP). If a vulnerable person who you are working with is at immediate risk, contact the DSP and do not let the vulnerable person leave the site where you are working (e.g. MRC CBU or school). The DSP will tell you what to do.

Write down as much information as possible ***at the earliest opportunity***. You should sign and date this information.

Complete an incident report form within 24 hours. This should be completed independently with as much detail as possible.

Give the completed incident report form to the DSP as soon as possible (within 48 hours).

The DSP decides whether the report should be passed on to the local safeguarding agency, or will make contact with the appropriate organisations.

The MRC CBU's direct involvement ends at this point. If the report is passed on, the local safeguarding agency will decide on the next course of action within 24 hours and contact the DSP if necessary.

The MRC CBU's Designated Safeguarding Person (DSP) is Anna Bevan. If Anna is not available please contact Tim Dalglish as DSP cover.

In the instance that a query or incident involves the DSP, or in the absence of the DSP or DSP cover, employees must direct enquiries and pass reports on to a member of the Senior Management Team (Matt Lambon-Ralph, Rik Henson, Bob Carlyon). If no members of the SMT are on-site, speak to Victoria White, Ben Daft or Luke Suckling.

3. DEFINITIONS

This policy refers to vulnerable groups including children and adults. A child is anybody under the age of 18. Adults are no longer labelled as 'vulnerable adults' based on their personal characteristics. Instead, an adult is considered vulnerable if they are taking part in 'regulated activities' (see next section).

The Safeguarding Vulnerable Groups Act 2006 sets out the activities and work which are 'regulated activity', which a person who has been barred by the Independent Safeguarding Authority (ISA) must not do.

Any person engaging in regulated activity with a child or adult must follow the procedures set out in Section 5b of this document.

WHAT IS REGULATED ACTIVITY?

Broadly speaking, regulated activities are close proximity, frequent or unsupervised activities. "Frequent" is defined as working once a week or more on an ongoing basis in a single month. It includes but is not limited to the examples below.

Children

- ❖ Unsupervised teaching or training (e.g., one-to-one in schools)
- ❖ Research (e.g., one-to-one testing in the Centre for Attention Learning and Memory or in schools. If a carer / parent or member of school staff is present, the researcher is not providing care or supervision and is not therefore carrying out regulated activity)
- ❖ Unsupervised advice or guidance for children that relates to their physical, emotional or educational wellbeing (e.g., clinical or medical practice, study feedback that provides individual test scores)
- Frequent work in a specified place that provides the opportunity for contact with children, regardless of the type of activity (e.g., in schools, nurseries, children's homes, pupil referral units, children's hospitals, institutions for the detention of children).

Adults

- ❖ Healthcare treatment or therapy (e.g., healthcare professionals, medics, clinicians, therapists working in both hospitals and community settings)
- ❖ Research with adults is considered regulated activity if it involves measuring mental health or physical health, or activities involving health care, personal care (e.g., help or advice in relation to eating and washing), social care, assistance with cash, bills or shopping, assistance in the conduct of a person's own affairs, transporting an adult because of their age, disability or illness to or from their home and a place where they will receive health, personal or social care. If the researcher is a health professional, s/he will carry out regulated activity anyway.
- ❖ Applying this to MRC CBU activities, this means that any research involving assessment of mental health, developmental or neurological

disorders will be regulated activity. Any activities that require an Enhanced DBS (this can be checked with HR) are also likely to include regulated activities.

For more information about regulated activities with adults, see:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216900/Regulated-Activity-Adults-Dec-2012.pdf.

For more information about regulated activities with children, see:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/316179/Regulated_Activity_in_relation_to_Children__DfE_.pdf

WHAT IS EXEMPT FROM REGULATED ACTIVITY?

- ❖ Under-18s in higher education
- ❖ Work experience for children and young people in the workplace is only regulated activity if an MRC CBU employee's specific job purpose includes looking after under-16 work experience students
- Activity with children which is merely incidental to activity with adults (e.g., children are part of a mixed-age group and their involvement is incidental to the purposes of the activity, for example Science Night, Open Days). To be considered 'incidental', the activity should be designed and provided for adults, and the presence of a child or children must either be unforeseen or be dependent on the presence of the adult.
- Ancillary first aid
First aid provided by an employee as an ancillary part of their job is not regulated activity.
- Family or personal arrangements.

The full, legal definition of regulated activity is set out in Schedule 4 of the Safeguarding Vulnerable Groups Act 2006, as amended (in particular, by the Protection of Freedoms Act 2012).

WHO IS A VULNERABLE PERSON?

For the purpose of this policy, the term 'vulnerable groups' thereby refers to all children, and any adults participating in research regarding mental health, developmental or neurological disorders. 'Vulnerable person' is used to denote an individual child, or individual adult participating in research regarding mental health, developmental or neurological disorders.

4. STATEMENT OF POLICY

THE PURPOSE OF THIS POLICY IS TO:

- ❖ promote and prioritise the safety and wellbeing of vulnerable groups who take part in any MRC Cognition and Brain Sciences Unit (MRC CBU) activity, whether it is on- or off-site (e.g. schools, Centre for Attention Learning and Memory (CALM));
- ❖ provide staff and students with the overarching principles that guide our approach to safeguarding. We have a responsibility to promote the welfare of all vulnerable groups and to keep them safe. We are committed to practice in a way that protects them;
- ❖ provide assurance to parents, carers and other parties that the MRC CBU takes reasonable steps to manage risks and keep vulnerable groups safe;
- ❖ ensure that everyone understands their roles and responsibilities in respect of safeguarding and is provided with the necessary information, training and support on safeguarding matters;
- ❖ prevent the employment of individuals who work with vulnerable groups where they have been barred by the ISA;
- ❖ ensure that appropriate action is taken in the event of any allegations or suspicions regarding harm to vulnerable groups arising from contact with MRC CBU staff, students or volunteers.

CODE OF PRACTICE

When working with vulnerable groups either on- or off-site, all MRC CBU staff, students and volunteers are expected to take account of the guidance below in the way that they conduct themselves.

- ❖ Consider the wellbeing and safety of event participants in advance through proper planning and development of safe methods of working.
- ❖ Wherever possible, work in an open environment with vulnerable groups where they can be seen by others.
- ❖ Avoid unnecessary physical contact.
- ❖ Avoid taking a vulnerable person alone in a car on journeys, however short.
- ❖ Set expectations of the standards of behaviour required from participants in an activity/event and encourage them to accept responsibility for their own performance and behaviour.
- ❖ Ask participants in an activity/event to take reasonable steps to ensure their own safety and that of others, and to report any inappropriate behaviour they experience/witness or any concerns that they may have.
- ❖ Avoid showing favouritism towards particular participants.
- ❖ Report incidents of alleged abuse to the relevant MRC CBU's designated safeguarding person (DSP, to be appointed by the Director with an

accompanying Delegated Authority letter) and ensure that any allegations are recorded.

- ❖ Report any concerns about poor practice to the MRC CBU's designated safeguarding person (DSP).
- ❖ Avoid personal relationships with a vulnerable person. It is not appropriate for staff to have a physically or emotionally intimate relationship with a young person under the age of 18 in the context of their work with the MRC CBU. Particular attention is drawn to the provisions of the Sexual Offences Act 2003 which created a new criminal offence of abuse of "a position of trust".
- ❖ Inappropriate behaviour can also occur over the telephone, email, social media or internet.
- ❖ Do not make suggestive or inappropriate remarks to or about a vulnerable person, even in fun, as this could be misinterpreted.
- ❖ Do not take vulnerable people to your home.
- ❖ Maintain confidentiality about sensitive information.
- ❖ Where it is necessary to take photographs or video images of vulnerable groups, written consent must be obtained (from parents/guardians in the case of children) before these images are taken in order to comply with the Data Protection Act 1998. Personal details and photos which clearly identify an individual must only be published where he/she (or his/her parent/guardian) has given specific agreement. Subjects should be suitably dressed in photographs (e.g., when taking place in a sporting activity). This does not apply to 24 hour CCTV monitoring.

LEGAL FRAMEWORK

The following legislation is relevant to this policy, either because it has influenced its introduction and/or its content:

- ❖ Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012. The Protection of Freedoms Act 2012 is of particular importance as all decisions made to bar individuals from working with vulnerable groups are now made by the Disclosure and Barring Service (DBS) under this legislation.
- ❖ Health and Safety at Work Act 1974
- ❖ Rehabilitation of Offenders Act 1974
- ❖ Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975
- ❖ The Police Act 1997
- ❖ Protection of Children Act 1999
- ❖ Management of Health and Safety at Work Regulations 1999
- ❖ The Human Rights Act 1998
- ❖ Sexual Offences Act 2003
- ❖ The Children Act 2004

- ❖ Equality Act 2010
- ❖ Protection of Freedoms Act 2012
- ❖ General Data Protection Regulation 2018

WE ARE COMMITTED TO REVIEWING OUR POLICY AND GOOD PRACTICE ANNUALLY

The Unit Management Committee (UMC) will review the MRC CBU safeguarding policy and procedures on an annual basis. They will receive a brief anonymised report from the DSP on allegations or suspicions that have arisen over the past year. UMC will check that all staff, students and volunteers working at the MRC CBU are aware of the policy and procedures for safeguarding.

This policy was last reviewed on: 30th September 2022



Signed:

Bob Carlyon (Deputy-Director and HR Lead, MRC CBU)



Signed:

Anna Bevan (Designated Safeguarding Person, MRC CBU)

5. MRC CBU PROCEDURES FOR SAFEGUARDING

5A. ALL STAFF, STUDENTS AND VOLUNTEERS

Basic Level D security checks will be conducted by the security screening agency Agenda for all employees at the start of their MRC CBU contract.

All staff and all students at the MRC CBU, including scientists, administrative and technical staff, students, visiting workers, students and volunteers who have access to the MRC CBU, and any external person recruiting from the MRC CBU participant panel will be required to read the MRC Cognition & Brain Sciences (MRC CBU) safeguarding policy and procedures, and sign to confirm that they have done so.

A record of all persons who have read and signed the safeguarding policy and procedures will be kept by HR.

New Starters

This information will be included in new starters' induction packs. All new staff, students and volunteers will be required to sign the form at the end of this document to acknowledge that they have read the policy. This form must be given to Human Resources (HR).

Existing staff, students and volunteers

All existing members of the MRC CBU will be sent an electronic copy of the safeguarding policy and procedures and will be asked to sign the form at the end of this document to acknowledge that they have read and understood the information. This form must be given to HR.

Visiting workers, visiting students and external persons who are recruiting from the MRC CBU participant panel

The above named visitors must read the safeguarding policy and procedures and sign and return the form at the end of the document to Human Resources (HR).

5B. STAFF, STUDENTS AND VOLUNTEERS WORKING WITH VULNERABLE GROUPS

Security Checks

Level B enhanced DBS checks will be carried out for any person working with vulnerable groups on behalf of the MRC CBU either on- or off-site. If it is known that a person's role will involve work with vulnerable groups, these checks will be conducted at the time of appointment in line with current MRC CBU procedures. If a person's role changes such that it will involve working with vulnerable groups, Band B enhanced DBS checks will be conducted prior to any work with these groups.

The MRC CBU will not carry out enhanced DBS checks for short-term visiting workers (less than 6 months) who have been screened within 3 months, but all staff who will be working with vulnerable groups are required to have enhanced DBS, even if they are on a short-term contract.

Safeguarding Training

All MRC CBU staff and students must complete the NSPCC E-learning safeguarding training course BEFORE they are allowed to work with vulnerable groups. This is an online 3 hour safeguarding training course.

The MRC CBU has a registered account with the NSPCC course. Places must be booked through HR. Once a person has been booked on to the course they will receive an email with details about how to complete the training. Records of persons who have completed the course are maintained on our MRC CBU registered account on the NSPCC website.

Ethical Approval

Ethical approval must be obtained from the appropriate ethical approval board (e.g., Cambridge Psychology Research Ethics Committee (CPREC), Health Research Authority/National Ethics Service) before any research can be conducted with vulnerable groups. The Principal Investigator is responsible for obtaining ethical approval and for sending a copy to the Panel Manager. The Panel Manager will retain a record of all research projects with vulnerable groups that have ethical approval. Refer to the MRC CBU's guidelines for ethical approval for more information <http://intranet.mrc-cbu.cam.ac.uk/researchpractice/ethics/>

Risk Assessment

Persons arranging activities with vulnerable groups must complete a risk assessment form before any activity commences. In the case of research projects it is the principal investigator's responsibility to complete a risk assessment and to inform those involved of the risks and precautions that must be taken to reduce risk. Copies of all risk assessment forms must be sent to the Panel Manager who will be responsible for maintaining a record of all risk assessments. Refer to the MRC CBU's guidance on how to complete a risk assessment form for further information <http://intranet.mrc-cbu.cam.ac.uk/healthsafety/risk/>, or see Appendix II.

Testing

With the exception of scanning, all research carried out with vulnerable groups at the MRC CBU must be conducted in the designated testing facilities in the Centre for Attention Learning and Memory (CALM). These testing rooms are

fitted with 24 hour CCTV and panic buttons to safeguard both participants and researchers.

Staff and students working with vulnerable groups off-site (e.g., in a school) are responsible for familiarising themselves with the host organisation's safeguarding procedures. They must follow *both* the MRC CBU and host organisation procedures. An MRC CBU risk assessment must be completed for any off-site testing with vulnerable groups. The MRC CBU's guidelines for safe home visits and for lone working must be adhered to if the activity calls for it. See <http://intranet.mrc-cbu.cam.ac.uk/healthsafety/> for information.

6. ROLES AND RESPONSIBILITIES

MRC CBU'S DESIGNATED SAFEGUARDING PERSON (DSP)

This person will take overall responsibility for safeguarding within the MRC CBU, including promoting safeguarding within the MRC CBU and handling incident report forms. It will be his /her responsibility to keep all information safe and to pass on any concerns to the local safeguarding agency. In the instance that a query or incident involves the DSP, or in the absence of the DSP or the DSP cover person, employees must direct enquiries and pass reports on to a member of the Senior Management Team (Matt Lambon-Ralph, Rik Henson, Bob Carlyon). If no members of the SMT are on-site, forms should be passed to HR (Victoria White, Ben Daft or Luke Suckling). All of these individuals will be briefed about the procedure to follow when receiving such information and forms, both in person and in writing (document "What to do if a SAFEGUARDING incident arises").

UNIT MANAGEMENT COMMITTEE (UMC)

UMC will be responsible for reviewing the MRC CBU's safeguarding policy and procedures on an annual basis and for receiving a brief anonymised annual report on any allegations or suspicions that have arisen.

HUMAN RESOURCES (HR)

HR will be responsible for ensuring all staff, students and volunteers have read and understood this policy either at Induction (new starters) or as soon as possible (existing staff and students). Copies of the signed forms and confirmation of completion of the required safeguarding training will be kept by HR.

PRINCIPAL INVESTIGATORS / PROJECT MANAGERS

Any person leading a research project or activity with vulnerable groups is responsible for obtaining ethical approval (in the case of research projects) and for completing a risk assessment (in the case of all regulated activity) Copies of ethical approval and risk assessment forms must be sent to the Panel Manager before the activity commences.

PANEL MANAGER

The Panel Manager will maintain a record of all ethical approvals and risk assessments for regulated activity with vulnerable groups.

ALL STAFF, STUDENTS & VOLUNTEERS

Everyone who works at the MRC CBU, or who is frequently on site, is responsible for safeguarding on the MRC CBU premises and must know the appropriate

action to take in the event of allegations or suspicions of abuse against a child, participant, visitor, colleague or themselves

CONFIDENTIALITY POLICY

It is impossible to promise complete confidentiality when a concern is raised or an accusation made. This is because the MRC CBU owes a duty of care to its staff, students and volunteers that cannot be fulfilled unless the MRC CBU takes action on the basis of information that may have been provided in confidence. The duty of confidentiality must be weighed against the duty of care, in case of potential or actual harm of an individual. However, only those people who need to be made aware of an incident or concern should be informed. As a general rule all safeguarding information will only be shared with the DSP and the local safeguarding agency.

Any staff, students or volunteers who are worried about sharing concerns about abuse are encouraged to speak with an appropriate agency for further advice (for example, the NSPCC Child Protection Helpline on 0808 800 5000 or Childline on 0800 1111).

DATA PROTECTION

The MRC CBU complies with the principles of the GDPR and Data Protection Act (2018) in the way it collects, holds and disposes of personal information.

7. DEALING WITH ALLEGATIONS OR SUSPICIONS OF ABUSE

Concerns for the safety and wellbeing of vulnerable groups could arise in a variety of ways and in a range of situations. It is vital that all staff, students and volunteers know how to respond where abuse is spotted, suspected or reported. All MRC CBU staff, students and volunteers must also know how to respond to allegations of abuse against themselves, a co-worker or someone outside of the MRC CBU. The MRC CBU procedures for how to respond in each of these situations are described below and must be adhered to.

CATEGORIES OF ABUSE

All staff should be aware of the many different categories of abuse. These include physical, emotional, and sexual abuse, and neglect. Bullying, racism and other types of discrimination are forms of abuse. Like other kinds of abuse they can harm a person physically and emotionally.

Physical: This is when a person is hurt or injured by a child or an adult. Physical abuse includes hitting, kicking, punching and other ways of inflicting pain or injury such as poisoning, drowning or smothering. It also includes giving a person harmful drugs or alcohol.

Emotional: This is when a person is denied love or affection, or is constantly threatened or humiliated. Sarcasm, degrading punishments and ignoring someone are also forms of emotional abuse.

Sexual: This is when a person is used sexually by an adult or young person. Sexual abuse can include kissing, touching the individual's genitals or breasts, vaginal or anal intercourse and oral sex. Encouraging a vulnerable person to look at pornographic magazines or videos is also sexual abuse.

Neglect: This is when a person's basic need for love, food, warmth, safety, education and medical attention is not met by parents or carers.

PROCEDURES FOR RESPONDING TO SUSPICIONS OR ALLEGATIONS OF ABUSE

Follow these steps *in all cases* where abuse is suspected or reported.

Do not discuss the incident with anyone else. The only exception is the MRC CBU's designated safeguarding person (DSP). If a vulnerable person who you are working with is at immediate risk, contact the DSP and do not let the vulnerable person leave the site where you are working (e.g. MRC CBU or school). The DSP will contact the authorities and tell you what to do.



Write down as much information as possible *at the earliest opportunity*. You should sign and date this information.



Complete an incident report form within 24 hours. This should be completed independently with as much detail as possible.



Give the completed incident report form to the DSP as soon as possible (within 48 hours).



The DSP decides whether the report should be passed on to the local safeguarding agency.

The MRC CBU's direct involvement ends at this point. If the report is passed on, the local safeguarding agency will decide on the next course of action within 24 hours and contact the DSP if necessary.

The MRC CBU's Designated Safeguarding Person (DSP) is Anna Bevan

In the instance that a query or incident involves the DSP, or in the absence of the DSP or the DSP cover, employees must direct enquiries and pass reports on to a member of the Senior Management Team (Matt Lambon-Ralph, Rik Henson, Bob Carlyon). If no members of the SMT are on site, speak to Victoria White, Ben Daft or Luke Suckling.

Detailed procedures for responding in different situations are described below.

1. Suspecting abuse

a. How to recognise the signs of abuse

A vulnerable person may be experiencing abuse if he/she is:

- frequently dirty, hungry or inadequately dressed
- left in unsafe situations or without medical attention
- constantly "put down", insulted, sworn at or humiliated
- seems afraid of parents or carers
- severely bruised or injured
- displays sexual behaviour which does not seem appropriate for their age
- growing up in a home where there is domestic violence
- living with parents or carers involved in serious drug or alcohol abuse.

This is not an exhaustive list of all signs of abuse. If you are unsure, you should raise your concern with the DSP.

b. How to respond to signs or suspicions of abuse

If you suspect a vulnerable person you are working with is being or has been abused you must:

1. Write down all the details immediately and date and sign the information.
2. Complete an incident report form (Appendix 1) , with as much detail as possible, as soon as it is appropriate and possible to do so. It is important to fill this out independently and hand it to the MRC CBU's DSP within 48 hours.

c. How to respond to a vulnerable person telling you about abuse

Safeguarding referrals need to be completed immediately if a vulnerable person tells you something regarding abuse.

It is important to support someone who discloses information to you about possible abuse. You must follow these steps:

1. Listen to the person while keeping a calm and neutral demeanour. Avoid leading questions and do not make assumptions.
2. Reassure the individual they have done nothing wrong and that you believe him/her.
3. Make no promises. Do not tell the person that you will keep the information to yourself. Explain that you will write down what they tell you

and that you will discuss it with people who need to be made aware of the concern (this is the DSP in the first instance).

4. You must write down the conversation in as much detail as possible. This must be done at the earliest opportunity and you must sign and date the information.

5. Complete an incident report form (Appendix 1) as soon as possible and give it to the DSP as soon as possible (within 48 hours).

2. Allegations of abuse

a. How to respond to allegations of abuse against a member of staff, a student or a volunteer

Safeguarding referrals need to be completed immediately if a member of staff, a student or a volunteer is accused of an abusive act. You must also tell HR (Ben Daft or Victoria White). If you receive any allegations of abuse against a member of staff or other worker/volunteer, you must not discuss this allegation with the person making the allegation or anyone else (the only exception is the DSP). Follow these steps if an allegation is made:

1. Tell the person who made the allegation that it will be reported to the MRC CBU's DSP and to HR.
2. Write down the conversation in as much detail as soon as it is appropriate and possible to do so. Sign and date this information.
3. Complete an incident report form, with as much detail as possible, as soon as you can. It is important to fill this out independently and hand it to the DSP within 48 hours.

b. How to respond to allegations of abuse against someone not working at the MRC CBU

If you receive any allegations of abuse against somebody not working for the MRC CBU (e.g. parent / family friend/ teacher), or if you overhear an allegation being made or discussed, you must not discuss the allegation with anyone else (the only exception is the DSP). Follow these steps in both cases:

1. Tell the person who made the allegation that it will be reported to the MRC CBU's DSP.
2. Write down the conversation in as much detail as soon as it is appropriate and possible to do so. Sign and date this information.
3. Complete an incident report form, with as much detail as possible, as soon as you can. It is important to fill this out independently and hand it to the DSP within 48 hours.

8. DEALING WITH CONCERNS ABOUT MENTAL HEALTH AND SELF-HARM IN VOLUNTEERS

Concerns may arise not only for the safety and wellbeing of vulnerable groups but also for healthy volunteers. One in four people will experience a mental health disorder at some time in their life, and so it is likely that, from time to time, volunteers recruited from the community or through the Unit Panel will actually be experiencing symptoms of psychological disturbance. Although some anxiety would be expected in a testing session where the participant is being evaluated, we have a duty of care to respond to demonstrations of heightened psychological disturbance. These include:

1. Scoring above a clinical cut-off on a self-report or researcher-administered measure (e.g., Beck Depression Inventory)
2. Reporting thoughts of suicide or self-harm to a researcher
3. Having visible evidence of self-harm on the body (e.g., a series of cuts to the arm)
4. Experiencing significant distress during a testing session

When working with children or adolescents, a parent may report any of the above

The MRC CBU procedures for how to respond in each of these situations are described below and must be adhered to.

a. How to react when you encounter significant mental health issues in non-vulnerable participants

It is important to support someone who discloses information to you about psychological disturbance. You must follow these steps:

1. Listen to the person while keeping a calm and neutral demeanour. Avoid leading questions and do not make assumptions.
2. Explain that the MRC CBU has a responsibility to keep people safe, and that you need to tell someone who may be able to help the individual get assistance.
3. Inform the DSP at the end of the session, unless the individual is very distressed (e.g., crying, hyperventilating), in which case, inform the DSP immediately. Ask someone else to inform the DSP, and wait with the individual. If the individual is having such difficulty breathing that seems likely to need medical attention, please ask Reception to page first aid responders.
4. While waiting with the individual, offer them a drink, be empathetic but do not engage in discussion about the risk issue. Leave this for the DSP.
5. If the DSP is unavailable, Reception will have details of what to do. This may involve informing the Senior Management Team (Matt Lambon-

Ralph, Rik Henson, Bob Carlyon, Tim Dalglish or John Duncan), who can make necessary arrangements.

6. Complete an incident report form as soon as possible and give it to the DSP within 48 hours.

If an individual scores above the clinical cut-off on a measure

You must follow these steps:

1. If you are using a measure of psychological symptoms with non-vulnerable volunteers, you must check the individual's score on the day of the assessment.
2. If the individual is above the clinical cut-off, you must complete an incident report form as soon as possible and give it to the DSP within 48 hours.

b. How to react when you encounter significant mental health issues in vulnerable participants

i. Research projects with a supervising clinician

It is to be expected that these issues will commonly arise in vulnerable groups. In this instance, mental health and self-harm issues may be dealt with by the clinician supervising the research, who must complete and document a risk assessment and contact clinical services in high-risk situations. If the supervising clinician is unavailable, the DSP is to be contacted. Although clinicians working with vulnerable groups may manage mental health and self-harm issues in accordance with their professional guidelines, formal risk assessment must be documented (and may be requested for inspection by the DSP) and any suspicions or allegations of neglect or abuse must be reported to the DSP in accordance with the procedure set out in this policy.

Specific guidance for testing offsite on a project with a supervising clinician is included in Appendix IV.

ii. Working with vulnerable groups without a supervising clinician

If you intend to work with vulnerable groups, and the project does not have a supervising clinician, please contact the DSP to arrange an appropriate procedure before data collection begins.

iii. Vulnerable groups in CALM

The referring party is to be informed when a child scores above the clinical cut-off on a psychological symptom measure. More specific guidance on this process is included in Appendix III. However, if suicidal ideation or self-harm is identified, the DSP must be notified at the end of the session and an incident report form must be completed within 48 hours.

DEALING WITH CONCERNS ABOUT MENTAL HEALTH, SUICIDE, AND SELF-HARM IN STUDENTS AT THE MRC CBU

If you have concerns about the emotional wellbeing of a student, please speak to them about your concern. University guidance on how to have this conversation and signpost further support can be found at https://www.educationalpolicy.admin.cam.ac.uk/files/when_to_refer_2021-22.pdf

In response to intense emotional distress or suspected risk of harm

Here, we are referring to situations where an individual is so upset or distressed that they may *hurt themselves or potentially someone else*, and/or may be *unable to get home safely*.

If you are a member of staff, you can contact the DSP for support in administering this protocol. If you are a student, you must contact the DSP, who will administer this protocol.

1. Provide the individual with a safe space to collect themselves. This may be an office, one of the larger testing rooms with natural light (e.g., in CALM; testing rooms 438, 432, 433), or a quiet corner of the garden. Let them know that you are happy to sit with them, or to give them space if they would prefer it.
2. Offer to order a taxi to take them home (which the unit can cover), and to collect their belongings so that they do not need to go back to their own office, if they don't want to. Ask if there is someone you can call for them.
3. If they are extremely distressed or are unresponsive to your direct questions, call 111 and select option 2 to speak to the First Response Service, the Cambridgeshire mental health care crisis team. First Response will complete a risk assessment and arrange for further care. If you are concerned that the student may be at risk of harming themselves, you must call 111.
4. If the student refuses to speak to First Response and you remain concerned about safety, call 999 and request an ambulance. Emergency Services will attend in person, complete a risk assessment, and arrange for further care.
5. You must contact the Head Tutor at the student's college as soon as possible to arrange for ongoing pastoral care. If you are not the student's supervisor, please inform the supervisor of the event so that they too can provide ongoing support.
6. In the coming days, after the incident has resolved, the supervisor is to speak to the student about their options for
 - a. Adjustments to their working arrangements that can be made at the MRC CBU to support them
 - b. Free professional support (outlined in the University guidance link above). These include the University Counselling Service <https://www.counselling.cam.ac.uk/> or NHS psychological services, which can be accessed via self-referral at <http://www.cpft.nhs.uk/services/pws/psychological-wellbeing-service.htm>

This policy serves to manage immediate risk to individuals, and to signpost to appropriate support and/or treatment services. Thus, if repeated situations occur which require involvement of the DSP or other MRC CBU staff to manage risk, the individual must engage with mental health services (these may be delivered by the NHS, University or private organisations) to continue to receive the support of the MRC CBU.

DEALING WITH CONCERNS ABOUT MENTAL HEALTH, SUICIDE, AND SELF-HARM IN STAFF

If you are line managing a staff member for whom you have concerns regarding their mental or emotional wellbeing, please proceed directly to Step 6.

In response to intense emotional distress or suspected risk of harm

You can contact the DSP for support in administering this protocol.

1. Provide the individual with a safe space to collect themselves. This may be an office, one of the larger testing rooms with natural light (e.g., in CALM; testing rooms 438, 432, 433), or a quiet corner of the garden. Let them know that you are happy to sit with them, or to give them space if they would prefer it.
2. Offer to order a taxi to take them home (which the unit can cover), and to collect their belongings so that they do not need to go back to their own office, if they don't want to. Ask if there is someone you can call for them.
3. If they are extremely distressed or are unresponsive to your direct questions, call 111 and select option 2 to speak to the First Response Service, the Cambridgeshire mental health care crisis team. First Response will complete a risk assessment and arrange for further care. If you are concerned that the individual may be at risk of harming themselves, you must call 111.
4. If the staff member refuses to speak to First Response and you remain concerned about safety, call 999 and request an ambulance. Emergency Services will attend in person, complete a risk assessment, and arrange for further care.
5. Please inform the staff member's line manager of the event so that they can provide ongoing support.
6. In the coming days, after the incident has resolved, the line manager is to speak to the individual about their options for
 - a. Adjustments to their working arrangements that can be made at the MRC CBU to support them
 - b. Free professional support. These include the University Counselling Service <https://www.counselling.cam.ac.uk/> or NHS psychological services, which can be accessed via self-referral at <http://www.cpft.nhs.uk/services/pws/psychological-wellbeing-service.htm>

This policy serves to manage immediate risk to individuals, and to signpost to appropriate support and/or treatment services. Thus, if repeated situations occur which require involvement of the DSP or other MRC CBU staff to manage risk, the individual must engage with mental health services (these may be delivered by the NHS, University or private organisations) to continue to receive the support of the MRC CBU.

9. APPENDIX I – INCIDENT REPORT FORM

Safeguarding Incident Report Form

Private and Confidential

Please complete all sections unless stated that it should be completed by the DSP.

If a section is not relevant or you do not have anything to write in a section, please write N/A.

Personal Details:		
Name of Individual:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Date of Birth:
If appropriate, Parent's / Carer's name(s):		
Home address:		
Your Details:		
Your Name:	Your Position:	Date and Time of incident:
Report:		
Are you reporting your own concerns or responding to concerns raised by someone else?		
<input type="checkbox"/> Responding to my own concerns. <input type="checkbox"/> Responding to concerns raised by someone else.		If responding to concerns raised by someone else, please provide their name and position;
Please provide details of the incident or concerns you have, including times, dates or other relevant information (describe any injuries / whether fact, opinion or hearsay/ results from psychometric assessment):		

The individual's account of what has happened and how:	
If relevant, please provide details of the person alleged to have caused the incident / injury including where possible any details:	
If relevant, please provide details of any witnesses to the incident(s):	
Have you spoken to the individual that you are concerned about? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details of what was said:
If applicable, have you spoken to their Parent/Carer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details of what was said:
If relevant, have you spoken to the person the allegations are being made against? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details of what was said:
Further action taken to date:	

<p>To be completed by DSP</p> <p>Have you informed the relevant authority?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>To be completed by DSP</p> <p>Please provide the name of the person and his/her contact number:</p> <p>Contacted _____</p> <p>Date and time _____</p>	
<p>Data Protection</p> <p>As the person completing this form, you must notify each person whose information you include about what will happen to their information and how it may be disclosed except to the extent that doing so would prejudice either the prevention or detection of a crime or the apprehension or prosecution of an offender.</p>		
<p>Your signature:</p>	<p>Date:</p>	<p>Time:</p>

10. APPENDIX II – EXAMPLE RISK ASSESSMENT FORM

MRC CBU RISK ASSESSMENT TEMPLATE

What are the hazards?

This project involves testing children one-to-one in the CALM building. Hazards include:

1. Working one-to-one with a child on-site
2. Trip hazard from laptop leads in testing room

Who might be harmed and how?

1. Child participants and researcher by tripping over laptop leads in the testing room
2. Researcher is vulnerable as they will be alone with the child in testing room
3. Child is vulnerable as they will be alone with an unfamiliar adult in the testing room

What are we already doing?

1. All researchers have enhanced DBS clearance, know the MRC CBU safeguarding policy and procedures and have completed the NSPCC E-learning safeguarding training.
2. The project has ethical approval.
3. Testing is taking place in designated testing facility with 24 hr CCTV.
4. The child's parent / carer will be in the waiting room outside the testing room at all times.
6. Laptop leads will not be stretched across walkways

Do you need to do anything else to manage this risk?

Who needs to be told, who is going to do it?

All staff involved in testing child participants need to be told of the risks. As the principal investigator, I will inform staff of the risks and measures that need to be taken to reduce risk.

Actioned Date

Actual Date Completed

Form Completed By Name

Signature

11. APPENDIX III - TESTING WITHIN CALM

If you are concerned about *suicide risk, child abuse, or neglect*, please complete a Safeguarding Incident Report Form (Appendix I).

If you have more general concerns about a child's mental health please report these to the CALM Co-ordinator, who will respond as per the below guidance.

Situation	Response
Score on a mental health measure is above the clinical cut-off for one subscale	Co-ordinator will notify the referrer.
Total score on a mental health measure score is above the clinical cut-off	Co-ordinator will notify both the referrer and parents.
Child provides specific information within the session which alerts the tester	Tester to discuss with the Co-ordinator, who will liaise with the DSP. DSP will complete a risk assessment and notify parents if necessary.
Any concern about suicidal risk	Complete the Safeguarding Incident Report Form immediately and give to DSP.

12. APPENDIX IV – ONLINE TESTING

1. Online studies involving face-to-face testing (for example, over Zoom)

If all participants are recruited from the UK and tested face-to-face, the usual safeguarding procedures apply. If you are recruiting from outside the UK, please see below.

2. Online studies which involve no face-to-face testing (for example, which recruit via Prolific) and which include any measures of mood or mental health

Please clearly state that you are collecting mood / mental health measures in your WEMC application. Include text at the start and end of your study that suggests participants contact their GP if they are experiencing any low mood. Questions regarding risk of suicide or self-harm should be removed.

3. Online studies which involve recruitment from countries other than the UK

Please clearly state that you are collecting mood / mental health measures in your WEMC application. Include text at the start and end of your study that suggests participants seek advice from a qualified healthcare professional if they are experiencing any low mood. Questions regarding risk of suicide or self-harm should be removed.

If you are in any doubt about the safeguarding implications of your online study, please consult the DSP before planning your recruitment procedures.

13. APPENDIX V - TESTING WITH CCNRP PATIENTS

Visiting patients in the community is standard MRC CBU practice. Patients are not usually asked to attend the MRC CBU for testing unless they are involved in an imaging study or prefer to be seen at the MRC CBU rather than in their home. Testing patients in their own homes has many benefits, in that the patient is not tired from a long journey, will have the relevant equipment available for their physical requirements and personal care needs and is likely to feel more at ease. There are, however, safeguarding issues that must be kept in mind when planning and carrying out community visits. Thus, the procedures set out below must be followed to ensure the safety of both patients and researchers.

This procedure was designed to be read in conjunction with the CCNRP specific safeguarding document, which is available from the Panel Manager, and contains detailed information on how to respond to adverse events specific to this sample.

1. All new studies require you to complete a Risk Assessment

This must detail risk to the patient and researcher. A sample template is available in the accompanying CCNRP specific safeguarding document, which is available from the Panel Manager

2. Is lone testing in the homes of CCNRP patients appropriate?

First test session

For the safety of researchers, a testing 'buddy' must always be taken to an initial appointment with any *new* patient. During the testing session the researcher and buddy should make an assessment of 'suitability for lone testing' in subsequent visits. 'Suitability' should be indicated on the feedback form (CCNRPfeedback_SWE_v5.xlsx) that must be completed and emailed to ccnrp@mrc-cbu.cam.ac.uk upon return from testing; the form includes guidance to help make a judgment regarding 'suitability'. In addition, researchers must provide on this form any relevant information on the patient's condition and home/neighbourhood environment that may be important information for future testers to know (e.g. big dog, large flight of stairs) and also the results of any mood questionnaires or standardised tests administered as part of their project (e.g. BDI-II, HADS, NART, Cattell, verbal fluency, star cancellation, etc).

Subsequent sessions

If visiting CCNRP patients who have been tested previously, researchers must check the most up-to-date 'patient details' in advance of the planned visit. It is also advisable to contact the last researcher to have seen the patient about their experience in case they can share any additional information. Patient details are held by the CCNRP managers (ccnrp@mrc-cbu.cam.ac.uk). Visit the patient alone ONLY if the lone testing section specifically indicates suitability for lone testing; if it doesn't, testers must take a buddy. Researchers must consider continued 'suitability for lone testing' at this session; if there has been an apparent change in the individual's condition / circumstances (e.g. a tester feels

that someone who was previously suitable for lone testing is no longer suitable, or vice versa) this must be reported to the CCNRP upon return from the test session (via CCNRPfeedback_SWE_v5.xlsx to ccnrp@mrc-cbu.cam.ac.uk) so records are always up-to-date.

Thus, on return from the test session, testers must feedback the following:

- continued suitability for lone testing
- other relevant changes in circumstances the panel managers or other testers should know about (e.g. further brain injury or medical condition)
- neuropsychological test and mood questionnaire scores

3. Home testing of non-CCNRP patients

This applies only if your study involves recruitment of patients from sources other than the CCNRP (NHS clinical teams/charities). In such cases you must inform the referrer that you intend to visit patients in their own homes and ask them to inform you whether lone visits are appropriate.

4. Testing patients in other settings

Occasionally, it may be appropriate for you to visit patients in a clinical (i.e. hospital) or charity setting. Whilst this may reduce the risks associated with lone testing of a 'new' individual, you must ensure in advance that an appropriate testing space is available and clinical/charity staff are on hand if required.

5. Letting people know your plans

Before leaving the Unit you must email the patient's name, address, and phone number to Reception (reception@mrc-cbu.cam.ac.uk) – also providing your own mobile phone number, the name of your line manager, the approximate time you intend to arrive for the appointment, approximately when you expect to finish with the patient, and approximately when you expect to return to the Unit (or elsewhere/home).

- Phone Reception on arrival at the patient's home to let them know of your safe arrival.
- Most importantly, phone Reception when leaving the patient's home (i.e. you are safe and about to head back to the MRC CBU, or elsewhere).
- Finally, as a matter of courtesy, inform Reception upon your return to the Unit (or elsewhere) – in person or via phone/email.
- If Reception has not heard from you *within approximately 1 hour of your proposed finish testing time*, they will attempt to contact you via mobile phone. If they are unable to reach you, they will contact the patient to inquire as to your whereabouts, and if concerns remain, contact your Line Manager and/or the police.

- *Thus, if your test session overruns, it is *essential* you contact Reception to let them know. As mobile phone signal can sometimes be poor in remote areas, you may need to ask to use the patient's home phone for this purpose.*
- If completion of testing and/or return to Unit (elsewhere) will be out-of-hours, Reception will not be staffed. Your plans should therefore be provided to a nominated contact person – ideally a member of MRC CBU staff (line manager / group member / office mate) who is familiar with these safeguarding procedures and undertakes to ensure you have returned safely, though sometimes it may be more sensible for the nominated contact to be a non-MRC CBU individual (e.g. partner). In either case, ensure the nominated individual is familiar with the above safeguarding procedures and provide them with your contact details, as well as the patient's name and contact details (discarding these immediately after the session), and also the name and contact details of your Line Manager, in case a problem arises. Inform Reception who this person is.
- When the visit is complete the researchers should ask reception and any other nominated person to delete the patient name, address and phone number. If another visit is planned these details should be supplied to reception anew. In this way we avoid the accumulation of potentially sensitive information outside of the MRC CBU Safe Haven.

6. Basic safety during community testing – for you and for the patient

While the majority of community testing appointments pass without incident, there are a few general guidelines that should be followed.

- If you feel unhappy / uncomfortable with a situation or environment, trust your instinct—be polite and respectful, and remove yourself from the situation / their home, as quickly as possible.
- Patients will often offer you drinks and biscuits. You are welcome to accept, but do not feel obliged if at all concerned by hygiene.
- Patients may try to offer you gifts, but it is not ethical for you to accept these ('Thank you very much but I am not allowed to accept gifts.')
- Some patients have mobility issues and difficulty with personal care etc. It is fine to help them to make a cup of tea, or move a chair or walking frame to assist, but you should not assist with personal care, toileting, or lifting. Individuals who need help with these aspects should have a carer present, so if you are asked simply offer to ask their carer to help them while saying something like 'I'm sorry – I would like to be able to help but I'm not allowed to do that.'
- Patients may on occasion ask you for help with household jobs or errands. These could be minor (e.g. make them a cup of tea, pick post up off the floor) in which case it might be fine to help, but you are not obliged / expected to carry these out and you should never take a patient in the car with you. ('I'm sorry – I would very much like to help but I'm not allowed to do that.')

- Although you are testing in the patient's home, and not a standard laboratory, you do not wish your data to be compromised. Always politely request that TVs / radios are turned off, disruptive dogs put in another room, curtains are drawn, etc.
- Some carers are keen to sit in on the test session / watch over the patient's shoulder. Consider the impact of this on your patient and ultimately your data. If a patient has communication difficulties / anxiety they may prefer their carer is present, but if not, it is best to politely suggest to the carer that they spend time in another room to allow the patient to better concentrate. A related issue is where questions are being asked about mood or wellbeing. A patient's responses may be less 'honest' if someone else is listening.
- Patients can suffer from seizures following their brain injuries. It is advisable to screen for this via telephone in advance of seeing the patient, ensure you are familiar with the seizure-specific advice below if seizures are an issue for the patient, and consider bringing a buddy in such cases. If you use flashing stimuli, ensure you inform patients of this in advance of your visit so they can decide whether or not the study is suitable for them. You must flag this up again during the consent process. If a patient does have a seizure while you are in their home, alert their carer immediately so that they can manage the situation. If a carer is not present, follow the procedures outlined in the CCNRP specific safeguarding document which accompanies this policy.
- Rarely does a patient become unwell *during* the test session. But if they do, stop testing immediately and assess the situation. If in any doubt ring the appropriate emergency services:
 - NHS 999 for Life-threatening Emergencies (e.g. loss of consciousness, an acute confused state, fits that are not stopping, etc.)
 - NHS 111 for Non-life-threatening Emergencies (i.e. the person does not need immediate medical attention)
- If during a test session a patient discloses or you become otherwise aware that they are at risk from a carer or other individual, follow the reporting set out in the MRC CBU Safeguarding policy manual and inform the Designated Safeguarding Person (DSP), currently Anna Bevan.
- If during a testing session you become aware that the patient is placing others or themselves at risk (e.g. driving when they are not capable or leaving the gas on whilst living home alone), report your concerns to your Line Manager upon return from testing.

7. Mental health considerations: low mood and suicidal ideation or intent in ABI volunteers.

- i. At the time of taking informed written consent, flag up to patients the following item – 'I understand that the MRC CBU has a duty of care to volunteers and the general public that, in exceptional circumstances,

places limits on its duty of confidentiality to research patients. I understand and agree to this.’ – so they can choose whether or not they wish to complete/answer particular items or certain tasks/questionnaires that assess e.g. depression.

- ii. If your protocol includes mood assessments, GP details should be routinely collected for all patients as part of the consent process – in enough detail that the GP can be contacted if necessary (i.e. GP name and surgery, address, and telephone number).
- iii. As elevated depression/anxiety symptoms are common in individuals following ABI, high scores on their own are not sufficient for the researcher to take further action. It is, however, necessary to take further action **where individuals endorse questionnaire/interview items relating to suicidal ideation**, as detailed in (iv), below.
- iv. Where patients endorse suicide-related items (e.g. item 9 on both BDI-II & PHQ-9), you must complete the P4 screener to assess suicidal risk, making a note of patient responses. This will need to be kept on record. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3067996/>
This screener is available in the CCNRP specific safeguarding document, which can be obtained from the Panel Manager.
- v. If the screener indicates the patient’s risk category is ‘Higher’ – **while you are still with the patient** – you must contact one of the individuals below (in the order specified) so that they can speak to the patient, manage the situation, and consider whether to break confidentiality/report to the patients’ GP. You should also discuss with your Line Manager. For the individuals below to provide ongoing support for CCNRP studies, it is essential that testers **complete testing during working hours**.
 - (a) overseeing PL for the study if they are also a Clinician (via agreed contact method);
 - (b) Tom Manly (Rehabilitation group Clinician – via Reception); or
 - (c) the MRC CBU Designated Safeguarding Person (DSP, currently Anna Bevan – via Reception)
- vi. If the screener indicates ‘Lower’ risk, or you otherwise have significant concerns about the patient, *contact the same individuals (in the same order of priority) upon safe return to the CBU / home* so that they can advise/manage the situation, and consider whether to break confidentiality/report to the patients’ GP. You should also discuss with your Line Manager.
- vii. Despite steps taken to mitigate the possibility of finding oneself in an unsafe situation (e.g. testing buddy, informing reception, etc.) – **if a researcher feels their own safety is at immediate risk while in the patient’s home and/or community centre - LEAVE; if not possible, dial 999.**
- viii. If you have more general concerns about mental health or safeguarding, discuss the situation with your line manager and the

overseeing clinician, Tom Manly or the MRC CBU designated safeguarding person (DSP, currently Anna Bevan).

- ix. Upon return to the MRC CBU, scores on mood questionnaires and any other concerns must be fed back to the Panel Manager (ccnrp@mrc-cbu.cam.ac.uk) promptly by returning 'CCNRPfeedback_SWE_v5.xls'. This ensures patient records are always up-to-date for the safety of both patients and researchers.
- x. As some of your patients may be struggling/experiencing low mood, a sheet of resources (for both patients and carers) that you may wish to give to your patients – assuming you have requested approval to do so in your ethics application - is available in the CCNRP specific safeguarding document, which can be obtained from the Panel Manager

MRC CBU Safeguarding Form July 2022

NOTE: All staff including scientists, administrative and technical staff, students, visiting workers, students and volunteers who have access to the MRC CBU and any external person recruiting from the MRC Cognition & Brain Sciences (MRC CBU) participant panel MUST sign this form and return it to HR to acknowledge that they are familiar with the MRC CBU's policy and procedures for safeguarding.

NAME OF EMPLOYEE/STUDENT/VISITOR (block capitals):

First Name: _____

Surname: _____

Declaration:

I acknowledge that I have read and understood the MRC CBU's Safeguarding policy and procedures.

I agree to abide by the MRC CBU Safeguarding policy and procedures.

Security Checks:

I understand that the MRC CBU will conduct the necessary security checks required for my work at the MRC CBU.

Working with Vulnerable Groups:

I understand that the MRC CBU requires all staff, students and volunteers do the following BEFORE they begin any MRC CBU work with vulnerable groups:

- i) Obtain ethical approval (if the work is research) and send a copy to the Panel Manager
- ii) Complete a risk assessment and send a copy to the Panel Manager
- iii) Carry out the NSPCC's E-learning safeguarding training

I am currently working with vulnerable groups and will adhere to these rules (i, ii, iii). **YES / NA**

STAFF/STUDENT SIGNATURE: _____

DATE: _____

HR ADMINISTRATOR SIGNATURE: _____

DATE: _____