

QUALITY ASSURANCE HANDBOOK

2023 Edition – Part A

Section 2: Overarching Policies

2023

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2.1 Policy on Policy

Quality Assurance Handbook (QAH) Part A 	
Document Name	Policy on Policy
Policy Document Number	001
Version Reference	v1.0
Document Owner	Registrar and Director of Campus Operations
Roles with Aligned Responsibility	Assistant Registrar, QA Officer
Applicability	All programmes: NFQ L6–9, Professional Programmes, Study Abroad, DBS Online
Approved by	Academic Board & QQI
Approval date	23/07/19
Date Policy Becomes Active	18/09/19
Revision Cycle	A minimum of every five years from approval date
Revision History/ Amalgamation History	N/A
Additional Information	Active date will be following approval by QQI
References/Supporting Documentation	<ul style="list-style-type: none"> • QQI (2016) <i>Core Statutory Quality Assurance (QA) Guidelines</i>, Section 2.1, 'Documented Policies and Procedures'.¹

2.1.1 Policy Overview

This policy aims to clearly outline and define the processes that underpin the development, approval, issuance, and revision of new and current policies across DBS. Policy development is a core activity of the College and allows for the codification of best practice and the demonstration of consistency with relevant regulatory and legislative requirements.

This policy should be used by all stakeholders engaged in policy development activities in DBS. Primarily, these policies encompass content that is publicly available in Parts A, B and C of the DBS *Quality Assurance Handbook* (QAH). The QAH is accessed through the Registry section of the DBS Student website. The principles outlined in this policy must be adhered to when developing policy for internal and external dissemination.

It is vital for efficient and useful policy development activities that relevant and competent personnel are identified across specific operational areas in order to generate policy and to ensure that such policies remain up to date and fit for purpose. All policy development activities should fully adhere to given accreditator and quality requirements.

¹ <https://www.qqi.ie/Downloads/Core%20Statutory%20Quality%20Assurance%20Guidelines.pdf>

2.1.2 Policy Statement

A policy document is organised through a series of expected headings. The content of the document guides informed decision-making and significantly improves the consistent application of a policy and associated procedure to ensure clarity and fairness to Learners.

DBS policies are, in the main, approved for use by the DBS Academic Board. Policies must vigorously promote best practice and give direction regarding adherence to regulatory and legislative requirements. Procedures are distinct from policy, and are a series of steps which complement the effective implementation of a policy in the live environment. Procedures are usually provided through the additional documents link provided at the end of each policy document.

All individuals who develop or revise policy in DBS must have an in-depth understanding of the matter being developed and must fully adhere to the policy development requirements set out in this policy document. Procedures for issuance and/or formulation of policy outlined here apply only to policy developed or revised after the date of implementation of this specific policy. However, it is envisaged that within a reasonable timescale all DBS policy will be displayed in a consistent fashion described throughout this 'Policy on Policy'.

2.1.3 Policy Cornerstones in DBS

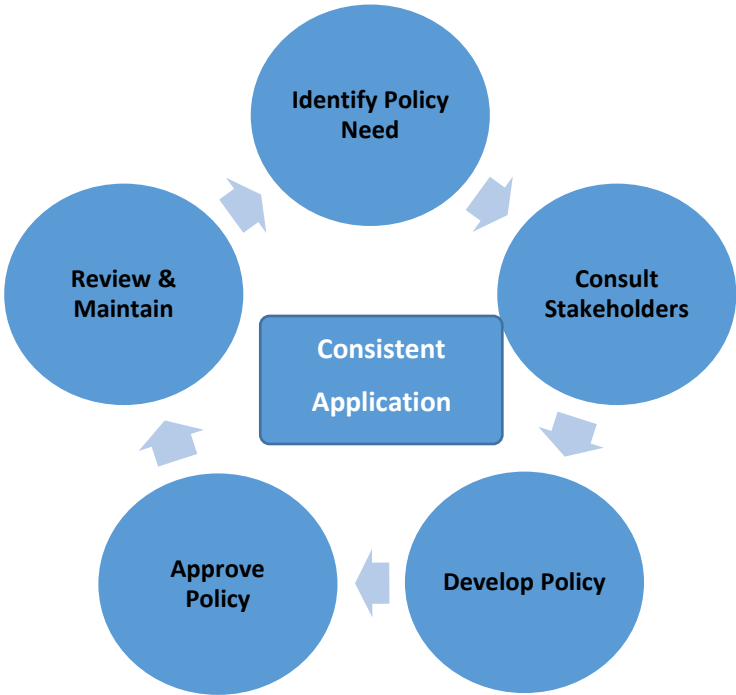


Figure 1: The Policy Development Cycle

The head of each department in DBS is responsible for appointing a policy owner to given policy headings. It is the responsibility of the policy owner to ensure that given policies are up-to-date and reflective of accreditor, regulatory and sectoral best practices. The policy owner is responsible for progressing the draft policy document fully through initial conception through to its consideration by the Academic Board, and onto final publication in the QAH. All DBS staff must, where requested, contribute to the development of policy or associated process development. Ideas or submissions regarding proposed new or policy amendments should be forwarded in all instances to the required e-mail address: quality@dbs.ie.

2.1.4 Policy Approval

The Quality Assurance, Enhancement and Sustainability Committee has decision making-powers relating to refinement and updates to existing QA policies and procedures, for approval by Academic Board.

All new QA policies must progress through a process of consideration and approval by the DBS Academic Board prior to its implementation in practice.

Major changes to QA policies and procedures are referred to QQI.

The Quality Assurance Officer, under the direction of Registrar and Director of Campus Operations, is responsible for implementing changes to the text and revision numbers of a given DBS policy within the live documents.

2.1.5 Policy Format

The format of policies in DBS is standardised in order promote consistency. Mandatory sections such as title, responsibility, version number, review date, policy overview, and the policy statement must be detailed in order. This order allows clarity and ease of navigation. Additional headings may be added as required. DBS documentation should be presented in Calibri font size eleven at size 1.5 line spacing. The template detailed in this policy should be utilised and is available to stakeholders on the Academic Noticeboard.

2.1.6 Locating and Accessing Policies

All academic-related QA policies of DBS are located in the *Quality Assurance Handbook* (QAH) and are publicly accessible for wide dissemination. However, in some instances policies of a confidential


nature and aligned to staffing or the management of risk may not be publicly available. These policies will be available through appropriate staff login.

2.1.7 Individual Steps in Policy Development

All policies whether institutional or developed at a local departmental level require clear stages of development. These stages can be defined as follows:

1. Initial policy conception and review to ensure the absence of any unnecessary overlap with or duplication of other existing policy.
2. Policy design and compilation.
3. Circulation of the newly drafted policy to appropriate stakeholder(s).
4. Review of newly drafted policy.
5. Policy approval process.
6. Publication of new (or newly revised) policy.

2.1.8 Policy Template

<p>Quality Assurance Handbook (QAH) Part X</p> 	
<i>Document Name</i>	
<i>Policy Document Number</i>	
<i>Version Reference</i>	
<i>Document Owner</i>	
<i>Roles with Aligned Responsibility</i>	
<i>Applicability</i>	
<i>Approved By</i>	
<i>Approval Date</i>	
<i>Date Policy Becomes Active</i>	
<i>Revision Cycle</i>	
<i>Revision History/Amalgamation History</i>	
<i>Additional Information</i>	
<i>References/ Supporting Documentation</i>	

X.X Policy Overview

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X.X Policy Statement

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X.X Additional Documents

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2.2 Quality Assurance Policy

Quality Assurance Handbook (QAH) Part A 	
Document Name	Quality Assurance Policy
Policy Document Number	002
Version Reference	v1.0
Document Owner	Registrar and Director of Campus Operations
Roles with Aligned Responsibility	Assistant Registrar, QA Officer, Academic Dean, Exams Manager, Academic Directors, Faculty
Applicability	All programmes: NFQ L6–9, Professional Programmes, Study Abroad, DBS Online
Approved by	Academic Board & QQI
Approval date	23/07/19
Date Policy Becomes Active	18/09/19
Revision Cycle	A minimum of every five years from approval date
Revision History/ Amalgamation History	N/A
Additional Information	Active date will be following approval by QQI
References/Supporting Documentation	<ul style="list-style-type: none"> • ENQA (2015) <i>Standards and Guidelines for Quality Assurance in the European Higher Education Area</i>, Section 1.1, 'Policy for Quality Assurance'.² • EU (2015) <i>ECTS Users' Guide</i>, Section 1, 'ECTS Key Features'.³ • QQI (2016) <i>Policy on Quality Assurance Guidelines</i>, Section 4.4.1, 'The Provider-Owned QA Principle', Section 4.4.3, 'The QA Culture Principle', and Section 4.4.6, 'The Externality Principle'.⁴ • QQI (2016) <i>Core Statutory Quality Assurance Guidelines</i>, Section 2.2, 'Documented Approach to Quality Assurance'.⁵ • QQI (2016) <i>Policies and Criteria for the Validation of Programmes of Education and Training</i>, Section 4.5, 'Validation of a Programme Provided at Multiple Centres'.⁶

² https://enqa.eu/wp-content/uploads/2015/11/ESG_2015.pdf

³ https://ec.europa.eu/education/ects/users-guide/docs/ects-users-guide_en.pdf

⁴ <https://www.qqi.ie/Downloads/Policy%20on%20Quality%20Assurance%20Guidelines.pdf>

⁵ <https://www.qqi.ie/Downloads/Core%20Statutory%20Quality%20Assurance%20Guidelines.pdf>

⁶ https://www.qqi.ie/Publications/Publications/Initial_Validation_policy_7_10_13.pdf

2.2.1 Policy Overview

This document summarises the current approach to the management of academic quality and standards at DBS. It is designed to provide all DBS staff with an overview of the key elements of the DBS approach to quality. This document should be read in conjunction with relevant policies and procedures.

This policy gives an overview of the principles underlying quality assurance in DBS. This policy is applicable to all stakeholders in DBS.

2.2.2 Policy Statement

The *Quality Assurance Handbook* and associated policies and procedures will be published in the public domain on the DBS website and is made available to staff and learners through the VLE, Moodle.

DBS's approach to Quality and Enhancement is underpinned by the following key principles:

- Adherence to external legislation, specifically QQI's *Core Statutory Quality Assurance Guidelines*.
- Frequent engagement with and responsiveness to learners through representation, consultation and feedback mechanisms.
- The involvement of external peers and industry experts in the design and periodic review of programmes.
- The commitment to promote an ethos of self-critical reflection and continuous improvement and innovation.

Our approach to Quality Assurance is informed by QQI's *Policy on Quality Assurance Guidelines* (QQI, 2016). In accordance with Section 4.4.1, *The Provider-Owner QA Principle*, DBS takes primary responsibility for the quality provision of educational programmes and assurance of quality therein. DBS also supports *The Externality Principle* (Section 4.4.6) that '*A provider-owned quality assurance system makes appropriate use of external persons who are independent of the provider and who are expertly qualified to make national and international comparisons*'. This principle is reflected in day-to-day operations through the contribution of External Examiners in the assessment of learners, and in governance through an external independent Chair of the Academic Board. External independent input is also a key part of the process for new programme validation, programme revalidation and institutional review.

- All programme validation activity is currently managed and overseen by QQI, with new programmes assessed by an independent panel of experts.
 - DBS has additional internal processes relating to programme validation prior to submission of a proposed programme to QQI, which includes approval of a proposed programme through the Programme Approval Sub-Committee and an independent panel review (i.e. mock panel event).
- DBS is responsible for the management of the processes for Programme Review, including the management of external evaluation and reporting, subject to agreed Terms of Reference with QQI, prior to application for Revalidation to QQI.
- External evaluation of QA processes and procedures is undertaken by QQI through Institutional Review.
- Changes to QA policies and procedures, where those changes can be made by DBS, are made via the Quality Assurance, Enhancement and Sustainability Committee, and ratified by the Academic Board. Minor changes to programmes, where those changes do not impact on the Approved Programme Schedule, Programme Learning Outcomes, special regulations or entry requirements, may be proposed at meetings of the Board of Studies. Such proposals may be drafted and assigned ownership by the Quality Assurance, Enhancement and Sustainability Committee, and approved by the Academic Board. All other changes require the approval via formal processes, such as Differential Validation or Programme Review, agreed with QQI.

Figure 1 below shows an overview of the DBS QA function and interaction with the governance structures.

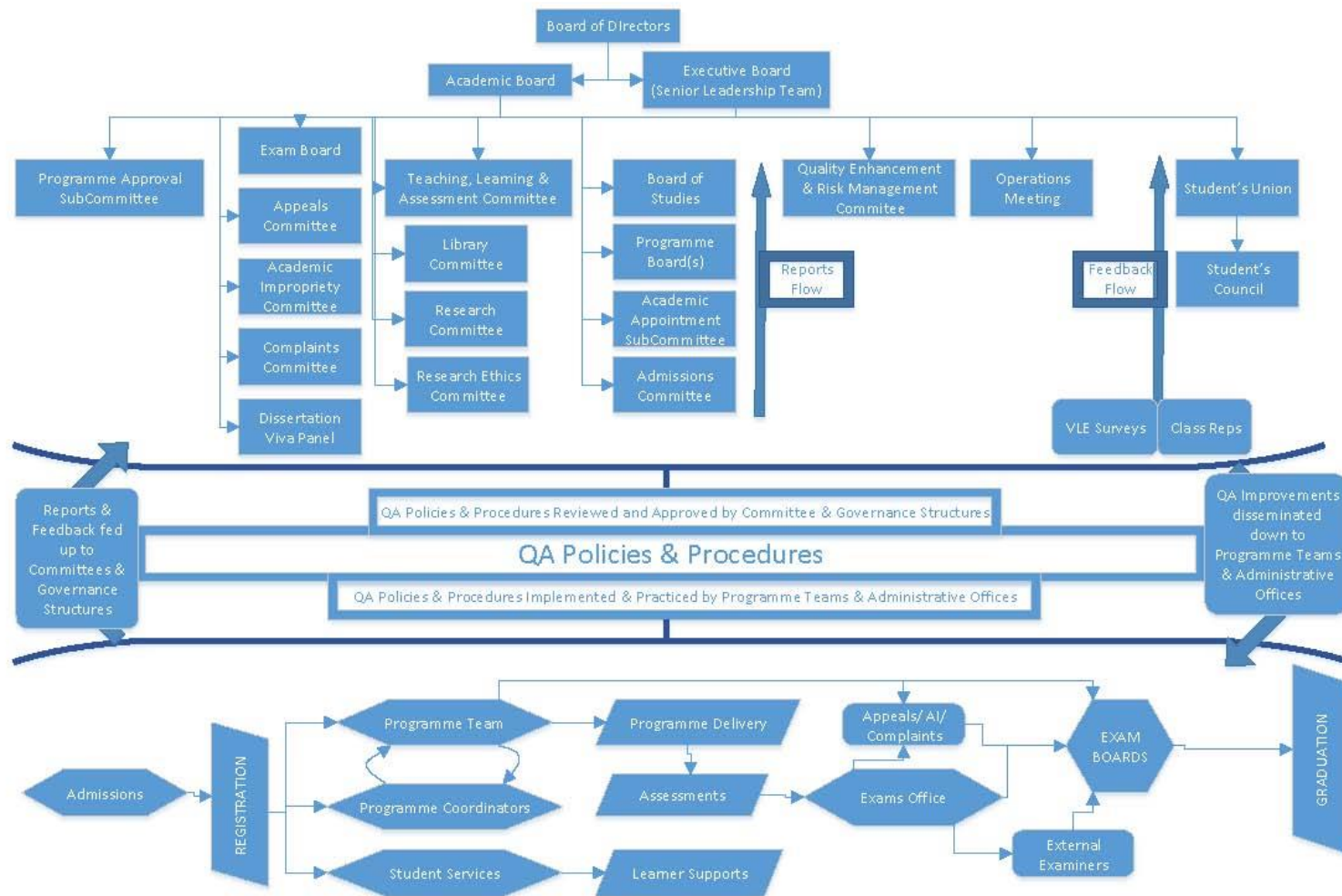


Figure 1: DBS QA Schema

2.2.3 Benchmarking Against the Standards and Guidelines for Quality Assurance in the ESG

The DBS *Quality Assurance Handbook* (QAH) is benchmarked against the *ESG Part 1: Standards and Guidelines for Internal Quality Assurance*.

S1.1 Policy for quality assurance

Institutions should have a policy for quality assurance that is made public and forms part of their strategic management. Internal stakeholders should develop and implement this policy through appropriate structures and processes, while involving external stakeholders.

The sections of the QAH describes all agreed and approved polices for quality assurance at DBS. The policy is made available to the public and all stakeholders via the DBS website. Links to relevant policies are also held on the learner webpages, within the VLE (Moodle) and in the relevant Student Handbooks.

DBS implements a system of governance that protects the integrity of academic processes and standards. Academic decision-making reflects the interests of learners and the maintenance of standards. Academic Governance is the responsibility of the Academic Board. In accordance with QQI policy, overall corporate decision makers within the institution, be they owners, shareholders or trustees, do not exercise exclusive authority or undue influence over academic decision-making. Academic decision-making is independent of commercial considerations.

S1.2 Design and approval of programmes

Institutions should have processes for the design and approval of their programmes. The programmes should be designed so that they meet the objectives set for them, including the intended learning outcomes. The qualification resulting from a programme should be clearly specified and communicated, and refer to the correct level of the national qualifications framework for higher education and, consequently, to the framework for Qualifications of the European Higher Education Area.

All academic programmes delivered by DBS leading to a QQI award are set at Level 6 to 9 on the NFQ using the QQI Higher Education Awards Standards. The approval of new programmes is achieved through validation by QQI. The policies and procedures for the development and approval of new programmes, including collaborative, transnational or Joint Awards, can be found in Part C of the

QAH. All information regarding the qualification and award is clearly articulated in the Approved Programme Schedule, Programme Document and Student Handbook.

S1.3 Learner-centred learning, teaching and assessment

Institutions should ensure that the programmes are delivered in a way that encourages learners to take an active role in creating the learning process, and that the assessment of learners reflects this approach.

DBS takes a learner-centred approach to learning, teaching and assessment. Policies concerning learning and teaching can be found in Part C of the QAH, and policies regarding assessment, including assessment regulation, can be found in Part B of the QAH.

S1.4 Learner admission, progression, recognition and certification

Institutions should consistently apply pre-defined and published regulations covering all phases of the learner 'life cycle' e.g. learner admission, progression, recognition and certification.

All entry requirements for access to DBS programmes are agreed at validation and prescribed in the approved Programme Document and detailed on the DBS website. Policies and procedures governing admission to academic programmes can be found in Part B of the QAH.

S1.5 Teaching Staff

Institutions should assure themselves of the competence of their teachers. They should apply fair and transparent process for the recruitment and development of the staff.

All staff proposed to teach on academic programmes are assessed for competence by the Academic Appointments Sub-Committee, a sub-committee of the Academic Board. Staff development, including engagement with research and scholarship, is managed within the School. Policy on staff development including academic staff appointments can be found in Part C of the QAH.

S1.6 Learning resources and learner support

Institutions should have appropriate funding for learning and teaching activities and ensure that adequate and readily accessible learning resources and learner support are provided.

DBS commits to appropriate funding for all programme activity. The policies surrounding learner support can be found in Part B of the QAH. All relevant information regarding accessing these supports is available to learners at induction, in Student Handbooks, the VLE (Moodle) and via Student Services.

S1.7 Information Management

Institutions should ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.

DBS maintains a Student Information System which holds accurate and reliable learner records in a secure environment. The College has created the post of Data Analytics and Reporting Manager to provide and collate accurate data for the use of managing programmes and supporting good governance. This data feeds into the DBS reporting which underpins the DBS policy for ongoing monitoring of programmes and quality assurance. Reporting is carried out at a modular and programme level through Programme Board Reports. This feeds into the Annual School Reports presented at Board of Studies and approved and summarised for ratification by the Academic Board.

S1.8 Public Information

Institutions should publish information about their activities, including programmes, which is clear, accurate, objective, up-to date and readily accessible.

DBS publishes accurate and current information about programmes on the DBS website, VLE (Moodle) and in Student Handbooks. In addition, all policies and procedures are published in the QAH, which is available on the DBS website. Institutional Review Reports and Programme Validation Reports can be found on the QQI website. Procedures for the approval of marketing materials can be found in the QAH Part B Section 1 and Part C Section 2.

S1.9 On-going monitoring and periodic review of programmes

Institutions should monitor and periodically review their programmes to ensure that they achieve the objectives set for them and respond to the needs of learners and society. These reviews should lead to continuous improvement of the programme. Any action planned or taken as a result should be communicated to all those concerned.

All programmes are periodically reviewed on a five-year cycle. DBS manages the process for external evaluation of programmes under agreed Terms of Reference with QQI. Additionally, there are procedures for annual monitoring of all programmes and processes described in Section 2.3 below.

S1.10 Cyclical external quality assurance

Institutions should undergo external quality assurance in line with the ESG on a cyclical basis.

DBS QA policies and procedures are subject to review and agreement with QQI. This is managed via an external review process managed by QQI. External quality assurance recognises and supports institutional responsibility for quality assurance. As detailed elsewhere in the QAH, from time to time the need for revisions or additional QA provisions may arise. Where these are sufficiently minor in nature, or constitute enhancements or reasonable additions to existing policies that do not change the principle and essence of a policy, changes may be agreed and managed internally, through the Quality Assurance, Enhancement and Sustainability Committee, and ratified by the Academic Board. Changes or additions of a major or significant nature may be required to be referred to QQI.

2.2.4 Awards Standards, NFQ Levels and Credits

DBS designs programmes based on the QQI Higher Education Award Standards. QQI awards standards are based on the level indicators and award type descriptors of the NFQ. Standards for certain broad fields of learning were developed for awards at Level 6 to Level 9 on the NFQ. These standards represent an elaboration of the generic descriptors of the Framework. The Higher Education Awards Standards support provide a structure to programme development teams in creating the link between programmes' intended learning outcomes and the NFQ.

The credit volume of programmes leading to QQI awards at DBS is described by the European Credit Transfer and Accumulation System (ECTS). ECTS credits are based on the workload or effort required to achieve stated intended learning outcomes for a programme. Learning outcomes describe what a learner is expected to know, understand and be able to do after successful completion of a process of learning. The learning outcomes relate to level descriptors in national and European qualifications frameworks. Workload indicates the time learners typically need to complete all learning activities, such as lectures, seminars, projects, practical work, self-study and examinations required to achieve the intended learning outcomes. The typical workload of one academic year, i.e. September to June, on a full-time academic programme equates to 60 ECTS. In most cases, learner workload ranges from

1,500 to 1,800 hours for an academic year, whereby one credit corresponds to 25 to 30 hours of work. DBS defines one ECTS as 25 hours of effort.

2.2.6 Programme Delivery at External Centres

In accordance with QQI (2016) *Policies and Criteria for the Validation of Programmes of Education and Training* Section 4.5, DBS has defined quality assurance procedures that cover all teaching centres. 'Additional centres' in this case refers to off-campus delivery of taught content in venues outside the main DBS campus buildings. These centres will not, in and of themselves, hold any responsibility or accountability for the delivery of programmes and DBS will be responsible for all aspects of quality assurance for programmes delivered outside the main campus buildings. Entry, content, support, and assessment will be the same in any regional locations as for the main DBS campuses.

Admissions

Standard admissions criteria will apply in all cases, and the admissions process, including any assessment for Recognised Prior Learning (RPL) or advanced entry will be carried out centrally by the DBS Admission team on the main Dublin campus.

Student Support

Learners in all locations receive the same induction process (whether they travel to Dublin or attend a local Induction), and they will be assigned to the same Programme Coordinator, Academic Director and with existing support systems as those learners who attend our Dublin campus.

Staffing

Lecturers for off-site delivery will be DBS lecturers. All staff recruitment will be carried out in accordance with the current DBS Academic Staff recruitment policy.

Programme Content

Learners at local centres will at all times study the same content as other learners, following the approved module descriptors, and be subject to the same assessment.

Resources

All Library materials, texts and research facilities are available through the online Library facility. Moodle provides a repository for all materials for the learner and has an embedded link to the Library to facilitate integration of learning materials.

Facilities

All centres for delivery chosen by DBS will be required to meet the following criteria:

1. Wi-Fi access to facilitate Moodle and online library access for learners.
2. Rooms will be well lit and where possible have a good quality of natural light.
3. Rooms will be well ventilated and have provision for heating and cooling as appropriate.
4. There will have adequate seating and writing facilities, suitable for the delivery of the lecture material.
5. Where appropriate overhead projector and screen will be in place if not DBS will provide their own to allow for multimedia delivery.
6. Whiteboards and/or flip charts will also be available.
7. They will have sufficient space within the room for the delivery of the theoretical content.
8. All appropriate general facilities of a modern building will be in place.
9. In cases where the use of computers is required learners will be requested to use their own personal laptops/tablets and where this is not possible and is required for delivery, DBS will provide suitable computers for use in the centre.
10. The centre will have disabled access.

Assessment

Assessments will be administered centrally and examinations will be held in Dublin. All learners will be assessed to the same standard, will be subject to the same QA, and will be subject to the same external examiner processes.

Policies & Procedures

All DBS policies and procedures will be followed in line with the DBS QAH. Additional centres will be used for the delivery of theory-based modules or components of modules. Learners will attend DBS Dublin campus where quality provision of service would not be possible in an alternative centre.


2.2.8 List of Policies

Underpinning the DBS approach to Quality and Enhancement are the policies and procedures which are included in the *Quality Assurance Handbook*. The current list of policies is as follows.

- 001 Policy on Policy
- 002 Quality Assurance Policy
- 003 Self-Evaluation and Monitoring Policy
- 004 Risk Management Policy
- 005 Student Records and Data Protection Policy
- 006 Child Protection Policy
- 007 Learner Garda Vetting Policy
- 008 Information for Applicants Policy
- 009 Admission of Learners to Academic Programmes Policy
- 010 Learner Code of Conduct Policy
- 011 Academic Impropriety Policy
- 012 Disciplinary Policy
- 013 Appeals Policy
- 014 Complaints Policy
- 015 Attendance Policy
- 016 Deferral Policy
- 017 Personal Mitigation Circumstances Policy
- 018 Support for Learners with Additional Needs (Needs Extra Provision) Policy
- 019 Assessment Overarching Policy
- 020 Examination Policy
- 021 Continuous Assessment Policy
- 022 Repeating a Failed Module Policy
- 023 Progression with ECTS Deficit (Trailing) Policy
- 024 Feedback on Examination Policy
- 025 Access, Retention & Destruction of Examination Scripts Policy
- 026 Verification of an Assessment Result Policy
- 027 External Monitoring of Programmes Policy
- 028 Examination Boards Policy
- 029 Staffing of Academic Programmes Policy

- 030 Learning and Teaching Policy
- 031 Academic Research
- 032 Design and Approval of Programmes Policy
- 033 Programme Review and Revalidation Policy
- 034 Collaborative National and Transnational Provision and Joint Awards Policy
- 035 Blended Learning Policy
- 036 Digital Wellbeing Policy
- 037 Learning Analytics Policy
- 038 Recording Learning Activities Policy
- 039 Policy on Group Work
- 040 Equality, Diversity and Inclusion Policy
- 041 Conflict of Interest Policy for Programme Delivery
- 042 Assessment Marking, Moderation and Feedback Policy
- 043 Sexual Harassment and Sexual Consent Policy
- 044 Acceptable Usage Policy
- 045 Progression and Classification of Awards Policy
- 046 Cameras on Policy

2.3 Self-Evaluation and Monitoring Policy

	
Quality Assurance Handbook (QAH) Part A	
Document Name	Self-Evaluation and Monitoring Policy
Policy Document Number	003
Version Reference	v1.0
Document Owner	Quality Assurance Officer
Roles with Aligned Responsibility	Registrar and Director of Campus Operations, Assistant Registrar, Exams Manager, Academic Dean, Academic Directors
Applicability	All programmes: NFQ L6–9, Professional Programmes, Study Abroad, DBS Online
Approved by	Academic Board & QQI
Approval date	23/07/19
Date Policy Becomes Active	18/09/19
Revision Cycle	A minimum of every five years
Revision History/ Amalgamation History	N/A
Additional Information	Active date will be following approval by QQI
References/Supporting Documentation	<ul style="list-style-type: none"> • ENQA (2015) <i>Standards and Guidelines for Quality Assurance in the European Higher Education Area</i>, Section 1.9, 'On-going Monitoring and Periodic Review of Programmes'.⁷ • QQI (2014) <i>Policy on Monitoring</i>.⁸ • QQI (2016) <i>Policy on Quality Assurance Guidelines</i>, Section 4.4.1, 'The Provider-Owned QA Principle', Section 4.4.7, 'The Continuous Improvement Principle'.⁹ • QQI (2016) <i>Policy for Cyclical Review of Higher Education Institutions</i>.¹⁰ • QQI (2017) <i>Policies and Criteria for Validation of Programmes of Education and Training</i>, Section 8, 'Changes that can be made to a Validated Programme'.¹¹

2.3.1 Policy Overview

As per the *QQI Policy on Quality Assurance Guidelines* (2016) Section 4.4, 'The primary responsibility for quality and its assurance lies with educational and training providers'. The purpose of internal review, self-evaluation and monitoring is to provide the adequate internal mechanisms necessary for ensuring the quality of provision and the maintenance of the highest academic standards at DBS.

⁷ https://enqa.eu/wp-content/uploads/2015/11/ESG_2015.pdf

⁸ <https://www.qqi.ie/Publications/Publications/QQI%20Policy%20on%20Monitoring%202014.pdf>

⁹ <https://www.qqi.ie/Downloads/Policy%20on%20Quality%20Assurance%20Guidelines.pdf>

¹⁰ <https://www.qqi.ie/Downloads/Cyclical%20Review%20of%20Higher%20Education%20Institutions.pdf>

¹¹ https://www.qqi.ie/Publications/Publications/Initial_Validation_policy_7_10_13.pdf

The internal review, self-evaluation and monitoring policy forms an important part of the DBS quality assurance system that will inform the institutional cycle of continuous improvement. The self-monitoring policy applies to all framework and non-framework DBS programmes. Internal review, self-evaluation and monitoring policy and procedures are formal processes that are carried out at regular intervals and are used for upcoming external reviews.

2.3.2 Policy Statement

DBS has primary responsibility for the quality of its programme provision, the implementation and evaluation of DBS QA procedures and their on-going enhancement. This is supported by routine monitoring by QQI, defined as an external QA process that involves both routine and once-off evaluations, analysis, observations and recording of provider activities. Routine monitoring by QQI is designed to assist DBS in demonstrating the effective implementation of QA procedures, supporting public confidence and providing a source of public information through the publication of the conclusions of monitoring engagements.

Monitoring in this context includes:

- Self-monitoring activities
- Periodic evaluation of programmes by way of Programme Review
- Periodic evaluation of the College's governance and quality assurance infrastructure by way of Institutional Review

This is in line with the QQI quality framework below.

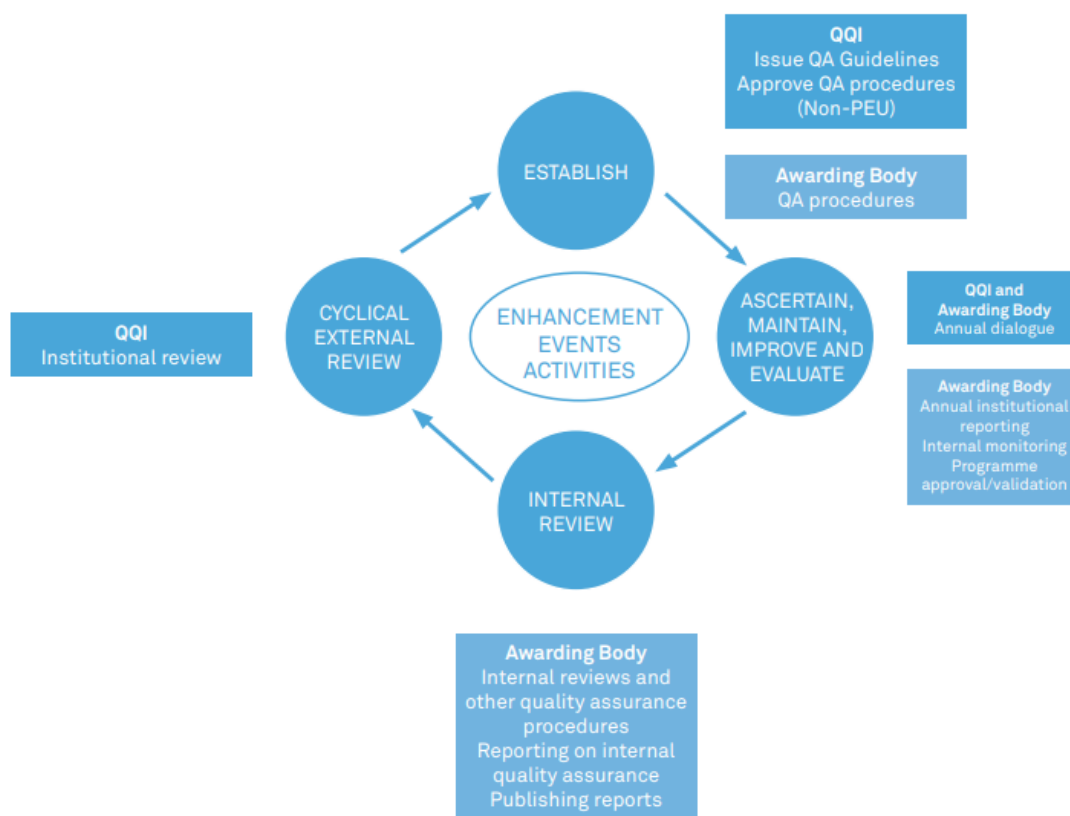


Figure 2: Quality Framework for Awarding Bodies

(Source: *Policy for Cyclical Review of Higher Education Institutions, QOI, 2016, p.3*)

DBS has established quality assurance procedures, systems and processes for obtaining feedback from internal and external sources for the purpose of further improving and maintaining the quality of education and training which it provides, organises and/or procures. These structures enable DBS to monitor, review, develop and verify the quality of current and proposed courses of study and to appreciate the need to phase-out/withdraw certain courses

Programmes are routinely monitored throughout the academic year and at the end of the academic year to ensure that:

- Programmes are progressing satisfactorily both operationally and academically.
- Teaching schemes are appropriate to facilitate the achievement of the learning outcomes of the module and programme.
- Assessment methods are appropriate to determine the achievement of the learning outcomes for the different modules and are distributed appropriately throughout the academic year.
- Academic staff remain current and relevant and engaged in scholarly activity and/or research as appropriate.

- Academic procedures are being followed.
- The suitability of existing programmes to meet the current and future needs of learners is assessed.
- The programmes remain current and relevant to employers.
- Future requirements for programmes, and hence future programme development, to allow the institution to continue to meet the needs of the learner, to encourage learner progression and to appeal to prospective learners in the future are identified.

2.3.3 Data and feedback

Data and feedback is collected through the following mechanisms:

- External examiner reports
- Academic staff feedback
- Learner surveys
- Class rep meetings
- Alumni surveys
- Industrial liaison and employer feedback
- Professional body reviews
- Admissions data
- Learner registration status, withdrawals
- Assessment trends and analysis
- Programme progression statistics

2.3.4 Programme Monitoring

Delivery and effectiveness of programmes should be monitored in the first instance through Programme Boards, which take place 3 times per academic year and are chaired by the relevant Academic Director and attended by teaching faculty and the Programme Coordinator. Other members such as a library representative and student representatives attend by invitation as required.

As per the Terms of Reference, the main operations of the Programme Board are to:

- Facilitate consistent and comprehensive annual monitoring and reporting regarding delivery of programme, including:
 - Enrolment data
 - Responsiveness to students, including review of meetings with Class Representatives
 - Responsiveness to External Examiners
 - Learner support
 - Learning and teaching
 - Assessment
 - Student retention and progression
 - Completion data
 - Student outcomes
- Approve routine operational changes to the delivery and support of the programme, in accordance with DBS overarching policies and procedures
- Table proposed changes, within scope, to learning, teaching and assessment for a programme or modules, for approval by Board of Studies
- Communication of and plan deployment of new initiatives in teaching, learning and assessment approved through Board of Studies
- Develop an interim and annual programme reports for submission to Board of Studies.

Proposed changes to programmes emerging from Programme Boards are referred to Boards of Studies.

In turn, the Board of Studies has oversight of delivery of all programmes across the College to ensure consistency of approach in teaching, learning and assessment. Its remit includes review and approval of updates to teaching, learning and assessment for programmes or modules, within its scope, referred from Programme Boards.

2.3.5 Annual Reporting

Formal reports are collated and submitted annually to the Academic Board as follows:

- Programme review and validation
- Admissions
- Exams and assessments
- Retention, progression and completion data

- Board of Studies Annual Report
- Academic appointments
- Academic resources including: library, careers and student services

This data feeds into formal Programme Review through QQI, and ultimately to Institutional Review.

2.3.6 Permitted Changes and Updates to QQI Accredited Programmes

As per *QQI Policies and Criteria for Validation of Programmes of Education and Training (2017)*,
Section 8:

'There are limits to what may be changed before a modified programme must be submitted to QQI for validation as a new programme.

[...]

An extensive (i.e. very substantial) change to a programme is one that effectively results in a new programme that must be validated as such.

[...]

Examples of 'extensive change' would be:

- *Undermining anything that was essential to support the original validation decision.*
- *Elimination of any core intended programme learning outcomes.*
- *A change in the pre-requisite learning requirements for a given programme.'*

As such, for QQI accredited programmes on the NFQ:

- The Board of Studies **may** approve changes to programme content to reflect developments in the subject area and the outside environment to ensure that programmes remain current, relevant and up-to-date through the course of the validation period.
- The Board of Studies may **not** approve changes which materially affect the nature of modules or the programme.

Changes which cannot be made to QQI validated programmes within validation include, but are not limited, to:

- Entry requirements
- Programme learning outcomes
- Programme title
- NFQ level
- Award stem
- ECTS

Regardless of the nature of changes, any change exceeding approximately 15–20% of a module’s content must be referred from Boards of Studies to the Registrar’s Office to assess whether the change is acceptable under the terms of the validated programme. Percentage change in can obviously be difficult to accurately determine. If in doubt, the Board of Studies should refer changes to the Registrar’s Office.

Programme Boards must annually review changes since the Programme Validation or Revalidation to ensure that the sum of changes within the validation period does not exceed acceptable norms such that the programme evolves beyond the scope of the programme validation.

For programmes which are innovative or relate to a rapidly developing field or industry, DBS is cognisant that Programme Review may need to be initiated earlier than the standard 5-year window to ensure continued currency and relevance of the programme.

2.3.7 Monitoring of Quality Assurance Processes and Procedures

Feedback on quality assurance processes and procedures comes through a variety of mechanisms in the College, both formal and informal, including but not limited to student feedback questionnaires, Class Rep meetings, Programme Board meetings, Board of Studies, and External Examiner feedback.


The Quality Assurance, Enhancement and Sustainability Committee meets at least twice a year to review policy and feedback and to identify areas of possible. It has responsibility for refinement and updates to QA policies and procedures, for approval by Academic Board. Significant changes to QA policies and procedures are referred to QQI.

2.3.8 Publishing Quality Assurance Reports

DBS will publish QA evaluation reports on its website, to include:

- QQI Re-Engagement Report
- Programme Review Reports
- On-going internal reviews
- Institutional Review Reports

2.4 Risk Management Policy

Quality Assurance Handbook (QAH) Part A 	
Document Name	Risk Management Policy
Policy Document Number	004
Version Reference	v1.0
Document Owner	Registrar and Director of Campus Operations
Roles with Aligned Responsibility	Assistant Registrar, QA Officer, Heads of Department
Applicability	All programmes: NFQ L6–9, Professional Programmes, Study Abroad, DBS Online
Approved by	Academic Board & QQI
Approval date	23/07/19
Date Policy Becomes Active	18/09/19
Revision Cycle	A minimum of every two years unless amended earlier
Revision History/ Amalgamation History	N/A
Additional Information	Active date will be following approval by QQI
References/Supporting Documentation	<ul style="list-style-type: none"> • QQI (2016) <i>Core Statutory Quality Assurance Guidelines</i>, Section 2.1.d, 'A System of Governance that Considers Risk'.¹²

2.4.1 Policy Overview

The management of reasonable levels of risk and assessing risk tolerance is a primary concern of DBS governance. DBS operates in a complex environment that is continually changing due to varying financial, human and technological factors. This policy aims to outline the DBS approach to sustainable, effective and systematic management of risks associated with the provision of educational programmes.

DBS recognises that effective risk identification and management functions must be augmented by individuals in line management and administrative positions who are close to specific risks. Consequently, it is a key objective of DBS to ensure a culture of top down action and bottom up engagement in the management of risk within the organisation. Essentially, it is the responsibility of each employee of DBS and within the remit of their role, to do whatever is necessary to identify, communicate and manage given risks.

¹² <https://www.qqi.ie/Downloads/Core%20Statutory%20Quality%20Assurance%20Guidelines.pdf>

2.4.2 Policy Statement

During the operating lifetime of the College, the management of risk has been of paramount importance to the continued success of DBS, while also contributing to meeting the aims, objectives and mission of the organisation. Principally these activities are concerned with the management of risk associated with the administrative and academic output that facilitates the learners' journey through DBS, while they are enrolled on a programme of study.

As per QQI requirements, DBS ensures all learners are fully insured against any financial risk through the Protection of Enrolled Learners (PEL) guarantee.

DBS has consistently expended significant resources ingraining risk identification and management initiatives into the College's existing structures. DBS is committed to adequate information dissemination and to the provision of training regarding risk identification and management activities. Furthermore, DBS is cognisant of the requirement to regularly appraise current practice with a view to ensuring a culture of positivity and continuous improvement, regarding risk management and identification.

Differing risks associated with delivering educational provision may include, financial, operational, strategic or reputational risks. Management of risks across these broad headings can help to aid administrative and academic process and in turn improve the learner experience by mitigating against unexpected and unwanted occurrences.

DBS's organisational structure is outlined in Part A Section 1 of the QAH. The DBS Executive Board and Academic Board form the senior part of this decision-making structure and assume ultimate responsibility for all risk management activity across the broad headings noted and within their respective remits, unless consultation with the Board of Directors is required. However, responsibility for notifying and collating risks at a local departmental level is delegated to departmental managers or departmental heads.

Recent appraisal of current activity has led to the formulation of a Quality Enhancement and Risk Management Committee. This new structure (set up in 2019) aims to enhance and further develop current capability to ensure quality assurance policies and procedures relating to academic activities are in place and reviewed regularly, also with a view to identifying any areas of risk within the delivery or development of programmes.

The culmination of activity related to the management and identification of risk should in all instances achieve the position of clearly informing decision making processes. The term 'risk' can be

used broadly to describe potential negative occurrences of both a minor and serious nature. It is incumbent upon all DBS employees to ensure that serious risks are detailed in a coherent and timely manner, which utilise the appropriate organisational channels.

The risk management approach employed by DBS includes:

- Identification and management of risk at a local, departmental and/ or institutional level.
- Assessing whether day to day issues are a consequence of non-identification of given risks.
- Aligning risk responsibility (risk owners).
- Continually developing infrastructure and capability to categorise levels of risk.

2.4.3 Risk Identification and Management

Defined Institutional Roles and Structures	
Role/Structure	Reporting and Management of Risk
Board of Directors	The Board of Directors shall take any required action to mitigate against and/or manage any enterprise level risks identified and notified to them by the Academic Board or Executive Board.
Academic Board Executive Board	<p>The Academic Board or Executive Board will make timely and responsible decisions regarding the management or mitigation of serious risks that DBS is exposed to. This may encompass monitoring or mitigating risks identified by the Quality Enhancement and Risk Management Committee (QERMC) or though evidence garnered through the discharge of their own committee remit/terms of reference.</p> <p>The Academic Board and Executive Board will ensure that risks are minimised by ensuring that academic and governance policies, processes and procedures are fit for purpose and consistent with national and international best practice; likely in themselves to mitigate against associated risks.</p>
Quality Enhancement and Risk Management Committee	<p>The Quality Enhancement and Risk Management Committee (QERMC) ensures the efficient flow of data and appropriate information to the DBS Academic Board and Executive Board.</p> <p>At the outset of each academic year the QERMC will ensure adequate levels of training and information dissemination is provided to all relevant institution personnel.</p>

	<p>The QERMC will receive information and data from all departmental heads, managers and other associated administrative personnel. This information will be collated and categorised according to potential risk severity. The QERMC will ensure that where risks are identified; that risk owners are notified of responsibility regarding same.</p> <p>Within each academic year, the QERMC will convene, at a minimum, in advance of each scheduled meeting of the Academic Board. In exceptional circumstances the QERMC may convene in response to an exceptional circumstance being notified.</p> <p>For each meeting of the DBS Academic Board the QERMC will submit a clearly defined report.</p>
<i>Heads of Department</i>	<p>Each individual departmental head will provide on a cyclical basis a listing of identified risks or issues that have become known through operational occurrence or risk identification. The presentation of this material will be consistent with the requirements detailed by the QERMC. The departmental head will provide clear feedback on mitigation measures to the individual who notified an occurrence/risk in the first instance. Department heads have a clear responsibility to foster a culture of engagement in risk identification/management activity.</p>
<i>Managers</i>	<p>Each manager in DBS has a similar remit to a department head to provide on a cyclical basis; a listing of identified risks or issues that have become known through operational occurrence or risk identification. The presentation of this material will be consistent with the requirements laid out by the QERMC.</p>
<i>Officers</i>	<p>Individuals who are appointed at an officer level in DBS must provide a clear information link between administrative personnel and senior colleagues. It is vital through the discharge of their duties.</p>
<i>Administrative Personnel</i>	<p>Each administrator should communicate issues and risks to their manager or to an individual at officer level within their department. Information garnered at this level is inherently close to given processes and as such, is invaluable to effective data collection.</p>

2.4.4 Risk Management Infrastructure

Risk management infrastructure encompasses the internal mechanisms which DBS utilise to manage risk.

a) Risk Identification

The process utilised by which given risks are identified, defined and ultimately categorised.

b) Risk Management

Is the process that is utilised to manage identified risks through DBS structures aided by stakeholders.

c) Risk Management Responsibility

Outlines through the remit of their role; an individual's responsibility regarding the mitigation, management or identification of risk within the operations of DBS.

d) Mitigation of Risk

Outlines activity likely to prevent risk turning into live issues/occurrences.


e) Risk Owner

A risk owner is an individual who has been tasked with the management of a given risk.

2.5.5 Additional Documents

See Part A Section 1.3 of the QAH for Quality Enhancement and Risk Management Committee's Terms of Reference.

2.5 Student Records and Data Protection Policy

Quality Assurance Handbook (QAH) Part A		
Document Name	Student Records and Data Protection Policy	
Policy Document Number	005	
Version Reference	v1.0	
Document Owner	Head of IT	
Roles with Aligned Responsibility	Registrar and Director of Campus Operations, Quality Assurance Officer	
Applicability	All programmes: NFQ Lv6-9, Professional Programmes, Study Abroad, DBS Online	
Approved by	Academic Board & QQI	
Approval date	23/07/19	
Date Policy Becomes Active	18/09/19	
Revision Cycle	A minimum of every five years	
Revision History/Amalgamation History	N/A	
Additional Information	Active date will be following approval by QQI	
References/ Supporting Documentation	<ul style="list-style-type: none"> • EU (2016) <i>General Data Protection Regulation 2016/679 (GDPR)</i>¹³ 	

2.5.1 Policy Overview

This policy lays out how learner records are kept and managed. It relates to all records and data relating to programme enquiries, current learners and past learners and graduates/alumni.

Data relating to individuals is captured and stored by DBS in a variety of ways:

- Hard copy (admissions data such as application forms and supporting documents; some continuous assessments and exam scripts).
- Enquiries data in an online CRM system.
- Current and past learner data in the Student Information System, including name, date of birth, contact details, programme(s) of study, module details, grades and outcomes, and any personal details, correspondences or notes considered relevant.

2.5.2 Policy Statement

DBS recognises the importance of effective records' management to:

¹³ <https://eur-lex.europa.eu/eli/reg/2016/679/oj>

- Meet statutory and legal requirements.
- Optimise the use of space.
- Minimise the cost of record storage.
- Ensure that obsolete records which are of no further use are destroyed in an appropriately sensitive and confidential manner with due regard to the minimising effects on the environment.

The College is committed to managing and preserving records and appropriate materials, handling procedures and storage systems, devices and practices are implemented within the institute to ensure long-term security, to prevent physical damage and minimise the physical deterioration of records.

The College is registered as a Data Controller and Data Processor under the *Data Protection Acts 1988 and 2003* and *The General Data Protection Regulation (GDPR) 2018*. The following are the eight fundamental rules of the 1988 and 2003 Acts and 2018 Regulation regarding personal information:

1. Obtain and process information fairly.
2. Keep it only for one or more specified, explicit and lawful purposes.
3. Use and disclose it only in ways compatible with these purposes.
4. Keep it safe and secure. All waste papers, printouts, etc., should be disposed of carefully.
5. Keep it accurate, complete and up-to-date.
6. Ensure that it is adequate, relevant and not excessive.
7. Retain it for no longer than is necessary for the purpose or purposes and to erase any such information and/or data pursuant to a lawful application.
8. Give a copy of his/her personal data to that individual pursuant to a lawful application.

2.5.3 Learner Records

Learner records in DBS are held electronically in the Student Information System. This a secure system which is login protected and which cannot be accessed externally. DBS is required to comply with the *DBS & Kaplan Financial (UK) IT Information Security Policy and Standard*. The security policies and standards outlined therein stem from the ISO 27001 international security standard entitled *Information Technology – Security Techniques – Code of Practice for Information Security Management*.

DBS & Kaplan Financial (UK) Information Security Point Person (ISPP) will provide recommended practices and procedures to assist DBS in generating these practices, procedures and business requirements.

When determining the appropriate level of controls to safeguard DBS, the ISPP must determine its criticality to the company, the highest likely level of threat against the information, and ensure that suitable protection mechanisms are in place to avert and detect attacks resulting from these threats. The appropriate level of control depends not only on the information's criticality, but also on the environment in which the information is stored, processed or transmitted. To effectively secure DBS information the following fundamental questions must be addressed:

- Do we know who is using the service?
- Can we control what they do and ensure confidentiality?
- Can we ensure the integrity of the information?
- Can we prevent unauthorised changes to information?
- Can we provide for non-repudiation of a transaction? (Can it be proved that someone performed a transaction?)
- Do we know:
 - If there is a problem?
 - Soon enough to take appropriate action?
 - How to minimise and contain the problem?
- Can we ensure the availability of information?

It is the responsibility of the (ISPP), as well as members of the DBS & Kaplan Financial (UK) IT Steering Group (IT SMT) to ensure compliance with the ISP&S. Compliance means that DBS has implemented processes and procedures that meet (or exceed) the requirements of the ISP&S and are appropriate to the level of risk. The Kaplan, Inc. Security and Compliance Group, under the direction of the Senior Director for Security and Compliance, audits operational integrity and for compliance with the Kaplan ISP&S.

Non-compliances to the DBS & Kaplan Financial (UK) Information Security Standards must be documented, using the provided Residual Risk form and risk assessment process, indicating the rationale for the non-compliance and the related risks. Non-compliance must be approved by the Information Security Point Person (ISPP) and the CTO.

2.5.4 GDPR and Privacy Policy

DBS, in conjunction with Kaplan UK, has undertaken a rigorous GDPR project. As part of this process, all third-party vendors and suppliers were contacted and contracts reviewed to ensure compliance with new GDPR policies.

All departments internally were reviewed, with processes and procedures mapped to ensure clarity regarding what data is held, and where and how it is processed and stored, in order to ensure GDPR compliance. This is monitored on a continuous basis.


Internal workshops are conducted regularly to inform staff about personal data and how it can be processed and stored.

All staff are also required to undertake compulsory GDPR training through Kaplan training portal. The Head of IT and Service Desk manager still sit on weekly GDPR meetings.

The College's Privacy Policy is available in the public domain on the DBS website here:

<https://www.dbs.ie/privacy-policy>.

2.6 Safeguarding Policy: Children and Adults at Risk

Quality Assurance Handbook (QAH) Part A 	
Document Name	Safeguarding Policy: Children and Adults at Risk
Policy Document Number	006
Version Reference	v1.1
Document Owner	Safeguarding Officer
Roles with Aligned Responsibility	Registrar and Director of Campus Operations, Assistant Registrar, QA Officer, Dissertation Coordinator, Academic Directors
Applicability	All programmes: NFQ L6–9, Professional Programmes, Study Abroad, DBS Online
Approved By	Academic Board & QQI
Approval Date	23/07/19
Date Policy Becomes Active	18/09/19
Revision Cycle	A minimum of every five years
Revision History/Amalgamation History	N/A
Additional Information	Active date will be following approval by QQI
References/ Supporting Documentation	<ul style="list-style-type: none"> • <i>Child and Family Agency Act (2013)</i>¹⁴ • <i>Children First Act (2015)</i>¹⁵ • Department of Children and Youth Affairs (2012) <i>Guidance for Developing Ethical Research Projects Involving Children</i>.¹⁶ • Department of Children and Youth Affairs (2017) <i>Children First: National Guidance for the Protection and Welfare of Children</i>.¹⁷ • HIQA and MHC (2019) <i>National Standards for Adult Safeguarding</i>¹⁸ • HSE (2014) <i>Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures</i> • Office of the Minister for Children and Youth Affairs (2010) <i>Ethical Review and Children’s Research in Ireland</i>.¹⁹

2.6.1 Policy Overview

This policy has been adopted by Dublin Business School to promote best practice in child protection within the College and to inform employees and learners of Dublin Business School who for research, teaching or other reasons have contact with children of their obligations to recognise child protection and welfare concerns and to respond appropriately.

¹⁴ <http://www.irishstatutebook.ie/eli/2013/act/40/enacted/en/html>

¹⁵ <http://www.irishstatutebook.ie/eli/2015/act/36/enacted/en/pdf>

¹⁶ https://www.dcy.gov.ie/documents/Publications/Ethics_Guidance.pdf

¹⁷ <https://www.dcy.gov.ie/documents/publications/20171002ChildrenFirst2017.pdf>

¹⁸ https://www.hiqa.ie/sites/default/files/2019-12/National-Standards-for-Adult-Safeguarding_FAQs.pdf

¹⁹ http://www.nuigalway.ie/hbsc/documents/2010_rep_ethical_review_and_childrens_research.pdf

This policy is intended to ensure compliance with the *Children First Act 2015* and is based on *Children First: National Guidance for the Protection and Welfare of Children 2017*. In relation to adults at risk, the policy also draws on *the National Standards for Adult Safeguarding 2019* and *Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures 2014*.

Primarily the parties referred to in this document will be the small number of learners in Dublin Business School that are under 18, and children who come onto the Dublin Business School campus for purposes related to the activities of the organisation, such as Open Events. However, it is also noted that employees and learners in Dublin Business School may also come into contact with minors or adults at risk through activities related to their employment or learning with the College, such as through research or placements, and this policy is also intended to provide guidance for those situations, insofar as appropriate.

2.6.2 Policy Statement

General Principles Governing this Policy

- A child is a person under the age of 18, excluding a person who is or has been married.
- An adult at risk is an adult aged 18 years or over, who is at risk of experiencing abuse, neglect or exploitation by a third party and lacks mental or physical capacity to protect themselves from harm at this time in their lives.
- The protection of children and adults at risk must always come first.
- Children and adults at risk should be protected, treated with respect, listened to and have their own views taken into consideration.
- Employees and learners of Dublin Business School have a duty to raise concerns about the behaviour of others which may be harmful to children and adults at risk.
- Tusla should be informed without delay when there are reasonable grounds for concern that a child may have been, is being or is at risk of being abused or neglected.
- Best practices should be adopted to minimise the possibility of harm or accidents happening to children and adults at risk.
- This policy is not intended to replace the existing structures within the College such as the Learner Code of Conduct Policy or the Code of Professional Conduct which exist in parallel.

While due regard will be paid to the principles above and the guidelines in this policy, it is to be noted that interactions with learners in Dublin Business School who are under 18 years of age or who are adults at risk will generally be on the basis of the normal rules applying to all learners.

Responsibilities of Dublin Business School

General

It is the responsibility of Dublin Business School to implement this policy, appoint a Safeguarding Officer and generally ensure the promotion of the protection of children and adults at risk within Dublin Business School.

Garda Vetting

Garda vetting is part of Dublin Business School's recruitment process. Please see the Garda Vetting Policy for more details.

Garda vetting is also required for learners on a small number of Dublin Business School programmes which require learners to undertake activities that may bring them into contact with children or adults at risk. Please see the Garda Vetting Policy for Learners for more detail.

Training and Informing Employees and Learners

This policy will be circulated to all employees and learners. Those joining the organisation will receive it as part of their induction. The Safeguarding Officer and the Designated Safeguarding Officer will be required to attend specialised training in the area and keep up to date.

Any employees or learners who have contact with children or adults at risk as part of research or placement activities, or any other occupational activities, will also be required to undertake further training in the area, as organised by the Safeguarding Officer.

Placement of Learners in Third Party Organisations

As part of some degree programmes, learners may have contact with children or adults at risk due to their placement with other organisations for education and training purposes.

Any agreement or arrangement entered into by Dublin Business School for the placement of learners as part of their formal education in circumstances in which the learners may encounter children or adults at risk must be subject to the conditions that:

- The organisation providing the placement has full responsibility for ensuring that appropriate child protection policies and practices complying with national guidelines are in place; and
- The organisation will notify the Dublin Business School Safeguarding Officer of any complaints of which the organisation is aware made against a learner in Dublin Business School concerning safeguarding issues.

In addition, learners in this situation will have the responsibility to:

- Familiarise themselves with the safeguarding policy of Dublin Business School and that of the organisation where they are being placed.
- Comply with all National Vetting Bureau policy requirements of Dublin Business School and those of the organisation where they are being placed.
- Attend any safeguarding and welfare training provided by Dublin Business School and by the organisation where they are being placed.

If a learner has a suspicion or concern about safeguarding issues while on work placement, then the learner should follow the procedures in relation to reporting concerns on safeguarding issues to the organisation where the work placement is taking place. However, if the learner is unclear of the procedure or requires further guidance, they should contact the Dublin Business School Safeguarding Officer for advice. The Safeguarding Officer should assist the learner in following the procedures in the other organisation in the first instance. However, if the situation involves immediate risk of harm to a child or adults at risk or the situation is not resolved in the other organisation to the satisfaction of the learner, the Safeguarding Officer should guide the learner to the appropriate reporting mechanisms, or make a report to Tusla, the HSE Safeguarding Team or An Garda Síochána his/her self, as appropriate.

Research with Children

Research involving children or adults at risk must be approved in advance by the College's research ethics process. Further information can be obtained from the Dublin Business School Research Ethics Committee.

Guidance on undertaking research with children is provided in the recently published Department of Children and Youth Affairs *Ethical Review and Children's Research in Ireland (2010)* and in the associated guidance document *Guidance for developing ethical research projects involving children (2012)*. Research involving children must comply with the above documents (as updated, replaced and/or amended from time to time).

Admissions

Certain activities carried out by the Admissions Office employees will involve contact with children who are second level students. These activities include employees in the Admissions Office visiting schools, attending education fairs or inviting second-level students to specifically organised Dublin Business School events.

When an Admissions Office employee attends a second level school, the employee should ensure that the school teacher remains present in the classroom. The school is responsible for the safety and wellbeing of their students at all times.

When events take place within Dublin Business School, these events should be clearly public in nature and there should not be private or one-to-one mentoring sessions away from the public areas. If a second level student under the age of 18 wishes to meet an employee of the Admissions Office, this should not be done on a one-to-one basis except in a public space.

Responsibilities of Employees and Learners

Read and Comply with Policy

It is the responsibility of Dublin Business School employees and learners to read and comply with the contents of this Policy.

Employees and learners must be alert to the possibility that children and adults at risk with whom they are in contact could be victims of abuse.

Best Practice for Contact with Children and Adults at Risk

- Be visible when working with children and adults at risk whenever possible. In relation to learners who are under 18 or are adults at risk, it is recognised that a one-to-one situation might be necessary to protect the learner's right to privacy and confidentiality. Employees should use their professional judgement when in such a situation and should try, where reasonably possible to avoid being alone with a child or adults at risk.
- Treat all children and adults at risk equally and with respect and dignity.
- Listen to what children and adults at risk say and involve them in decision making where appropriate.
- Provide encouragement, support and praise.
- Adopt the safest possible practices to minimise the possibility of harm or accidents happening to children and adults at risk.
- Demonstrate exemplary behaviour in the presence of children.
- Never use physical punishment.
- Never make unnecessary physical contact with a child or adult at risk.
- Never exchange personal details with a child or adult at risk such as phone numbers, e-mail, Facebook, Twitter or other social media accounts.
- Always refer abuse, welfare and safety issues concerning a child or adult at risk to the Safeguarding Officer. If an employee or learner is inhibited for any reason in reporting the

incident internally to the Safeguarding Officer or where they are dissatisfied with the response, they should contact Tusla - Child and Family Agency, the HSE Safeguarding Team or An Garda Síochána.

Duty to Report in Respect of Children

A report should be made to Tusla when there are reasonable grounds for concern that a child may have been, is being or is at risk of being abused or neglected. Employees and learners should report their concerns to the Safeguarding Officer in the first instance. Reasonable grounds for a child protection or welfare concern include:

- Evidence, for example an injury or behaviour, that is consistent with abuse and is unlikely to have been caused in any other way
- Any concern about possible sexual abuse
- Consistent signs that a child is suffering from emotional or physical neglect
- A child saying or indicating by other means that he or she has been abused
- Admission or indication by an adult or a child of an alleged abuse they committed
- An account from a person who saw the child being abused

All employees and learners are encouraged to discuss any concerns with the Safeguarding Officer.

If the Safeguarding Officer, or their Deputy, is not available, employees and learners should report reasonable concerns directly to Tusla, or if the child is in immediate danger, to An Garda Síochána.

2.6.3 Reporting Framework

Making a Report to the Safeguarding Officer

Any employee or learner who suspects abuse of a child or adult at risk should report this to the Safeguarding Officer. Such a report should contain:

1. Details of the child or adult at risk and the suspected abuse.
2. Enough information to establish the basis of the concerns.
3. An accurate record of their observations and/or the conversation with the child or adult at risk or other person (if any).

The Safeguarding Officer will receive and assess all such reports. The role of the Safeguarding Officer is not to investigate or interview relevant parties, but to assess whether the information available demonstrates a reasonable concern of abuse or neglect. If the Safeguarding Officer is satisfied that a report of abuse of a child meets the required threshold, they will report it to Tusla without delay.

In those cases where the Safeguarding Officer decides not to report concerns to Tusla, the HSE Safeguarding Team or An Garda Síochána, the employee or learner who raised the concerns should be given a clear written statement of the reasons why the Safeguarding Officer is not taking such action. The employee or learner should be advised that if they remain concerned about the situation, they are free as individuals to consult with, or report to, Tusla, the HSE Safeguarding Team or An Garda Síochána.

The Safeguarding Officer should record the full details of all concerns or allegations of child abuse brought to his or her attention and the actions taken in relation to a concern or allegation of child abuse.

[Making a Report to Tusla in Respect of Children](#)

When should a report be made

The Safeguarding Officer must report to Tusla as soon as possible if they know, believes or has reasonable grounds to suspect, on the basis of information they have received, acquitted or become aware of in the course of their employment that a child has been, is being or is likely to be harmed. A report must also be made where a child has disclosed to the Safeguarding Officer that the child believes that he/she has been, is being or is likely to be harmed.

Harm is defined here as follows:

1. Assault, ill-treatment or neglect of the child in a manner that seriously affects, or is likely to seriously affect the child's health, development or welfare, OR
2. Sexual abuse of the child.

A Safeguarding Officer should also report to Tusla if they have a reasonable concern that a child may have been, is being or is at risk of being abused or neglected.

Where the Safeguarding Officer remains uncertain, he or she should contact the Tusla for informal advice relating to the allegation, concern or disclosure.

Making a Report

All reports made by the Safeguarding Officer to Tusla should be on the [Child Protection and Welfare Form](#) and contain all necessary information, unless the risk is immediate requiring the report to be made without delay.

In making a report on suspected actual child abuse, the Safeguarding Officer must ensure that the priority is always for the safety and welfare of the child and that no child is ever left in a situation that could place the child/young person in immediate danger. If there is a serious and imminent risk

to the child and it is not possible to make contact with Tusla, the Safeguarding officer should report it to An Garda Síochána.

Other Obligations when Making a Report

When reporting a suspicion or allegation of child abuse to Tusla, the Safeguarding Officer should also report to the Human Resource Manager in the case of an allegation against an employee, and to the Head of Teaching Delivery and Content Production in the case of an allegation against a learner.

Where the Safeguarding Officer is making a report to Tusla, they should, where appropriate, also inform the child's family regarding the concern and the report. This is not appropriate where doing so would place the child at further risk, where the family's knowledge could impair Tusla's ability to carry out a risk assessment or if it is reasonably believed that this might put the person making the report at risk of harm from the family.

It is not the role of the Safeguarding Officer to investigate whether the allegations or complaints are valid. This investigation is the responsibility of Tusla and An Garda Síochána.

[Making a Report to the HSE Safeguarding Team in Respect of Adults at Risk](#)

When a report is received concerning abuse of a person at risk, the Safeguarding Officer will consider whether a report should be made to the HSE Safeguarding Team.

[Allegations of Child Abuse against an Employee or Learner](#)

When an allegation of abuse of a child or an adult at risk arises in relation to an employee or learner, Dublin Business School holds a dual responsibility in its duty of care in:

- *Safeguarding children and adults at risk:* This must at all times take priority. The College will ensure that all appropriate procedures are followed in relation to reporting suspected abuse of a child or adult at risk to the civil and (as necessary) criminal authorities and do what is within its power to ensure that no child or adult at risk continues to be exposed to the risk of being abused.
- *Dealing with the person accused:* The College must ensure that proper procedures are followed in relation to the person against whom the complaint has been made, in line with fair procedures, natural justice and a presumption of innocence until the contrary is proven.

In case of any allegation of abuse of a child or an adult at risk made against an employee or learner, the reporting framework procedures outlined above must first be followed and the Safeguarding Officer informed immediately. Any necessary protective measure should be taken.

In addition to that, in cases where an allegation of abuse of a child or an adult at risk is made against an employee, the issue will be also dealt with in accordance with the DBS Investigation Policy and DBS Disciplinary Policy. In cases where an allegation of abuse of a child or an adult at risk is made against a learner the issue will also be dealt with in accordance with the Learner Disciplinary Policy. The application of these policies is the responsibility of the persons stated therein and is not part of the role of the Safeguarding Officer.

Retrospective Disclosure of Child Abuse by an Adult

If an adult makes a disclosure to a Dublin Business School employee or learner of abuse suffered during their childhood, and it is believed there may be a current risk to any child who may be in contact with the alleged abuser, the Safeguarding Officer should be informed. If a risk is deemed to exist, then the Safeguarding Officer must inform Tusla and/or An Garda Síochána.

In addition to the reporting requirement, if a Dublin Business School employee or learner makes a disclosure of abuse suffered during their childhood, the Safeguarding Officer should ensure he/she is provided with the contact information for relevant support service. Employees should be given details of the VHI EAP scheme. Learners should be given details of the counselling referral service operated by Student Services.

Disclosure of Abuse of a Child or an Adult at Risk to Employee or Learner

Disclosure by a Child or an Adult at Risk

A child or an adult at risk may make a disclosure of abuse to an employee or learner of Dublin Business School. The best practice for dealing with these disclosures is to:

- React calmly
- Listen carefully and attentively
- Take the child or adult at risk seriously
- Reassure the child or adult at risk that they have taken the right action in talking to you
- Do not promise to keep anything secret
- Ask questions for clarification only. Do not ask leading questions
- Check back with the child or adult at risk that what you have heard is correct and understood
- Do not express any opinions about the alleged abuser
- Ensure that the child or adult at risk understands the procedures that will follow
- Make a written record of the conversation as soon as possible, in as much detail as possible
- Treat the information confidentially, subject to the requirements of this Guidance and legislation

When a disclosure of abuse or neglect from a child or an adult at risk is received, a report must be made to the Safeguarding Officer as soon as possible.

Disclosure from Another Person

If a complaint is made to an employee or learner from Dublin Business School to the effect that there is reasonable suspicion that abuse is alleged to have taken place against a child or an adult at risk, the employee or learner should:

- Request the complainant to make a written statement.
- If the complainant is unknown to the employee or learner, ask the person making the allegation for their name and contact number or address.
- Tell the complainant that there is a procedure in place for dealing with such allegations and that the person responsible will be in contact with them as soon as possible.
- Ensure the information is reported as soon as possible to the Safeguarding Officer. Once the information is provided to the Safeguarding Officer, they are then responsible for ensuring that the suspicions or allegations are managed in accordance with the reporting framework.

Persons Reporting Possible Child Abuse

The provisions of the Protections for Persons Reporting Child Abuse Act 1998 provide immunity from civil liability to persons who make reports reasonably and in good faith to the HSE or An Garda Síochána.

It is a criminal offence to withhold information about a serious offence against a person under 18 years or a vulnerable person under the *Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012*.

2.6.4 Safeguarding Officer

Role and Appointment

The Safeguarding Officer will have responsibility for the promotion and implementation of this policy. This role is described in this section and shall be the Designated Liaison Person for the purposes of the *Children First Act 2015*. There will also be a Deputy Safeguarding Officer appointed for times when the Safeguarding Officer is not available.

The role of the Safeguarding Officer is to liaise with outside agencies and to be a resource person for any employee or learner who has child protection concerns. The Safeguarding Officer is responsible for ensuring that reporting procedures within Dublin Business School are followed.

The Safeguarding Officer and Deputy Safeguarding Officer will be appointed by the DBS President. The Safeguarding Officer should be accessible to all employees and learners in the College.

Responsibilities

The responsibilities of the Safeguarding Officer are:

- To undertake relevant training and keep up to date on child protection policy and practice.
- To provide support and information to employees and learners who are dealing with/have dealt with a safeguarding concern or disclosure.
- To receive reports of alleged or suspected or actual abuse of a child or an adult at risk, process these without delay and decide on the appropriate action, in line with the guidance in previous sections.
- To report suspected child abuse to Tusla in appropriate cases.
- To build a working relationship with the Child and Family Agency Tusla, HSE Safeguarding Team, An Garda Síochána and other agencies, as appropriate.
- To assist Tusla and the HSE Safeguarding Team in assessing a concern, where requested.
- To ensure that supports are put in place for the child, employee or learner in case of allegations being made.
- To liaise with the DBS President, Human Resources Manager, Registrar and Director of Campus Operations, Head of Teaching Delivery and Content Production and the Head of Student Experience as appropriate.
- To liaise with the Designated Liaison Persons in other organisations where learners or employees of Dublin Business School are on work placement or are doing research.
- To ensure that systems are in place for recording and retaining all relevant documentation in relation to child protection issues.
- To ensure the circulation of this policy among all employees and learners of Dublin Business School, existing and new, and ensure further training of employees and learners where appropriate.
- To be consulted if any new services or activities involving children or adults at risk are developed and to ensure relevant training and procedures are in place.
- To review the Dublin Business School policy and procedure on child protection every two years and ensure their continued relevance and appropriateness.

2.6.5 Confidentiality

No guarantee of secrecy

In matters of abuse of a child or an adult at risk, an employee or learner should never promise to keep secret any information which is divulged. It should be explained to the child or adult at risk that this information cannot be kept secret but that only those who need to know in order to safeguard the child or adult at risk will be told.

Confidentiality of information and data protection

It is essential in the reporting of any case of alleged or suspected abuse that the principle of confidentiality applies. The information should only be shared with persons who have a need to know in order to safeguard a child or an adult at risk and the number of people that need to be informed should be kept to a minimum. It must be noted that the provision of information to the statutory agencies for the protection of a child is not a breach of confidentiality or data protection.

All data in relation to safeguarding records must comply with Data Protection legislation and must be stored in a safe and confidential manner.

Photographs and images

Where Dublin Business School employees and learners wish to take or use photographs, film or video of children, the consent of the children and their parents/guardians/carers must be obtained, and all such media must be stored safely.

2.6.7 Safeguarding Policy Appendices

1. Types of Abuse and Identification of Abuse

These descriptions of the different types of abuse and how to identify them are taken from *Children First: National Guidance for the Protection and Welfare of Children 2017*.

Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to one or more forms of abuse at any given time. Abuse and neglect can occur within the family, in the community or in an institutional setting. The abuser may be someone known to the child or a stranger and can be an adult or another child. In a situation where abuse is alleged to have been carried out by another child, you should consider it a child welfare and protection issue for both children and you should follow child protection procedures for both the victim and the alleged abuser.

The important factor in deciding whether the behaviour is abuse or neglect is the impact of that behaviour on the child rather than the intention of the parent/carer.

The definitions of neglect and abuse presented in this section are not legal definitions. They are intended to describe ways in which a child might experience abuse and how this abuse may be recognised.

Neglect

Child neglect is the most frequently reported category of abuse, both in Ireland and internationally. Ongoing chronic neglect is recognised as being extremely harmful to the development and well-being of the child and may have serious long-term negative consequences.

Neglect occurs when a child does not receive adequate care or supervision to the extent that the child is harmed physically or developmentally. It is generally defined in terms of an omission of care, where a child's health, development or welfare is impaired by being deprived of food, clothing, warmth, hygiene, medical care, intellectual stimulation or supervision and safety. Emotional neglect may also lead to the child having attachment difficulties. The extent of the damage to the child's health, development or welfare is influenced by a range of factors. These factors include the extent, if any, of positive influence in the child's life as well as the age of the child and the frequency and consistency of neglect.

Neglect is associated with poverty but not necessarily caused by it. It is strongly linked to parental substance misuse, domestic violence, and parental mental illness and disability.

A reasonable concern for the child's welfare would exist when neglect becomes typical of the relationship between the child and the parent or carer. This may become apparent where you see the child over a period of time, or the effects of neglect may be obvious based on having seen the child once.

The following are features of child neglect:

- Children being left alone without adequate care and supervision
- Malnourishment, lacking food, unsuitable food or erratic feeding
- Non-organic failure to thrive, i.e. a child not gaining weight due not only to malnutrition but also emotional deprivation
- Failure to provide adequate care for the child's medical and developmental needs, including intellectual stimulation

- Inadequate living conditions – unhygienic conditions, environmental issues, including lack of adequate heating and furniture
- Lack of adequate clothing
- Inattention to basic hygiene
- Lack of protection and exposure to danger, including moral danger, or lack of supervision appropriate to the child's age
- Persistent failure to attend school
- Abandonment or desertion

Emotional Abuse

Emotional abuse is the systematic emotional or psychological ill-treatment of a child as part of the overall relationship between a caregiver and a child. Once-off and occasional difficulties between a parent/carer and child are not considered emotional abuse. Abuse occurs when a child's basic need for attention, affection, approval, consistency and security are not met, due to incapacity or indifference from their parent or caregiver. Emotional abuse can also occur when adults responsible for taking care of children are unaware of and unable (for a range of reasons) to meet their children's emotional and developmental needs. Emotional abuse is not easy to recognise because the effects are not easily seen.

A reasonable concern for the child's welfare would exist when the behaviour becomes typical of the relationship between the child and the parent or carer.

Emotional abuse may be seen in some of the following ways:

- Rejection
- Lack of comfort and love
- Lack of attachment
- Lack of proper stimulation (e.g. fun and play)
- Lack of continuity of care (e.g. frequent moves, particularly unplanned)
- Continuous lack of praise and encouragement
- Persistent criticism, sarcasm, hostility or blaming of the child
- Bullying
- Conditional parenting in which care or affection of a child depends on his or her behaviours or actions
- Extreme overprotectiveness
- Inappropriate non-physical punishment (e.g. locking child in bedroom)

- Ongoing family conflicts and family violence
- Seriously inappropriate expectations of a child relative to his/her age and stage of development
- There may be no physical signs of emotional abuse unless it occurs with another type of abuse.

A child may show signs of emotional abuse through their actions or emotions in several ways. These include insecure attachment, unhappiness, low self-esteem, educational and developmental underachievement, risk taking and aggressive behaviour.

It should be noted that no one indicator is conclusive evidence of emotional abuse. Emotional abuse is more likely to impact negatively on a child where it is persistent over time and where there is a lack of other protective factors.

Physical Abuse

Physical abuse is when someone deliberately hurts a child physically or puts them at risk of being physically hurt. It may occur as a single incident or as a pattern of incidents. A reasonable concern exists where the child's health and/or development is, may be, or has been damaged as a result of suspected physical abuse.

Physical abuse can include the following:

- Physical punishment
- Beating, slapping, hitting or kicking
- Pushing, shaking or throwing
- Pinching, biting, choking or hair-pulling
- Use of excessive force in handling
- Deliberate poisoning
- Suffocation
- Fabricated/induced illness
- Female genital mutilation

Sexual Abuse

Sexual abuse occurs when a child is used by another person for his or her gratification or arousal, or for that of others. It includes the child being involved in sexual acts (masturbation, fondling, oral or penetrative sex) or exposing the child to sexual activity directly or through pornography.

Child sexual abuse may cover a wide spectrum of abusive activities. It rarely involves just a single incident and in some instances occurs over a number of years. Child sexual abuse most commonly happens within the family, including older siblings and extended family members.

Cases of sexual abuse mainly come to light through disclosure by the child or his or her siblings/friends, from the suspicions of an adult, and/or by physical symptoms.

Examples of child sexual abuse include the following:

- Any sexual act intentionally performed in the presence of a child
- An invitation to sexual touching or intentional touching or molesting of a child's body whether by a person or object for the purpose of sexual arousal or gratification
- Masturbation in the presence of a child or the involvement of a child in an act of masturbation
- Sexual intercourse with a child, whether oral, vaginal or anal
- Sexual exploitation of a child, which includes:
 - Inviting, inducing or coercing a child to engage in prostitution or the production of child pornography (for example, exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, videotape or other media) or the manipulation, for those purposes, of an image by computer or other means)
 - Inviting, coercing or inducing a child to participate in, or to observe, any sexual, indecent or obscene act
 - Showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse
- Exposing a child to inappropriate or abusive material through information and communication technology
- Consensual sexual activity involving an adult and an underage person

In addition, in relation to adults at risk, the following types of abuse are also recognised:

Financial Abuse

Financial or material abuse includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Discriminatory Abuse

Discriminatory abuse includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

2. Role of Tusla and An Garda Síochána

Tusla – Child and Family Agency

On 1 January 2014, Tusla – Child and Family Agency, became an independent legal entity. It merged portions of three former statutory bodies: the Health Service Executive's Children and Family Services, the Family Support Agency, and the National Educational Welfare Board. Tusla has responsibility for child welfare and protection services, family support, educational welfare and a range of other services, including those relating to domestic, sexual and gender-based violence.

The key functions of Tusla, as set out in the *Child and Family Agency Act 2013*, are to:

- Support and promote the development, welfare and protection of children, and the effective functioning of families.
- Offer care and protection for children in circumstances where their parents have not been able to, or are unlikely to, provide the care that a child needs. To fulfil these responsibilities, Tusla is required to maintain and develop the services needed to deliver these supports to children and families, and provide certain services for the psychological welfare of children and their families.
- Be responsible for ensuring that every child in the State attends school or otherwise receives an education, and provide education welfare services to support and monitor children's attendance, participation and retention in education.
- Ensure that the best interests of the child guide all decisions affecting individual children.
- Consult children and families to help shape Tusla's policies and services.
- Strengthen interagency cooperation to ensure seamless services that respond to needs.
- Undertake research relating to its functions, and provide information and advice to the Minister for Children and Youth Affairs about those functions.
- Commission child and family services.

The specific role of Tusla is to promote the welfare of children who are at risk of not receiving adequate care and protection. Under the *Child Care Act 1991*, Tusla is obliged to coordinate information from all relevant sources about a child who may not be receiving adequate care and protection. If it is found that a child is not receiving adequate care and protection, Tusla has a duty to

take appropriate action to promote the welfare of the child. This may include supporting families in need of assistance in providing care and protection to their children.

It is accepted that in general a child fares best within his or her own family. If at all possible, support will be offered to the child and the family to overcome any difficulties and to ensure that the child is safe. A child is only removed from his or her family as a last resort, and only if it is not possible to keep the child safe within the family setting. With the assistance of community or family support services, most families can make the necessary changes to ensure the safety of their child, and will not need social work intervention.

Tusla operates through duty teams of social workers that receive child protection reports, assess and prioritise referrals and provide protective interventions to children and their families. Each team deals with the concerns that arise in its specific geographical area by reference to the home address of the child.

Tusla has the statutory responsibility to assess all reports of child welfare and protection concerns. Assessments are carried out by Tusla social workers. If concerns are found after the initial checks, further evaluation involving a detailed examination of the child and family's circumstances will follow. If concerns about a child's welfare are found, but do not involve a child protection issue, then the family may be referred to community or family support services. If no concerns are found, then the information gathered is recorded and kept on a confidential file where it will be examined if further concerns or more information comes to light.

An Garda Síochána

The involvement of An Garda Síochána in cases of alleged child abuse and neglect stems from its primary responsibility to protect the community and to bring offenders to justice. Where it is suspected that a crime has been committed, An Garda Síochána has overall responsibility for the direction of any criminal investigation. It is the function of An Garda Síochána to interview and take any statements that will form part of the criminal investigation file. The role of An Garda Síochána is to investigate alleged crimes and it is the responsibility of the Director of Public Prosecutions (DPP) to decide on and carry out prosecutions.

The National Vetting Bureau of An Garda Síochána issues vetting disclosures to organisations employing people who work on a full-time, part-time, voluntary or student placement basis with children and/or vulnerable adults. The National Vetting Bureau does not decide on the suitability of any person to work with children and vulnerable adults. Rather, in response to a written request for

vetting, the National Vetting Bureau releases criminal history and other specified information on the person to be vetted to the prospective recruiting organisation. Decisions on suitability for recruitment rest at all times with the recruiting organisation, and the results of vetting should form only one part of the recruitment decision.

3. Useful Contacts

Tusla Local Duty Social Work Team:

Dublin South Central

Child and Family Agency,
Bridge House,
Cherry Orchard Hospital,
Dublin 10

076 6955749

Details for all other Social Work Teams can be found here: <https://www.tusla.ie/get-in-touch/duty-social-work-teams/>

HSE Local Safeguarding and Protection Team:

Ms. Celine O'Connor,
Beech House,
101-102 Naas Business Park,
Naas,
Co. Kildare

Tel: 045 920410 Email: Safeguarding.CHO7@hse.ie


Details for all other Safeguarding and Protection Teams can be found here:

<https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/safeguarprotectteams.html>

Local Garda Station

Pearse Street Garda Station
1-6 Pearse Street
Dublin 2
01 6669000
Emergency: 999/112

2.7 Learner Garda Vetting Policy

Quality Assurance Handbook (QAH) Part A 	
Document Name	Learner Garda Vetting Policy
Policy Document Number	007
Version Reference	v1.0
Document Owner	Garda Vetting Liaison
Roles with Aligned Responsibility	Registrar and Director of Campus Operations, Assistant Registrar, QA Officer, Dissertation Coordinator, Academic Directors
Applicability	Any programme whereby a learner may be working with children or vulnerable adults
Approved By	Academic Board & QQI
Approval Date	23/07/19
Date Policy Becomes Active	18/09/19
Revision Cycle	A minimum of every five years
Revision History/ Amalgamation History	N/A
Additional Information	Active date will be following approval by QQI
References/ Supporting Documentation	<ul style="list-style-type: none"> • <i>National Vetting Bureau (Children and Vulnerable Persons) Acts 2012–2016</i>²⁰

2.7.1 Policy Overview

This policy is in place for situations where Dublin Business School learners will be working with children or vulnerable adults during work placements or for research purposes undertaken as part of their studies with Dublin Business School.

The *National Vetting Bureau (Children and Vulnerable Persons) Acts 2012–2016*, which came into effect on 29 April 2016, make it mandatory for people working with children or vulnerable adults to be vetted by the Garda Síochána National Vetting Bureau.

While the learners will be subject to Garda Vetting by the organisations where they are placed, in order to ensure the safety of children and vulnerable persons and the suitability of the learners for such placements, Dublin Business School will require the Garda Vetting of learners before recommending them for such placements.

²⁰ <http://www.irishstatutebook.ie/eli/2012/act/47/enacted/en/html>

There is a separate policy in place for the Garda Vetting of employees of Dublin Business School. The HR Department is the point of contact regarding the policy for employees.

2.7.2 Policy Statement

The process of Garda Vetting is carried out by the National Vetting Bureau of the Garda Síochána. The National Vetting Bureau of the Garda Síochána deals with requests to provide information on certain prospective employees or other workers to the authorised Liaison person in the organisation.

The Nominated Garda Vetting Liaison manages all Garda Vetting applications for learners on behalf of DBS.

Under the legislation, employees whose work or activity involves access to children or vulnerable adults must be vetted.

This policy applies to all learners who are undertaking a work placement as part of their studies with Dublin Business School where they will have access to children and/or vulnerable adults.

Each individual must disclose any relevant information relating to the process of Garda Vetting to DBS. This includes information relating to periods of residence outside the Republic of Ireland.

There are many convictions that might deem an individual unsuitable for appointment. For example, under Section 26 of the Sex Offenders Act 2001 it is an offence for a convicted sex offender to apply for a position, to enter into a contract of employment or to continue to work in an area, either knowing, or if they ought reasonably to have known, that a necessary and regular part of that work involves unsupervised access to, or contact with children or mentally impaired people, without informing their employer of their conviction. All learners on programmes where work placement where contact with children or vulnerable adults is involved must inform DBS of any such conviction at the earliest possible opportunity.

Information relating to requirements for Garda Vetting will be provided in an accurate, clear, consistent and timely manner to all relevant parties.

Failure to comply with this policy will be treated as a disciplinary offense up to and including expulsion.

Confidentiality

Confidentiality is paramount. Any data received from the National Vetting Bureau of the Garda Síochána, in respect of any individual is for the sole use of DBS. All data disclosed will be managed and protected within the statutory provision of the Data Protection Acts 1998 and 2003, and any other legislation that may be enacted in respect of data protection

2.7.3 Garda Vetting of Learners

Learners who are undertaking work placement or piece of research which involves contact with children or vulnerable adults as part of their studies with Dublin Business School must complete the online Garda Vetting Form and authorise the College to conduct a background check via the National Vetting Bureau of the Garda Síochána. Individuals will not be recommended for, and are not permitted to undertake, the placement until the Garda Vetting procedure has been fully completed.

By accepting the conditions of the programme, the learner expressly acknowledges that any work placement or research opportunities are conditional on the application successfully completing the Garda Vetting process. Furthermore, the applicant acknowledges that it may not be possible to complete the work placement or research requirements of a selected programme if they do not successfully complete the Garda Vetting process.

If it transpires that an applicant has a criminal conviction (either by way of Garda Vetting or by applicant disclosure) full details of the conviction will be sought.

The provision of false, inaccurate or misleading information will disqualify applicants from the selection process.

2.7.4 Garda Vetting Procedure:

DBS is registered for e-Vetting with the National Vetting Bureau of the Garda Síochána, via Irish Vetting Services for the interim.

The Garda Vetting procedure is as follows*:

- 1) Learners will be sent a vetting invitation (NVB1) form (and NVB3 form if you are aged under 18) by the Liaison.
 - The form must be completed and returned to the Liaison, together with appropriate photographic ID as set out in the Garda Vetting Personal Identification Checklist.
 - *It is vital that the **original** (ID and/or proof of address) document is provided to the Liaison.*

- *The Liaison must keep a copy of these, as they may be required for audit purposes by the National Vetting Bureau.*
- 2) The Liaison will validate the learner's proof of identity.
 - 3) The Liaison sends the NVB1 form (and NVB3 form, if applicable) to Irish Vetting Services.
 - 4) Learners will receive an e-mail with a link to the online Garda Vetting form from Irish Vetting Services (*this will take up to a week*).
 - 5) Learners must use the link in the e-mail to complete and submit the vetting application form online.
 - 6) Irish Vetting Services receive a link once the online Garda Vetting form has been completed and submitted.
 - 7) Irish Vetting Services review the form to make sure that everything has been filled in correctly and then transmit to the National Vetting Bureau of An Garda Síochána.
 - 8) The National Vetting Bureau processes the application and a vetting disclosure is sent to Irish Vetting Services who download and forward to the Liaison.
 - 9) The Liaison reviews the disclosure.
 - 10) DBS is obliged to retain the copy of the vetting disclosure along with the identity documents, and must also provide a copy of the vetting disclosure to the vetting applicant.

**This procedure is a rough guideline, which is subject to slight changes. This policy will be updated, and staff will be notified as any such changes arise.*

The online Garda Vetting form **must be completed within 30 days** of receiving the e-mail. If the applicant does not complete the form within this timeframe, it becomes invalid and they will have to re-apply.

Each online Garda Vetting application will take 5 working days on average once they have been submitted.

2.7.5 Evaluation of Information Gathered during Garda Vetting Procedure:

Non-Disclosure of Criminal Convictions (i.e. The Person has No Criminal Convictions):

- The learner is approved for the work placement/research.
- The Liaison will provide a copy of the vetting disclosure to the applicant.
- The Garda Vetting form is placed in a signed and sealed envelope that must be kept in a secure, confidential location, and will be destroyed after a period of one year.

Disclosure of Criminal Convictions (i.e. The Person has Criminal Convictions):

If the Garda Vetting Form is returned with a disclosure, the Liaison must bring the matter to the DBS President or delegate thereof, who will decide whether to proceed with placement or piece of research or not. In deciding whether a particular conviction renders a learner unsuitable for placement or to undertake the research, the following will be considered:

- The nature of the offence and its possible relevance to the placement.
- The age of the offence (offences many years in the past may be less relevant than more recent offences) and the age of the learner at the time of the offence.
- The frequency of the offence (a series of offences will give more cause for concern than an isolated minor conviction).

Where the vetting process discloses pending prosecutions or unsuccessful prosecutions, such incidents will be assessed in the light of the nature, age and frequency of the alleged offence and of the age of the candidate at the time of the alleged offence.

The DBS President or delegate thereof may call in the learner to discuss the disclosure. In this case, the responses of the learner should be written down verbatim and retained for future reference.

If the facts of the disclosure are seriously disputed, e.g., disputed identity, the individual should complete a new Garda Vetting form with additional detail and discuss with the Liaison. The form should then be resubmitted to the National Vetting Bureau of the Garda Síochána.

If the DBS President, or delegate thereof, decide to allow the learner's placement or research or proceed, the Garda Vetting form is placed in a signed and sealed envelope that must be kept in a secure, confidential location.

If the learner's placement or research is not approved to proceed, the Garda Vetting form should be securely destroyed.


Appeal

A decision not to allow a learner to proceed with a placement or piece of research can be appealed by the learner to the College within 14 days of issue of the decision. The appeal should be made in writing. None of the original decision-makers shall hear the appeal. The decision shall be final and binding.

Re-Vetting

There are currently no legislative provisions for re-vetting. However, best practice trends indicate that employees be re-vetted every 5 years. While it is envisaged that most learners will have completed their programmes within this time, Dublin Business School will re-vet learners who are undertaking a work placement 5 years or more after the first vetting.

2.8 Learning Analytics Policy

Quality Assurance Handbook (QAH) Part A 	
Document Name	Learning Analytics Policy
Policy Document Number	037
Version Reference	1.0
Document Owner	Data Analytics and Reporting Manager
Roles with Aligned Responsibility	Data Analytics and Reporting Manager, Student Engagement Officer, Head of IT
Applicability	All DBS programmes
Approved By	Senior Leadership Team
Approval Date	10/12/2019
Date Policy Becomes Active	10/12/2019
Revision Cycle	At least every 5 years
Revision History/Amalgamation History	N/A
Additional Information	See Student Guide to Learning Analytics Policy
References/ Supporting Documentation	Standards and Guidelines for Quality Assurance in the European Higher Education Area ²¹ National Forum, 'Developing Learning Analytics Policies to Support Student Success', May 2019 ²² .

2.8.1 Policy Overview

This document sets out DBS policy relating to the gathering and use of learner data to inform learning, teaching, assessment and learner support. As an institution, DBS is aware of the volumes of data gathered day-to-day relating to learners and their activities, both operationally in terms of day-to-day running of programmes, at a more systematic level relating to on-going monitoring and review of programmes and outcomes. Since 2018, DBS has been employing analytics to increasingly monitor student success, improve outcomes and stage early interventions for at-risk learners. It is a priority for DBS that, in so doing, the rights of learners and staff are protected and data used in a way that is fair, transparent and at all times with the best of intent to support learners.

DBS Privacy Policy and adherence to GDPR legislation will apply at all times and where there is any conflict in policies, real or perceived, GDPR will take precedence.

²¹ https://enqa.eu/wp-content/uploads/2015/11/ESG_2015.pdf

²² <https://www.teachingandlearning.ie/publication/developing-learning-analytics-policies-to-support-student-success/>

2.8.2 Policy Statement

The National Forum for Teaching and Learning Insight Paper on ‘Developing Learning Analytics Policies to Support Student Success’ states that:

Data-supported approaches to student success give HEIs a significant opportunity to strengthen their engagement and partnership with students. However, any approach that does not fully respect students’ autonomy and privacy risks alienating students and damaging trust. Likewise, policies that are not sensitive to the needs and concerns of staff risk negative effects. Further, HEIs must ensure that any use of student data is fully compliant with data protection legislation.

National Forum, May 2019

As a learner-centred third-level institution DBS seeks at all times to use data to improve the learner experience. Further, as a modern, innovative institution DBS embraces technological advancement and the benefits this brings for staff and students.

In response to this increasing focus on the use of data to enhance the learner experience and outcomes, and in accordance with the National Forum guidelines, DBS has therefore developed a set of principles for learning analytics, in line with the institutional strategy for innovation and student success.

2.8.3 Seven Principles for Learning Analytics in DBS

1. Collection and use of data will comply with GDPR and privacy legislation at all times.
2. DBS recognises the limitations of data analysis and the biases that may be contained therein.
3. DBS will take appropriate steps to ensure that data is accurate, verified and rigorously analysed by qualified persons.
4. Use of data analytics will be with the intent to understand, support and improve the learner experience.
5. Data relating to learning analytics will not be used to sanction negative behaviours by learners or staff.
6. DBS will never react to individual records or apparent short-term trends without completing due diligence and with full consideration of wider impacts or consequences.
7. The learning analytics policy will be kept under review on an on-going basis.

2.8.4 Roles and Responsibilities

Overall responsibility for learning analytics at DBS is held by the **Data Analytics and Reporting Manager**. Responsibility for relevant areas of activity is allocated as follows:

- The data to be used for learning analytics - **Data Analytics and Reporting Manager.**
- The analytics process to be performed on the data, and their purposes - **Data Analytics and Reporting Manager.**
- The interventions to be carried out based on the analytics - **Student Engagement Officer and Level Manager.**
- The retention and stewardship of data used for and generated by learning analytics - **Head of IT.**

2.8.5 Transparency

Learners are informed about how their data is collected, used, shared and protected in the [DBS Privacy Notice](#). Data will be collected for learning analytics in compliance with the Privacy Notice.

The data for learning analytics comes from a variety of sources, including the student information system, the library management system and the virtual learning environment. The Student Guide to Learning Analytics will clearly specify:

- The data sources being used for learning analytics
- The specific purposes for which learning analytics is being used
- The metrics used, and how the analytics are produced
- Who has access to the analytics, and why
- Guidance on how learners can interpret any analytics provided to them
- The interventions that may be taken based on the analytics.

2.8.6 Appropriate Interventions

A range of interventions may take place. The types of interventions and what they are intended to achieve are documented in the Student Guide to Learning Analytics. These may include:

- Prompts or suggestions sent automatically to the learner via email, SMS message or mobile app notification.
- Staff contacting an individual based on the analytics if it is considered that the learner may benefit for additional support.


Interventions, whether automated or human-mediated, will normally be recorded. The records will be subject to periodic reviews as to their appropriateness and effectiveness.

Metrics derived from data sources input into the learning analytics system will not be used for assessment purposes. However, some of the original data sources owned by DBS may be used separately for assessment purposes and for monitoring of attendance, outside of the learning analytics system.

2.8.7 Additional Documents

- [DBS Student Guide to Learning Analytics](#)

2.9 Equality, Diversity and Inclusion Policy

Quality Assurance Handbook (QAH) Part A 	
Document Name	Equality, Diversity and Inclusion Policy
Policy Document Number	040
Version Reference	v1.0
Document Owner	Registrar and Director of Campus Operations
Roles with Aligned Responsibility	Senior Leadership, Registrar and Director of Campus Operations, Exams Manager, Academic Directors, Admissions Team, Student Services
Applicability	All programmes: NFQ L6 to L9, Professional Programmes, Study Abroad, DBS Online
Approved By	Academic Board
Approval Date	01/12/2020
Date Policy Becomes Active	02/12/2020
Revision Cycle	A minimum of every five years
Revision History/Amalgamation History	N/A
Additional Information	N/A
References/ Supporting Documentation	<ul style="list-style-type: none"> • Equal Status Acts 2000–2018.²³ • ENQA (2015) <i>Standards and Guidelines for Quality Assurance in the European Higher Education Area</i>, Standard 1.3. ‘Student-Centred Learning, Teaching and Assessment’.²⁴ • QQI (2016) <i>Core Statutory Quality Assurance (QA) Guidelines</i>, Section 7.1, ‘Supports for Learners’.²⁵

2.9.1 Policy Overview

This document details DBS policy relating to equality, diversity and inclusion with respect to all aspects of the learner journey, from point of admission, teaching and learning, student supports and assessment.

2.9.2 Policy Statement

DBS seeks to ensure fairness and equality of treatment for all learners, and to safeguard all members of its diverse community such that no learner is ever exposed to discrimination based on their background or individual circumstances.

²³ <http://revisedacts.lawreform.ie/eli/2000/act/8/revised/en/html#SEC7>

²⁴ https://enqa.eu/wp-content/uploads/2015/11/ESG_2015.pdf

²⁵ <https://www.qqi.ie/Downloads/Core%20Statutory%20Quality%20Assurance%20Guidelines.pdf>

The Equal Status Acts 2000–2018 prohibit discrimination in the provision of goods and services, with respect to gender, marital status, family status, age disability, sexual orientation, race, religion, and membership of the Traveller community. Exemptions within this act apply to provision of education to mature students, scholarships, student exchange and accommodation for disabilities, for whom additional provisions may be made.

Conduct and behaviours

Learners and staff are required to conduct themselves in an appropriate and respectful manner in their interactions with, and on behalf of, DBS. As per the Learner Code of Conduct, all communications and interactions with the College or any of its stakeholders, and on behalf of the College as a DBS learner, are expected to be conducted in a respectful manner based upon dignity, equality and inclusion (**QAH Part B Section 3.2.2**).

Admissions

Applicants are accepted based on their potential to successfully complete their chosen programme of study in keeping with QQI policy on Access, Transfer and Progression such that:

Entry arrangements are clear, decisions on allocation of places on programmes are transparent, and all applicants are treated in a fair, equal and consistent manner

QQI (2015)²⁶

As per the DBS Admissions policy, Standard Entry routes require that applicants meet the minimum entry requirements set for each programme. For Non-Standard Entry, including mature students, specific access routes are provided. Scholarship and exchange (Study Abroad) students may be selected on the basis of academic merit, in keeping with the *Equal Status Acts*.

At the point of entry, new applicants are encouraged, but not required, to advise the College regarding any additional supports required arising from disabilities, and the College seeks to endeavour to make any reasonable accommodate learners with specific needs.

²⁶ <https://www.qqi.ie/Downloads/ATP%20Policy%20Restatement%20FINAL%202018.pdf>

Learner Supports

The needs of a diverse learner population (mature, part-time, employed, international, as well as learners with disabilities) is taken into account when planning and providing learning resources and supports.

QQI (2016)

DBS provides a broad range of supports to all learners throughout their studies. Student inductions are designed to ensure that all new learners have access to the information they require upon commencement of their programme, mindful of the needs of different groups such as full-time and part-time learners at different levels, and learners who are new to higher education, and the supports available to them.

Learner Assessment

As per the **QAH Part B Section 4.4**, specific supports are provided for Learners with Additional Needs, particularly with respect to requirements for in-classroom support, assessment and exams.

Quality Assurance governance structures including internal and external moderation of learner outcomes are in place to ensure fairness and transparency at all times.


College Governance and Committee Structures

As per the **QAH Part A Section 1.2.1**, the membership of the College's governance and committee structures will at all times aim to reflect the College-wide commitment to Diversity, Equity and Inclusion, subject to requirements of *ex-officio* membership and required expertise. This commitment seeks to ensure fairness and equality of treatment for all learners in the decision-making and governance processes.

2.9.3 Additional Documents

- QAH, Part A, Section 1.2 DBS Governance and Organisation
- QAH, Part B Section 2 Learner Supports
- QAH, Part B Section 3.2.2 Learner Code of Conduct
- QAH Part B Section 4.3 Personal Mitigating Circumstances Policy
- QAH Part B Section 4.4 Support for Learners with Additional Needs (Need Extra Provisions) Policy
- QAH Part B Section 4.4.4 Extra Provision for Specific Disabilities and Additional Needs

2.10 Conflict of Interest Policy for Programme Delivery

Quality Assurance Handbook (QAH) Part A 	
Document Name	Conflict of Interest Policy for Programme Delivery
Policy Document Number	41
Version Reference	V1.0
Document Owner	Registrar and Director of Campus Operations
Roles with Aligned Responsibility	HR, Head of Teaching Delivery and Content Production
Applicability	All DBS Staff; All programmes: NFQ L6 to L9, Professional Programmes, Study Abroad, DBS Online
Approved By	SLT
Approval Date	12/01/2021
Date Policy Becomes Active	12/01/2021
Revision Cycle	A minimum of every five years from approval date
Revision History/Amalgamation History	N/A
Additional Information	N/A
References/ Supporting Documentation	Graham Holdings Company Code of Business Conduct

2.10.1 Policy Overview

This policy lays out DBS’s requirements around conflicts of interest as they pertain to DBS staff and all involved in the delivery of DBS programmes of study. It should be noted that DBS adheres to the Graham Holdings Code of Business Conduct.

2.10.2 Policy Statement

Conflict of interest is defined as a situation where an employee of DBS, or someone closely associated with them such as a family member or friend, is in a position, or may appear to be in a position, to derive personal or professional benefit from their relationship to DBS and actions arising therein.

As such, DBS staff may not engage in any activities which may pose ethical, legal, financial, or other conflicts of interest. Staff are obligated to ensure that their activities do not present any conflicts with the welfare of DBS and its activities and endeavours or to DBS students.

In order to establish whether a particular situation or scenario raises a possible conflict of interest, consider:

- Whether the matter would raise concern if known to colleagues/managers/students/other interested parties;
- Whether this would be of concern to you if you were aware of a colleague in this situation.

Business Operations

As per the Business Code of Conduct, DBS staff may not engage with any external activity that is in competition or conflicts with the mission and vision of DBS.

Students and Staff

Any staff member who has a pre-existing relationship with a student in DBS whom they are going to be teaching or assessing should declare this to their line manager. Policies and procedures exist to protect the integrity of assessment. Notwithstanding this, to avoid any perception of bias, any personal relationship should be declared.

Where a staff member has been previously involved in a process with a student, they should be removed or remove themselves for any subsequent escalation. For example, an examiner may not participate in an Appeal or Complaints process relating to an examinee.

NOTE:


It is standard practice in DBS, as with other Higher Education institutions, that the lecturers delivering modules usually also design and grade the assessments on the same module. This unified delivery can result in a potential or perceived conflict of interest, which College policy mitigates through the Internal Moderation and External Examiner review processes to ensure integrity of assessment. Lecturer-examiners should be conscious of this potential conflict of interest and, in addition to the moderation process, ensure they self-monitor to avoid a conflict of interest developing internally.

Declaration

Where any doubt exists, or the possibility of perception of conflict of interest may arise, all parties are obligated to report this to their line manager, HR or another senior member of staff to review the case. It is important to appreciate that *perception* of a conflict of interest must be dealt with to allow for full transparency and to ensure confidence in the integrity of all operations.

Note, if in doubt, it is required to report the matter.

2.11 Sexual Harassment and Sexual Consent Policy

Quality Assurance Handbook (QAH) Part A 	
Document Name	Sexual Harassment and Consent Policy
Policy Document Number	043
Version Reference	V1.0
Document Owner	Head of Student Experience; Registrar and Director of Campus Operations
Roles with Aligned Responsibility	Head of Student Experience; Registrar and Director of Campus Operations; School Administrative Officer; HR
Applicability	All enrolled learners and employees
Approved By	SLT
Approval Date	10/08/2021
Date Policy Becomes Active	10/08/2021
Revision Cycle	A minimum of every five years from approval date
Revision History/Amalgamation History	N/A
Additional Information	N/A
References/ Supporting Documentation	<ul style="list-style-type: none"> ● Graham Holdings Company Code of Business Conduct ● Irish Higher Education Institutions Framework for Consent²⁷ ● Employment Equality Acts 1998 - 2015 (Code of Practice)²⁸ ● DBS Learner Code of Conduct Policy (QAH, Part B, Section 3.3.2) ● DBS Disciplinary Policy, Appeals Policy, Complaints Policy (QAH, Part B, Section 3.3.4, 3.3.5, 3.3.6)

2.11.1 Policy Overview

This document details DBS policy relating to Sexual Harassment and Sexual Consent. It outlines definitions of sexual consent and sexual harassment.

The College is committed to creating a safe environment where all members of the college, both students and staff, are treated with dignity and respect at all times. Central to the policy is the tenet, as per the DBS Code of Conduct, that reasonable behaviour and mutual respect for all College staff, students, visitors and guests is required to ensure a respectful environment conducive to learning and development. DBS will take all reasonable steps to provide an environment free from the risks of sexual harassment.

²⁷ [Safe, Respectful, Supportive and Positive, Ending Sexual Violence and Harassment in HEI's](#)

²⁸ [Employment Equality Act 1998, Code of Practice](#)

2.11.2 Policy Statement

This policy covers sexual harassment of and by staff members, students and anyone else engaged to work at the College, whether by direct contract with the College or otherwise. The policy covers sexual harassment on the College campus, any location where students and staff are representing the College or at organised DBS events such as social functions or field trips.

DBS operates a zero tolerance policy to sexual harassment. Behaviours such as physical, verbal or written sexual harassment, intimidation of any student or member of staff of the College is treated as a major offence under the Learner Code of Conduct. All students and staff members are expected to comply with this policy and ensure that such conduct does not occur. Complaints of sexual harassment will be taken very seriously by the College and will be dealt with promptly and in a strictly confidential manner.

Definitions

These definitions have been developed based on best practice, Codes of Practice, the National Framework, “Safe, Respectful, Supportive and Positive: Ending Sexual Violence and Harassment in Irish Higher Education Institutions”, 2019.

Definition of Sexual Consent

‘The freely given verbal or non-verbal communication of a feeling of willingness to engage in sexual activity. There is no consent if the victim is asleep or unconscious; force or the threat of force is used; s/he cannot consent because of the effect of alcohol/other drug; s/he cannot communicate consent because of a physical disability; s/he is mistaken about the act or about the identity of the other person; the only indication of consent came from a third person, or s/he is being unlawfully detained at the time of the act’.

Definition of Sexual Harassment

‘Sexual harassment is any kind of unwanted verbal, non-verbal or physical conduct of a sexual nature which has the purpose or effect of violating a person’s dignity and creating an intimidating, hostile, degrading, humiliating or offensive environment for the person’.

The unwanted nature of sexual harassment distinguishes it from flirtatious or sexual behaviour, which is entered into freely and mutually. It is the damaging impact of the unwanted behaviour on the recipient, not the intention of the harasser, which counts. The impact of sexual harassment is taken into account when cases of sexual harassment are investigated.

Sexual harassment can be committed by a person of any gender and it can occur between people of the same or different genders. It may occur between strangers or acquaintances, including people involved in an intimate or sexual relationship.

Examples of types of sexual harassment:

- Sexual gestures
- Displaying sexual suggestive objects or written material
- Sending suggestive and pornographic correspondence including text messages or e-mail, sexual cyberbullying of any kind including non-consensual taking and/or sharing of intimate images
- Unwelcome sexual comments and jokes
- Unwelcome physical contact up to and including assault.

This list is non-exhaustive.

The College is entitled to investigate any allegation of sexual harassment and, following appropriate disciplinary procedures, may impose a penalty or sanction where the allegation is upheld.

Penalties for a Major Offence

The provisions of the Code of Conduct are without prejudice to the legal rights of learners. Where a member of College staff is found to have committed sexual harassment, the penalties imposed will be determined within the remit of the Dublin Business School Human Resource policies and procedures. Where a learner is found to have committed sexual harassment, the Disciplinary Committee has the authority to impose penalties, either separately or in combination, that may include, but would not be limited to, the following:

- Expulsion from the College.
- Suspension from the College for a stated period.
- Exclusion from specific College facilities.
- Disbarment from examinations for a specific period.
- A fine not exceeding 50% of the annual full-time fee of the course being undertaken.
- Refusal or withholding of the award of a degree, diploma, certificate, prize or other academic title/award.

Where DBS deems it appropriate or necessary, DBS reserves the right to notify the Gardai of any allegation of sexual violence having been committed or other such threat of sexual violence.

Victimisation

No staff member or student will be victimised for making a formal complaint in good faith or for assisting in an investigation.

Malicious Complaints

If a complaint is found to be malicious following an investigation, the appropriate disciplinary action will be imposed.

2.11.3 Reporting an Incident

Learners can submit a Complaint for investigation, as per the Complaints Policy (QAH, part B, Section 3.6).

College staff can follow the Reporting process set out in the Human Resources policies.

2.11.4 Additional Documents

- Learner Code of Conduct Policy (QAH, Part B, Section 3.3.2)
- DBS Disciplinary Policy, Appeals Policy, Complaints Policy (QAH, Part B, Section 3.3.4, 3.3.5, 3.3.6)

[END OF PART A SECTION 2]