

ADULT SAFEGUARDING PROCEDURE

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1. Introduction

- 1.1. This adult safeguarding procedure applies to, and should be followed by, all Ri representatives.

Definitions:
An Ri representative is anyone who works for or with the Ri, including staff, Trustees, Committee Members, volunteers, contractors and other contributors.
An adult at risk is any adult who has care or support needs (whether or not these are being met), is at risk of or is experiencing abuse or neglect, and as a result of their needs is unable to adequately protect themselves against this (risk of) abuse or neglect.

- 1.2. Our safeguarding procedure is here to support and protect you as much as the adults we work with, and to help create a safe and secure environment for all, where safeguarding is paramount and inaction or silence around concerns of abuse or poor practice is not acceptable.
- 1.3. This procedure covers who you should talk to about any safeguarding questions or concerns, how you should behave to create a safe environment, and the key steps in dealing with any concerns raised. These are referred to as the 4 Rs:

RECOGNISE a concern, disclosure or accusation Take these seriously and do not dismiss them Listen to everything being shared Do not ask leading questions or investigate	RESPOND appropriately Reassure anyone sharing a concern, disclosure or accusation that they are doing the right thing in speaking up Do not promise confidentiality	REPORT all concerns to the DSOs or appropriate responsible person ASAP Tell anyone sharing concerns that you will pass them on to the appropriate people to help keep everyone safe	RECORD all the relevant information This will be required so the DSOs can assess what to do, and in case concerns need to be passed on to external organisations
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2. Key contacts

- 2.1. The Ri's Designated Safeguarding Officers are the first point of contact for anyone who has a safeguarding question or concern, needs to report a disclosure or who needs advice. If you are unsure, it is much better to ask than to risk not reporting something which may be a genuine safeguarding concern.
- 2.2. All safeguarding concerns or disclosures MUST be reported to the Ri's Designated Safeguarding Officers or relevant responsible person (as detailed below) within 24 hours.

Designated Safeguarding Officer (DSO)	Samantha Durbin 020 7670 2915 or 07741 657 952
Deputy Designated Safeguarding Officer(s) (DDSOs)	Peter Gallivan 020 7670 2927 or 07704 515 238
DSOs' contact email address	safeguarding@ri.ac.uk

- 2.3. If a concern involves one of the DSOs, or you do not feel your concern has been acted on appropriately, you should contact the Ri's Director of Science and Engagement.

Director of Science and Engagement	Daniel Glaser dglaser@ri.ac.uk
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- 2.4. If a concern involves the Ri's Director of Science and Engagement, you can contact the DSO and the Director of the Ri, Katherine Mathieson.

Director of The Ri	Katherine Mathieson kmathieson@ri.ac.uk
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- 2.5. If a concern involves the Director of the Ri, you can contact the DSO and with them will make a report to the Lead Trustee for Safeguarding and the Chair of Trustees.
- 2.6. If the concern involves all of the above responsible people, you can report to the Lead Trustee for Safeguarding, Chair of Trustees and the most appropriate non-implicated director.

Trustee responsible for safeguarding	Professor Alison Woollard alison.woollard@bioch.ox.ac.uk
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- 2.7. You can use the above email contacts to request a phone conversation about the concern being reported.

3. Establishing a safe environment

- 3.1. In order to help the Ri establish an environment where everyone feels safe and respected, you should:
- 3.1.1. Remember that safeguarding is paramount throughout all of your work for the Ri and follow the guidance in the Adult Safeguarding Policy and this procedure.
 - 3.1.2. Listen to and take seriously any concerns or allegations reported to you.
 - 3.1.3. Know what to do and who to speak to if you have any safeguarding concerns relating to an adult at risk or an Ri representative.
 - 3.1.4. Challenge any poor or unsafe practices, taking action when you have a concern or feel something isn't right.
 - 3.1.5. Always behave professionally and maintain high standards of practice.
 - 3.1.6. Take responsibility for your own actions and behaviour, avoiding any conduct which would lead any reasonable person to question your motivation and/or intentions.
 - 3.1.7. Involve adults in any decisions you take about them and their information.

4. Recognising a concern

- 4.1. A safeguarding concern would include anything which may indicate that there is a concern over the welfare of an adult who may be an adult at risk, or that there is a risk of abuse or harm to that adult.
- 4.2. Suspicions or concerns can be raised in several ways – you must be alert and recognise when you need to act. The most likely ways for a safeguarding concern to be raised are:
- 4.2.1. An adult at risk disclosing abuse or risk of harm to themselves – this is called 'making/receiving a disclosure'.
 - 4.2.2. Another adult or child sharing a concern with you about an adult at risk.
 - 4.2.3. Noticing some evidence of physical abuse or neglect regarding an adult at risk, or overhearing something which may imply that abuse could be taking place now, in the future or in the past.
 - 4.2.4. Unusual and concerning behaviour by an adult at risk.
 - 4.2.5. Someone sharing a concern about an Ri representative's behaviour towards an adult at risk, or making an allegation of abuse (either current, past or potential).

- 4.3. If you are unsure whether something is a safeguarding concern, contact the DSOs for advice and support. You must always take disclosures seriously.
- 4.4. You are not expected to determine if, or what type of, harm or abuse someone is experiencing or is at risk of – your role is to recognise when there is cause for concern and pass these concerns on to the DSOs or appropriate responsible person. Common signs of abuse are explored in detail in Appendix 1.

5. Responding to and reporting concerns

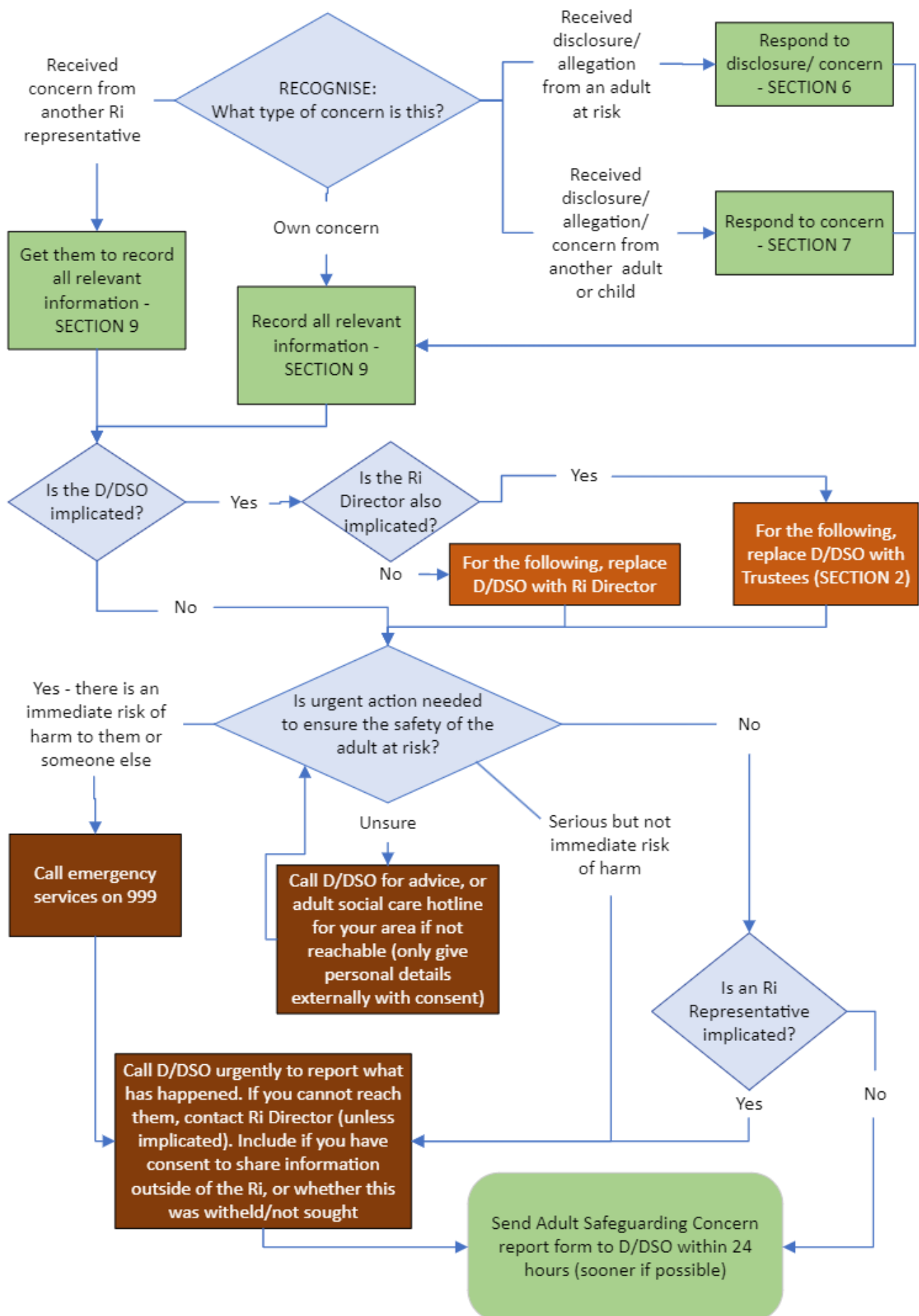
EMERGENCIES

If anyone is at immediate risk of harm, you should call the appropriate emergency services without delay and without having to seek consent.

You should then also immediately call the DSO, DDSO (or relevant responsible person at the Ri if you cannot reach the D/DSO or if it is not appropriate to involve them).

- 5.1. How a concern is raised will affect how you respond:
 - 5.1.1. See Section 6 for more details on how to respond to an adult at risk making a disclosure.
 - 5.1.2. See Section 7 for more details on how to respond to another adult or child sharing their concerns about an adult at risk.
- 5.2. Take any immediate steps which are necessary to protect the adult from harm – there may be occasions which do not warrant an immediate referral to emergency services but do require you to act.
- 5.3. Follow the steps in Flowchart 1 below to record and report the concern or allegation to the DSO, DDSO or appropriate responsible person. Remember to record what was said in writing as soon as possible after the discussion, using the person's own words as accurately as possible and noting where you are reporting facts or opinions.
- 5.4. You should make it clear to the adult in question that you will need to pass their concerns on to the relevant staff member in order to better support them. All adult safeguarding concerns should ALWAYS be reported to the DSO or relevant responsible person, who will determine whether the concern needs to be passed on to external agencies, and if so, will seek consent from the adult in question to share their personal details (unless this would put the adult at greater risk).
- 5.5. Under no circumstances should you investigate the concern or allegation or examine the adult where they are alleging injuries.
- 5.6. Concerns that are anonymous or historic (e.g. relating to previous staff or an incident that happened some time ago) should not be ignored and must be reported.

FLOWCHART 1: RESPONDING TO AND REPORTING CONCERNS



6. Receiving a disclosure

- 6.1. If an adult at risk discloses abuse or risk of harm to themselves, or makes an allegation of abuse, you should:
 - 6.1.1. Assume what they are saying is true.
 - 6.1.2. React calmly and supportively.
 - 6.1.3. Reassure them that they are doing the right thing in sharing the concern with you.
 - 6.1.4. Listen, and take the concern or allegation seriously.
 - 6.1.5. Keep questions to the absolute minimum necessary to ensure you understand what is being said and ensure that any question that it is necessary to ask is open and not leading.
 - 6.1.6. Do not criticise either the adult at risk or anyone else mentioned.
 - 6.1.7. Explain what you will do next and who you will need to tell.
- 6.2. Do not make promises of secrecy or confidentiality – instead, explain that you have to share this with another staff member, and it may be necessary for that staff member to tell someone else in order to keep them and others safe. However, if the adult concerned does not consent to their name being shared, it is usually possible to make an anonymous report, unless we have a duty to pass the information on (for example to protect others). Reassure them that actions will be proportionate.

7. Responding to a concern about an adult at risk from another adult or child

- 7.1. If an adult who is not an Ri representative, or a child, shares a concern with you about someone who may be an adult at risk, you should respond following the steps in Section 3, in particular:
 - 7.1.1. Reassure them that they have done the right thing in telling you, that you have taken their concern seriously and will pass it on.
 - 7.1.2. Ensure you record what are their opinions and what are facts (e.g. “this person has a bruise” is a fact; “this person seems angry” is an opinion).
 - 7.1.3. Where appropriate and with their consent, record their details in case any follow-up is required.
- 7.2. Where the concern is not urgent (and immediate measures have not already been implemented and contact made), contact the D/DSO so that they can determine the best next steps in reaching out to the adult at risk which the concern is about.

8. Concerns or allegations relating to Ri representatives

- 8.1. If a concern relates to the conduct of any Ri representative (current, past or future), these should be reported immediately to the DSO, DDSO or relevant responsible person – see Section 2.
- 8.2. If you are receiving a concern or disclosure from someone else, follow the guidance in Sections 5.6 or 7 as appropriate in responding to the disclosure or concerns being shared.
- 8.3. Steps will be taken to fully support anyone who in good faith reports his or her concerns about an Ri representative and every effort will be made to maintain confidentiality for all parties whilst the allegation is considered.
- 8.4. Concerns in relation to an Ri representative may indicate unsuitability to continue working in their present position, or in any capacity. Consideration will need to be given to whether:

- 8.4.1. The Ri representative has behaved in a way that has led to abuse of an adult at risk.
- 8.4.2. The Ri representative has possibly committed a criminal offence against or related to an adult at risk.
- 8.4.3. The Ri representative has behaved towards an adult in a way that indicates they are unsuitable to work with adults at risk either in an unsupervised or supervised capacity.
- 8.5. There may be up to three strands in the consideration of an allegation against an Ri representative:
 - 8.5.1. A police investigation of a possible criminal offence.
 - 8.5.2. Enquiries and assessment by social services about whether an adult is in need of protection or other services.
 - 8.5.3. Consideration by the Ri of disciplinary action if the Ri representative is an employee.
- 8.6. The Ri directorate and DSOs (where appropriate) will determine if it is necessary for the Ri representative to be suspended pending any of the above enquiries. The Ri representative will be supported as much as possible throughout this process by HR or a named individual.
- 8.7. **Referral for consideration of barring:** if an allegation/concern is substantiated and is serious enough for the Ri representative to be dismissed or the Ri to cease to use their services, or if they resign before such a dismissal could take place, then the DSO is required to make a referral to the Disclosure and Barring Service (or equivalent for different nations). The DBS will determine whether that individual is barred from or has conditions imposed on them working with adults at risk. The referral must be made within one month.
- 8.8. As a charity the Ri also has a duty to report serious incidents to the Charity Commission. This includes (but is not limited to) any incident which is serious enough to warrant referral to the Disclosure and Barring Service.

9. Recording information

- 9.1. When recording a concern, disclosure or allegation, you should aim to include:
 - The nature of the disclosure, allegation or concern
 - A description of any visible bruising or other injuries
 - The adult's account (using their own words as far as possible)
 - Any times, dates or other relevant information
 - A clear distinction between what is fact, opinion and hearsay
 - Records should be signed, timed and dated.
- 9.2. **Do not:**
 - Delay reporting the matter by trying to obtain more information
 - Add your own opinion to the report
 - Destroy any handwritten notes made at the time of the incident or at the time of reporting, or any other relevant material (such as photographs), in case they are needed by the Crown Prosecution Service.
- 9.3. Information held by the Ri may need to be passed to the local authority and/or other external agencies (e.g. the Police) in order to assist any further enquiries and investigation. It is the responsibility of the DSO to ensure that such information is

passed on to the relevant authorities as requested, and your responsibility to ensure that you have shared all information and physical copies with the DSO.

- 9.4. You should only share information regarding a safeguarding concern on a need-to-know basis.

10. How will the Ri respond to a disclosure/report?

<p>RECOGNISE all concerns, reports and allegations, taking them seriously and determining the action required in line with safeguarding best practice and our duties as a charity</p>	<p>RESPOND appropriately and proportionately</p> <p>This may include (where appropriate): responding to the person raising the concern to discuss next steps and liaising with the adult at risk to discuss what they would like to happen</p>	<p>REFER concerns to external agencies where appropriate</p> <p>This will depend whether a concern meets the criteria for referral, the wishes of the adult at risk, and if consent is not granted, whether the nature of the concern means we still have a duty to report it</p>	<p>RECORD all the relevant information</p> <p>This will include clear records of all decisions taken over referral</p>
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- 10.1. The Ri will take all concerns, disclosures or allegations seriously and will react swiftly and proportionately in line with safeguarding best practice and their duties as a charity.
- 10.2. DSOs will follow the Ri's additional DSO-specific guidance when addressing all concerns and referrals.
- 10.3. The DSOs (and/or responsible people, as appropriate) will assess whether a concern meets the criteria for referral under safeguarding legislation and what actions need to be taken in order to safeguard the welfare of the adult(s) at risk in question.
- 10.4. Adults have a right to refuse consent to share their information to make a safeguarding referral to external agencies.
- 10.5. Where consent is refused, or not able to be obtained, personal details can still be shared externally in certain circumstances, such as:
- If other people are or may be at risk, including children
 - The risk of harm is very high and/or the adult at risk is being coerced into not giving consent
 - If a crime has been committed or if sharing information would prevent a crime (known as 'sharing in the public interest')
 - An Ri representative is implicated
 - The implicated person is also an adult at risk
 - Where there is sufficient evidence to believe that the adult is at high risk and may lack the capacity to manage that risk without support (see Section 11)
 - We have a legal duty to do so, for example to comply with a request from a legal authority.
- 10.6. If consent is refused, the DSO or responsible person will:
- 10.6.1. Consult with the adult at risk, if it is safe to do so, and discuss the options and implications of refusing consent.

- 10.6.2. Assess the situation and will make the decision whether or not to share without consent in consultation with the Ri Directorate (where possible)
- 10.6.3. They may require additional information from any Ri representatives reporting their concerns in order to build an accurate picture of the circumstances.
- 10.6.4. If it is decided that information will be shared without consent, the adult at risk will be informed of this decision and the reasoning, unless it is unsafe to do so. Any actions taken must be in the person's best interests and should be the least restrictive possible course of action to keep that person safe from harm.
- 10.7. Where consent is refused, the DSO will record all decisions about whether or not to refer details to external organisations, including reasoning and any input from the adult at risk, such as details of discussions around their decision not to give consent.
- 10.8. Reports can be made or advice can be sought externally without revealing personal details in order to better determine the next steps.

11. The Mental Capacity Act

- 11.1. In accordance with the Care Act 2014, we must assume that all adults have the capacity to make decisions for themselves, even if we would not agree or advise the same decision. Assumptions around someone's capacity cannot be made solely on a person's appearance or behaviour.
- 11.2. If there is strong evidence to suggest that an adult at high risk may lack the capacity to manage the risk to themselves without support, the Mental Capacity Act applies. We do not expect Ri representatives to determine capacity, but if they are the main point of contact for the person in question it is likely that they will be asked to aid communication efforts.

12. Poor practice

- 12.1. In some cases, an Ri representative may have concerns relating to poor practice. Poor practice is not in itself abuse but can create environments where abuse or harm can more easily take place.
- 12.2. These concerns can be discussed with the DSOs but depending on circumstances may fall under alternative reporting arrangements or policies.

13. Partner organisations

- 13.1. Any organisations with whom the Ri has a formal agreement or partnership that could involve work with adults at risk will be:
 - 13.1.1. Provided with a copy of the Ri's Adult Safeguarding Policy and asked to confirm that it has (a) been circulated to any personnel who will fall within the scope of the policy, and (b) that these individuals have agreed to comply with the policy.
 - 13.1.2. Asked to provide the DSO with a copy of their adult safeguarding policy or equivalent, where appropriate.
- 13.2. If the procedures and guidance from the partner organisation are inconsistent with the Ri's safeguarding policies or procedures, or if there is any ambiguity as to where responsibilities connected with safeguarding lie, the DSO will liaise with the partner organisation to establish effective protocols to ensure that adults at risk are protected from harm.
- 13.3. If an Ri representative is working under such a partnership arrangement, they will be required to make any safeguarding reports to both organisations. If the concern is not immediate, this would usually be done via the Ri DSO/DDSO.

14. Training

- 14.1. Ri representatives will be offered the opportunity to undertake safeguarding training relating to adults at risk where it is relevant to their role.
- 14.2. The DSOs are the first point of contact for advice and support relating to safeguarding adults at risk for all Ri representatives and are available to help with any queries or gaps in understanding.

15.Vetting

- 15.1. All Ri representatives will be required to have background checks to a suitable level relevant to their role.
- 15.2. Roles will be assessed by the DSO/DDSO alongside the role's line manager or a responsible staff member (whichever is applicable) and/or HR. This will help to determine whether a vetting check is needed, and if so at what level. The Ri does not currently offer activities specifically targeting or tailored towards adults at risk. As such, it is extremely unlikely that any roles will require a barred list check for working with adults at risk.
- 15.3. Vetting checks do not negate the need for references and other measures in line with our Safer Recruitment and Selection Policy.
- 15.4. Please see Appendix 2 for more details on how checks will be carried out.
- 15.5. Repeat checks will be carried out for eligible employees, Trustees, Committee Members and contractors every three years. Repeat checks will be carried out every four years for other eligible Ri representatives.
- 15.6. If an Ri representative's role changes, they will be assessed to determine if a new check at a different level is required, or if they no longer meet the criteria and will no longer have checks renewed.

16.Review

- 16.1. This procedure will be reviewed biennially alongside the Adult Safeguarding Policy.

17.Additional Information

- 17.1. This procedure should be read alongside the Adult Safeguarding Policy and all other policies, procedures and documents referenced therein.
- 17.2. You will also need the Adult Safeguarding Concerns Report Form.

Approved by: Audit and Risk Committee

Date: 13/01/2022

18. Appendix 1: Recognising Abuse

The Care Act 2014 defines ten main types of adult abuse, outlined below. You are not expected to identify what type of abuse someone may be at risk of experiencing or have experienced, nor are you expected to know if an adult is an adult at risk as defined in the Adult Safeguarding Policy. Your responsibility lies in recognising and reporting concerns.

Given that the Ri does not offer any activities or services targeted at adults at risk of harm it is unlikely that you will encounter some of the following situations, but you should be aware of the different types of abuse so that you are able to recognise concerns.

Isolated signs may not mean that an adult at risk is experiencing abuse and many indicators of abuse have alternative explanations, but it is important to be alert. Some concerns will only be evident over time, and multiple and persistent signs over time could indicate a serious concern.

Common indicators of abuse can include:
Frequent injuries or injuries inconsistent with explanations given or the person's lifestyle, including difficulty in walking or sitting.
Failure to seek medical attention or fear of medical services being called.
Verbal abuse or humiliation in the presence of others or in public places.
Signs of emotional distress, such as being upset, angry, afraid, anxious, evasive or being uncooperative and aggressive.
Changes in behaviour, including uncharacteristic attitude or language use, becoming withdrawn or subdued, or an uncharacteristic failure to engage in social interaction.
Signs of self-harm, changes in appetite or sudden weight loss or gain, or low self-esteem.
A person appearing to be under the control or influence of others. Apparent isolation from friends/family, community, or support services. Withdrawal from or excessive fear of relationships.
Appearing frightened of, reluctant to be alone with, or subdued in the presence of a particular person. Appearing frightened or hesitant to talk to strangers. Fear of outside intervention.
Limited access to money or signs of financial hardship inconsistent with the person's usual situation. A person's family or others showing unusual interest in the assets of the person, or family/another person controlling assets without evidence of an appropriate lasting power of attorney.
Poor physical condition and/or personal hygiene or appearing to be malnourished (poor hygiene is not always a sign of self-neglect; it can be for a number of reasons).
Lack of personal effects or identification documents, appropriate clothing, food or shelter.

Types of abuse
Physical abuse: usually where a physical injury or harm is caused, including inappropriate restraint or confinement, assault, and physical punishments.
Domestic violence and abuse: any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those who are or have been intimate partners or family members, regardless of gender or sexuality. It also includes so called 'honour'-based violence, female genital mutilation and forced marriage. Coercive or controlling behaviour is a core part of domestic violence and can include regulating everyday behaviour, threats, humiliation, degradation, exploitation of resources or money, preventing someone escaping domestic violence or isolating them from sources of support, as well as physical forms of abuse.

<p>Sexual abuse: any sexual behaviour that the person does not or is not able to consent to. This includes rape or sexual assault (or attempts to do so), sexual harassment, inappropriate sexual innuendo or teasing, inappropriate touching or looking, indecent exposure, non-consensual masturbation or penetration, non-consensual sexual photography or use of pornography, or forced witnessing of sexual acts.</p>
<p>Psychological or emotional abuse: this is anything with the purpose to manipulate, hurt, weaken or frighten a person mentally and emotionally and/or to distort, restrict or influence a person's thoughts and actions within their everyday lives. It is where a person is subjected to something which may result in psychological trauma, including anxiety, depression or post-traumatic stress disorder.</p> <p>This could include threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation, or withdrawal of services or support.</p>
<p>Financial or material abuse: this includes theft, fraud, internet scamming, and coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions. It can also include the misuse or misappropriation of property, possessions, or benefits.</p>
<p>Discriminatory abuse: This is unequal treatment based on age, disability, gender or gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010).</p> <p>This can include verbal abuse, derogatory remarks or inappropriate language, denying access to accessibility aids, harassment or deliberate exclusion, or substandard service provision relating to a protected characteristic.</p>
<p>Organisational or institutional abuse: Usually neglect and poor care practice within an institution or specific setting, or in relation to care provided in the home. It can range from one off incidents to ongoing ill-treatment and can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.</p>
<p>Neglect and Acts of Omission: This includes ignoring medical or physical care needs and failing to provide access to appropriate health, social, care or educational services, cultural or religious needs, or the necessities of life such as food, heat and medication.</p>
<p>Self-neglect: This covers a wide range of behaviour, but it can be broadly defined as neglecting to care for one's personal hygiene, health, or surroundings. Examples can also include the inability to avoid self-harm, failure to seek help or access services to meet health and social care needs, and an inability or unwillingness to manage one's personal affairs.</p>
<p>Modern slavery: This includes human trafficking, forced labour, domestic servitude, sexual exploitation, and debt bondage – being forced to work to pay off debts that are not realistically achievable.</p>

Safeguarding is also about defending the rights of adults at risk. Concerns about organisational abuse may include: public discussion of customers' and partners' personal matters, failure to make reasonable adjustments, or withholding services.

Many types of abuse listed are also criminal offences. For more information please see the Ann Craft Trust's guidance on [types of harm](https://www.anncrafttrust.org/resources/types-of-harm/)¹.

¹ <https://www.anncrafttrust.org/resources/types-of-harm/>

19. Appendix 2: Vetting Procedures

- 19.1. If a check is required, this will be applied for on behalf of the Ri by the DSOs or HR with the relevant umbrella body or department for the country or region relating to the individual's work. The check will be performed with the Ri representative's consent and involvement. ID checks will be performed in line with current guidance for the relevant country.
- 19.2. All staff employed by the Ri will be encouraged to have a Basic DBS/PVG/Access NI check completed as part of our commitment to safeguarding throughout the organisation. Basic checks cover unspent criminal convictions.
- 19.3. For most Ri staff this process is optional, but only those who have undertaken a basic check will be able to undertake activities which put them into contact with members of the public who may include adults at risk. This includes but is not limited to assisting with: public events, Young Scientist Centre workshops, the Christmas Lectures, Family programme activities or Masterclasses.
- 19.4. For casual staff employed to steward or support events in the public, family or education programmes, a Basic DBS check is required for them to undertake their role.
- 19.5. Once an Ri representative has received their certificate (usually via post), they should show it to a member of the HR team or D/DSO, who will securely record the certificate number, date of issue and whether there is anything revealed which would prevent the individual working with children. Details of anything revealed by the check will not be recorded by the D/DSO. The original certificate is kept by the staff member.
- 19.6. In some limited cases for voluntary work the DSOs are able to use an electronic confirmation and do not need to see the physical certificate.
- 19.7. In some cases, it may be possible to verify an Ri representative's status via the DBS updates service, for work in England/Wales.
- 19.8. For volunteers, it may be that verification of existing checks is sufficient for their role. This will be assessed by the D/DSO in consultation with the staff member or team managing the role.