

Royal Society of Chemistry
Safeguarding Adults at Risk
Procedures and Processes

Version	Comments	Author	Version Date	Review Date
1.0	Final version	Magda van Leeuwen and Rio Hutchings	22/03/2022	12 months

Introduction

The procedures outlined in this document are to assist Royal Society of Chemistry Trustees, staff, contractors and volunteers to protect all persons by identifying clear instructions in accordance with the legislative framework.

They include:

- Harm – what it is and how to recognise the signs
- Procedure for preventing harm
- Procedure for responding to the discovery and disclosure of harm and how to respond sensitively to persons who have been harmed
- Procedure for reporting and making a referral
- Procedure for responding to allegations made against staff, contractors and volunteers

Legislation and government guidance makes increasingly clear the need for all adults to play a role in safeguarding. We are fully committed to complying with all UK Safeguarding legislation and guidance including

- General Data Protection Regulations, 2018
- Care Act 2014
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
- Human Rights Act 1998

Related Policies and Procedures

These procedures and processes should be read in conjunction with the following existing policies and procedures:

- RSC Safeguarding Adults at Risk Policy
- RSC Professional Practice and Code of Conduct
- RSC Volunteer Problem Solving Policy
- RSC Volunteer Principles
- RSC Volunteer Safer Recruitment Policy
- Health and safety policies and procedures
- RSC Professional Practice and Code of Conduct
- Staff handbook including:
 - Code of Conduct
 - Dignity at Work Policy
 - Disciplinary Policy
 - Data Protection Policy
 - Data Retention Policy
 - Whistleblowing

Definitions

Safeguarding adults at risk

The [Care and Support Statutory Guidance](#) defines Safeguarding as

“protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances”

These duties apply in relation to any person who is aged 18 or over and at risk of abuse or neglect because of their needs for care and support.

A separate 'RSC Safeguarding Children' policy exists and should be referred to for safeguarding for under 18s.

Adults at risk

Adults at risk are defined by the Care Act 2014 as individuals aged over 18 who:

- have needs for care and support (whether or not the local authority is meeting any of those needs) and
- is experiencing, or at risk of, abuse or neglect and
- as a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect

Care and support needs

An adult with care and support needs, as defined by the [Social Care Institute for Excellence](#), may be:

- an older person
- a person with a physical disability, a learning difficulty or a sensory impairment
- someone with mental health needs, including dementia or a personality disorder
- a person with a long-term health condition
- someone who uses substances or alcohol to the extent that it affects their ability to manage day-to-day living

Abuse

Abuse is defined as a violation of an individual's human and civil rights by any other person or persons. Abuse may be deliberate or a result of negligence, indifference or a failure to protect. Abuse is not limited by type of harm, perpetrator, number of instances or location.

Definitions of the 10 types of adult abuse are detailed in Appendix 1.

Roles and Responsibilities

Designated Safeguarding Officers

Magda van Leeuwen and Rio Hutchings

safeguarding@rsc.org

01223 420066

Designated Safeguarding Officers are responsible for handling reports or concerns, about the protection of vulnerable people, appropriately and in accordance with the procedures that underpin the policy. Both staff have undertaken NSPCC Designated Safeguarding Officer training, which is refreshed every two years. The DSOs role is:

- To be the first point of contact for Trustees, staff, contractors and volunteers to go for advice if they are concerned about safeguarding children and vulnerable adults in activities that they are carrying out on behalf of the Royal Society of Chemistry
- To draw up, communicate and implement a safeguarding policy and procedures
- To ensure that the safeguarding policy and procedures are reviewed and updated as necessary.
- To undertake appropriate training and maintain an up to date knowledge of safeguarding requirements for the Royal Society of Chemistry.
- To support staff to assist in providing information on appropriate action in relation to concerns raised from staff and members.
- To monitor and respond to questions and concerns raised through the safeguarding@rsc.org email inbox.
- To ensure that any concerns raised are escalated as appropriate, logged and stored securely.

- To maintain up to date contact details for relevant statutory agencies (eg Local Authority Designated Office (LADO), Local Safeguarding Children Board, Police, Children's Social Work Services, Multi-agency safeguarding hub (MASH)).

Senior Leadership Team

The Designated Safeguarding Officers report to Directors from the Senior Leadership team.

- Sarah Robertson - Director, Education & Professional Practice (robertsons@rsc.org)
- Jo Reynolds - Director, Science & Communities (reynoldsj@rsc.org)

The RSC Leadership Team is responsible for ensuring the effective implementation of the policy and associated procedures and ensuring that everyone linked with the RSC is equipped and supported to meet their responsibilities

Board of Trustees

The Board of Trustees hold ultimate accountability for this policy. Our Trustee lead for safeguarding is the Chair of Audit and Risk Committee, Liz Rowsell

Contact details of other agencies can be found in Appendix 2.

Raising and Responding to Safeguarding concerns

Managing a Disclosure or Suspicion of Abuse

If an adult at risk discloses that they are being abused or any service user discloses that they are involved in abuse of an adult at risk, action must proceed urgently and without delay. There may be circumstances when a volunteer or member of staff suspects that an adult at risk is being abused or neglected. It is vital that anyone who suspects this is the case discuss the situation immediately with the DSO or a member of the safeguarding team.

Although rare, no suspicion of abuse or harm should be ignored. The RSC has a duty to act appropriately to any allegations, reports or suspicions of abuse or neglect without delay.

Where an adult with care and support needs discloses or discusses potential abuse or harm the staff member or volunteer should be able to:

Recognise: identify that the adult with care and support needs may be describing abuse, even when they may not be explicit.

Respond: stay calm, listen and show empathy. Reassure them that it will be taken seriously and explain that there is a duty to report the issues internally and what may happen next.

Record: write up notes of the conversation clearly and factually as soon as possible. Try to capture as much of the conversation verbatim as possible.

Report: complete the 'Safeguarding Adults incident report form' and email to the Designated Safeguarding Officers, safeguarding@rsc.org

In this situation do not:

- press the person for more details
- stop someone who is freely recalling significant events
- dismiss what you have been told
- promise to keep secrets
- tell anybody who doesn't need to know
- be judgmental
- make promises that you cannot keep
- contact the alleged perpetrator
- ask leading questions

Reporting a concern from or about an adult at risk

Anyone can become aware of abuse or neglect of an adult with care and support needs and can voice concerns about unacceptable behaviour through our process for recording incidents and concerns shown in Appendix 3. Remember the role of all staff members and volunteers is to recognise, respond, record and report internally.

Making a referral to MASH

On receiving an internal report the DSO will confer with colleagues in the Safeguarding Unit (and possibly seek informal advice from the appropriate Adult Social Services Safeguarding team). The Safeguarding Unit will confirm whether this is a safeguarding issue and requires referral to Adult Social Services or if a crime and therefore requires referral to the Police.

When considering the internal report and deciding whether to refer a case to the local authority, if there is any doubt as to whether to refer or not the Safeguarding Unit should err on the side of caution and refer to the local authority.

Generally a referral will only be made to Adult Social Services once the adult with care and support needs has given their consent. The DSO should also seek consent to contact the Police where there is a possibility that a criminal act has occurred.

Seeking consent

Except in exceptional circumstances, where there is a wider public interest or where a best interest decision is taken following the framework set out in the Mental Capacity Act, the DSO will contact the adult with care and support needs to seek their consent to inform the necessary authorities and make the referral.

Capacity to consent will be assumed unless there is evidence to the contrary. Decisions regarding an individual's capacity must be specific to this decision at this time.

Where the individual seems *unable* to give consent, the DSO will consider and seek advice on their mental capacity to make this decision. If they do not have sufficient mental capacity a referral will be made without their consent.

Where the individual does *not wish* to give consent, the safeguarding unit will consider and seek advice on whether there is a wider public interest issue (such as other adults with care and support needs or children who may be at risk) which would warrant overriding the individual's wishes. In such an instance all efforts should be made to explain to the individual concerned what is being done and why.

Concerns about abuse by another adult with care and support needs

In cases when a referral is being made and the alleged abuser may also be an adult with care and support needs, they should also be referred to Adult Social Services. They may need an assessment in their own right to determine whether they need any specialist services.

Procedure for record keeping

All incidents and concerns must be recorded and stored securely and safely on the RSC network for 7 years. The DSOs are responsible for these records which only they and the relevant Directors have access to. It is important to keep records that are not referred to the Police or Social Services as they may upon later review show patterns or clusters which may heighten the level of concern

Confidentiality

Confidentiality must be maintained. Details giving rise to concerns or suspicions of abuse will only be shared with the limited number of individuals who need them in order to make decisions about next steps and referrals. Beyond this, all details will remain confidential.

Allegations against staff, contractors and volunteers

An allegation may relate to staff, contractor or volunteer who has:

- Behaved in a way that has (or may have) harmed an adult at risk
- Possibly committed a criminal offence against or related to an adult at risk

- Behaved towards an adult at risk in a way that indicates that may pose a risk of harm

There are three strands for consideration

1. A police investigation of a possible criminal offence
2. Enquires and assessment by the local adult social care about whether an adult at risk is in need of protection or services
3. Disciplinary action by the RSC in respect of the individual

The RSC has a duty of care to staff, contractors and volunteers and will ensure effective support is provided for anyone facing an allegation. It is essential that any allegation is dealt with quickly and fairly that provides effective protection for the adult at risk and supports the person who is subject of the allegation. All options to avoid suspension should be considered prior to this step. If the RSC removes an individual because the person poses a risk of harm to an adult at risk, the RSC must make a referral to the Disclosure and Barring Service

Recruitment, selection and vetting

UK legislation

The Royal Society of Chemistry are committed to the safe recruitment, selection and vetting of those performing their duties for or on behalf of the Royal Society of Chemistry, or represent the Royal Society of Chemistry in its work with adults at risk. Appendix 4 provides details of our safeguarding levels and measures which we have used to assess all our activities.

It is important that our staff, contractors and volunteers do not engage in unsupervised activity on a regular basis with adults at risk. Such activity might be classified by law as 'regulated activity'. We require all staff, contractors and volunteers within the jurisdiction of UK legislation and regulation, who are involved in regulated activity with adults at risk (face-to-face, online, by phone, by email or via social networks) to undergo a safer recruitment process to ensure they are appropriate for that role.

This includes a criminal record check from the Disclosure and Barring Service (DBS) in England and Wales, Disclosure Scotland or Access Northern Ireland (AccessNI). Organisations which knowingly allow barred people to work on regulated activities are breaking the law. Occasional interaction with adults at risk where none of that time is unsupervised should not necessitate the need of a criminal record check, however such a check may be appropriate under special circumstances. The appropriateness of such a check will be discussed and agreed by the individual affected and the Designated Safeguarding Officers. The level of criminal record check and renewal dates will be confirmed by the RSC. The RSC will renew criminal record checks every 3 years.

As part of the safer recruitment process, all staff, contractors and volunteers are provided with relevant safeguarding training, or they must evidence relevant training completed at an equivalent level in the last 2 years.

Under all circumstances, staff, contractors and volunteers must still abide by the Code of Conduct, Dignity at Work Policy and Data Protection policy.

Outside UK legislation

Whilst UK disclosure checks will not apply to staff, contractors and volunteers outside UK legislation and regulation, they must abide by the Code of Behaviour and other terms of this policy, to the extent that this does not conflict with local law and that it meets the legislative requirements of the countries in which they are working. The Royal Society of Chemistry is required to adopt local procedures (where relevant), disseminate to the staff, contractors and volunteers within that jurisdiction and report any incidents immediately to the relevant local authorities.

Code of conduct and appropriate behaviour

All staff, contractors, volunteers are bound by the [Royal Society of Chemistry's Code of Conduct](#).

Risk assessment

Hazards and risk must be considered, assessed and managed for all events run on behalf of the Royal Society of Chemistry. Not only is it a strict legal requirement to effectively manage the risks created by such events, but it is necessary that we demonstrate the highest standards of professionalism at all our events, and in so doing, meet a duty of care towards everyone involved.

A red risk assessment outlining safeguarding considerations must be completed for all activities targeted at engaging adults at risk in accordance with the health and safety policies and procedures of the RSC. The risk assessment should explicitly declare any safeguarding risks alongside the usual health and safety considerations and be relevant to the activity and location in which it is held.

Further guidance on risk assessments including information on completing a risk assessment are available from our [website](#). Further safeguarding information for volunteers of member networks can be found under item 8.3 of [Rules for Member Networks of the Royal Society of Chemistry](#).

Appendix 1. Definitions of Abuse

The RSC will not be limited in its view of what constitutes abuse or neglect, as they can take many forms and the circumstances of an individual case will always be considered.

Abuse may be carried out deliberately or unknowingly and it may be a single act or repeated acts.

The [Care and support statutory guidance](#) identifies ten types of abuse, these are:

Discriminatory

Including forms of harassment, bullying, slurs, isolation, neglect, denial of access to services or similar treatment; because of race, gender and gender identity, age, disability, religion or because someone is lesbian, gay, bisexual or transgender. This includes racism, sexism, ageism, homophobia or any form of hate incident or crime.

Domestic abuse or violence

Including an incident or a pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse, by someone who is, or has been, an intimate partner or family member regardless of gender or sexual orientation. This includes psychological/emotional, physical, sexual, financial abuse; so called 'honour' based violence, forced marriage or Female Genital Mutilation (FGM)

Financial or material

Including theft, fraud, internet scamming, exploitation, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern Slavery

Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a lie of abuse, servitude and inhumane treatment.

Neglect and acts of omission

Including ignoring medical, emotional or physical care needs, failure to access appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Organisational (sometimes referred to as institutional)

Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in a person's home. This may range from one off incidents to on-going ill treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Physical

Including assault, hitting, slapping, pushing, burning, misuse of medication, restraint or inappropriate physical sanctions.

Psychological (sometimes referred to as emotional)

Including threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber-bullying, isolation or unreasonable and unjustified withdrawal of services or support networks.

Sexual

Including rape, indecent exposure, sexual assault, sexual acts, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts to which the adult has not consented or was pressured into consenting. It also includes sexual exploitation which is exploitative situations, contexts and relationships where the person receives "something" (e.g. food, accommodation, drugs, alcohol, mobile phones, cigarettes, gifts, money) or perceived friendship/relationship as a result of them performing, and/or another or others performing sexual acts.

Self-neglect

Includes a person neglecting to care for their personal hygiene, health or surroundings; or an inability to provide essential food, clothing, shelter or medical care necessary to maintain their physical and mental health, emotional wellbeing and general safety. It includes behaviour such as hoarding.

Appendix 2. Contact details

The services provided by the RSC are Monday-Friday during office hours. For any urgent concerns about the wellbeing and safety of adults at risk support should be sought through emergency services and local providers.

If an adult at risk is in immediate danger **call 999**

For urgent safeguarding matters regarding an adult at risk please refer to the **guidance of the local authority where the adult at risk lives.**

For general advice and guidance relating to safeguarding adults at risk please refer to the [SCIE website](#)

The following services can be contacted by:

SCIE

info@scie.org.uk

0203 840 4040

Cambridgeshire Police

01480 456111

[Cambridgeshire and Peterborough MASH](#) (Multi-Agency Safeguarding Hub)

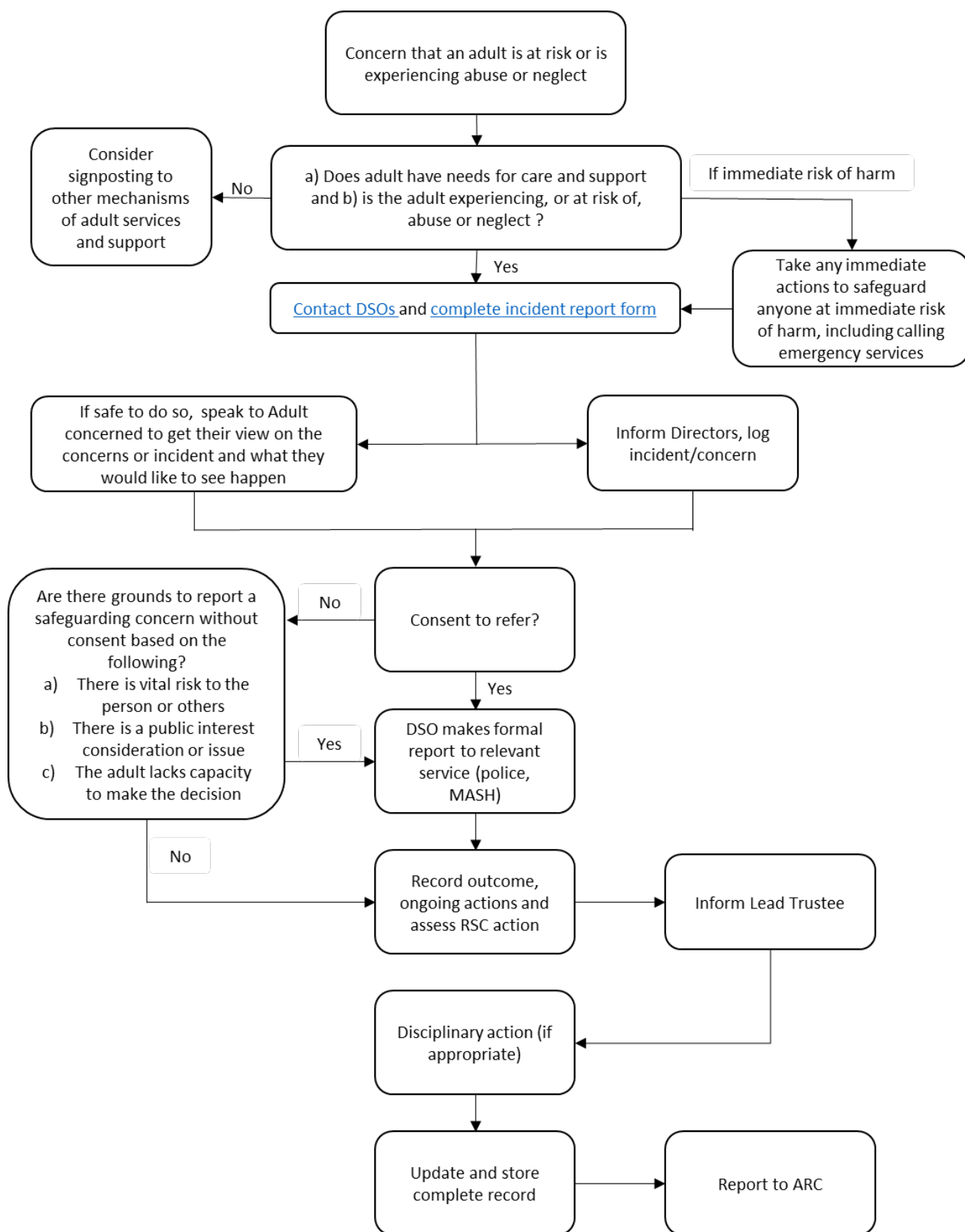
safeguardingboards@cambridgeshire.gov.uk

0345 045 5203

01733 8234724

[Safeguarding Adults Board England](#)

Appendix 3. Process for reporting and recording incidents and concerns



Appendix 4. Safeguarding levels and measures

Safeguarding level	Safeguarding level descriptor	Safeguarding measures
General awareness	Understanding of safeguarding responsibilities	<p>All will be made aware of their safeguarding responsibilities</p> <p>Communications to raise and maintain safeguarding awareness</p> <p>Safeguarding policy, procedures and processes available on RSC webpage</p> <p>Safeguarding awareness video available</p>
Level 1	<p>No direct contact with adults at risk, but has overall responsibility for safeguarding strategies</p> <p>Manages a department, team or section which require level 1,2,3 & 4 Safeguarding measures</p>	<p>All involved to understand and comply with safeguarding policy and procedures</p> <p>Training</p>
Level 2	The activity has some contact with adults at risk but on an infrequent basis and where other staff/volunteers/teachers/parents/STEM ambassadors will be present	<p>All involved to understand and comply with safeguarding policy and procedures.</p> <p>Safeguarding responsibilities explained and guidance provided to all those involved</p> <p>Safeguarding responsibilities will be reviewed annually</p> <p>Training</p>
Level 3	<p>Activities have some contact with adults at risk on a regular basis (but not frequent)</p> <p>Activities involve working or visiting a location where there is a potential for coming into contact with adults at risk on a frequent basis, but they won't be the same adults at risk.</p> <p>Activities involve visiting a location where access to adults at risk is likely but not the same location</p>	<p>All involved to understand and comply with safeguarding policy and procedures.</p> <p>Safeguarding responsibilities explained and guidance provided to all those involved</p> <p>Safeguarding responsibilities will be reviewed annually</p> <p>Training</p>

<p>Level 4</p>	<p>Activity is seen as regulated and/or involves frequent contact with adults at risk. Frequent contact is considered to be:</p> <ul style="list-style-type: none"> • working more than 3 times a month with adults at risk • ever working overnight (between 2am and 6am) where there may be face-to-face contact with adults at risk <p>Activity is unsupervised</p>	<p>All involved to understand and comply with safeguarding policy and procedures.</p> <p>Safeguarding responsibilities explained and guidance provided to all those involved</p> <p>Safeguarding responsibilities will be reviewed annually</p> <p>Individuals will undertake safer recruitment process which includes criminal record check</p> <p>Training</p>
----------------	--	--