British Society for Immunology

Safeguarding children and vulnerable adults procedures and processes

The British Society for Immunology (BSI) is a registered charity and the leading UK membership organisation working with scientists and clinicians from academia and industry to forward immunology research and application. Our mission is to support our immunology community in driving scientific discovery and making a positive impact on health. This procedures document applies to anyone working on behalf of the British Society for Immunology, including senior managers and the board of trustees, paid staff, volunteers, and students.

1. Introduction

The procedures outlined in this document are to assist British Society for Immunology trustees, staff, volunteers and those holding public engagement events funded by the British Society for Immunology 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 responding to allegations made against staff and volunteers

Legislation and government guidance makes it clear that all adults need to play a role in safeguarding. The BSI is fully committed to complying with all UK Safeguarding legislation and guidance including the Children Act 1989 and 2004, Working Together to Safeguard Children 2015 and Care Act 2014.

Related policies and procedures

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

- BSI Safeguarding procedures and processes
- BSI Code of conduct
- Staff handbook including:
  - Code of conduct
  - Disciplinary policy
  - Data protection policy
  - Whistleblowing policy
- BSI Photography and filming policy

2. Definitions
Safeguarding children and vulnerable adults

Safeguarding relates to the action taken to promote the welfare of children and protect them from harm. A child is categorised as anyone who has not yet reached their 18th birthday. Working together to safeguard children (2018) states that safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

The Charity Commission for England and Wales 2017 and the Care and Support Statutory Guidance 2014 describes adult safeguarding as protecting the rights of adults to live in safety, free from abuse and neglect. 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.

Definitions of child abuse and adult abuse are further detailed in Appendix 1.

3. Roles and Responsibilities

Designated Safeguarding Officer

Dr Erika Aquino, Public Engagement Manager
Email address: safeguarding@immunology.org
Tel: +44(0)7786 974 805

The Designated Safeguarding Officer is responsible for handling reports or concerns, about the protection of vulnerable people, appropriately and in accordance with the procedures that underpin the policy. The role of the DSO is:

- To be the first point of contact for Trustees, staff 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 British Society for Immunology
- 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 British Society for Immunology
- To support staff to assist in providing information on appropriate action in relation to concerns raised from staff and BSI members
- To monitor and respond to questions and concerns raised through the safeguarding@immunology.org email inbox
- To ensure that any concerns raised are escalated appropriately, logged and stored securely
- To maintain up-to-date contact details for relevant statutory agencies (e.g. Local Authority Designated Office (LADO), Local Safeguarding Children Board, Police, Children’s Social Work Services).
**Senior Management Team**

The Designated Safeguarding Officer reports to the following member of the Senior Management Team:

Dr Jennie Evans, Director of External Affairs ([j.evans@immunology.org](mailto:j.evans@immunology.org))

The BSI Senior Management Team is responsible for ensuring the effective implementation of the organisation’s safeguarding policy and procedures and ensuring that everyone linked with the BSI is equipped and supported to meet their responsibilities.

**Board of Trustees**

The Board of Trustees hold ultimate accountability for this policy. The BSI Trustee lead for safeguarding is Dr Emma Chambers.

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

**4. Raising and responding to safeguarding concerns**

**Responding to a concern from or about a child or vulnerable adult**

If during an activity or event linked to the British Society for Immunology, a child or vulnerable adult confides in you or you learn from anyone else about a safeguarding concern, then all Trustees, staff members and volunteers have a duty to respond and report this. The following steps are advised:

- Remember the safety of the child or vulnerable adult is paramount
- Listen carefully and avoid expressing your own views
- Reassure and let them know they have done the right thing telling you
- Explain what you will do next but do not promise to keep the information a secret
- Record the conversation immediately so it is as accurate as possible
- Report the incident to the BSI Designated Safeguarding Officer at [safeguarding@immunology.org](mailto:safeguarding@immunology.org)
- Concerns relating to a DSO should be raised with the BSI Senior Management Team

In this situation do not:

- React strongly e.g. that’s terrible!
- Jump to any conclusions (especially about the abuser)
- Accuse anyone
- Tell them you will keep this a secret
- Ask leading questions
- Stop them from speaking freely
- Tell them to stop talking so you can contact the DSO

**Reporting a concern from or about a child or vulnerable adult**

Anyone can voice concerns about unacceptable behaviour towards children or vulnerable adults through our process for recording incidents and concerns shown in Appendix 3.
Procedure for record keeping

All incidents and concerns must be recorded and stored securely and safely by the BSI for a period of seven years. The DSO is responsible for these records which only they and the relevant members of the Senior Management Team 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

The best interests of the child or vulnerable adult is always the most important consideration. BSI Trustees, staff members and volunteers must ensure the confidentiality of matters relating to child protection and information must be shared on a need to know basis. All BSI Trustees, staff members and volunteers must be aware that they cannot promise a child or vulnerable adult to keep secrets that might compromise their safety or well-being or that of another.

Allegations against trustees, staff and volunteers

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

- Behaved in a way that has (or may have) harmed a child/vulnerable adult
- Possibly committed a criminal offence against or related to a child/vulnerable adult
- Behaved towards a child/vulnerable adult 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. Enquiries and assessment by children’s social care about whether a child is in need of protection or services
3. Disciplinary action by the BSI in respect of the individual

The British Society for Immunology has a duty of care to staff 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, in a manner that provides effective protection for the child and supports the person who is subject of the allegation. All options to avoid suspension (of either staff or member) should be considered prior to this step. If the BSI removes an individual because the person poses a risk of harm to children, the BSI must make a referral to the Disclosure and Barring Service.

5. Recruitment, selection and vetting

UK legislation

The British Society for Immunology is committed to the safe recruitment, selection and vetting of those performing their duties for or on behalf of the British Society for Immunology, or represent the British Society for Immunology in its work with children or vulnerable adults. Appendix 3
provides details of our safeguarding levels and measures which we have used to assess all our activities. We require all trustees, staff and volunteers within the jurisdiction of UK legislation and regulation, who are involved in regulated activity with children or vulnerable adults (face-to-face, online, by phone, by email or via social networks) to have a criminal record check from the Disclosure and Barring Service (DBS) in England and Wales, Disclosure Scotland or Access Northern Ireland (AccessNI).

The majority of the activities run or supported by the BSI where staff, trustees or volunteers may come into contact with children or vulnerable adults constitute one-off interactions where at no time are they on their own or unsupervised by that child/vulnerable adult’s guardian or teacher. This type of occasional interaction should not necessitate the need of a disclosure check. However such a check may be appropriate under special circumstances should the staff or members have prolonged or regular contact with children or vulnerable adults. The appropriateness of such a check will be discussed and agreed by the individual affected and the Designated Safeguarding Officer. Under all circumstances, staff, trustees and volunteers must still abide by the BSI’s code of conduct and data protection policy.

Outside UK legislation

Whilst UK disclosure checks will not apply to trustees, staff and volunteers outside UK legislation and regulation, they must still abide by the BSI code of conduct 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 British Society for Immunology is required to adopt local procedures (where relevant), disseminate to the staff and volunteers within that jurisdiction and report any incidents immediately to the relevant local authorities.

6. Code of conduct and appropriate behaviour

All staff, trustees, members and volunteers are bound by the British Society for Immunology’s Code of Conduct when undertaking activities on behalf of the organisation. Additionally the following is recommended with regards to behaviour around children and vulnerable adults.

DO

- Ensure that whenever practicable the persons who are normally responsible for the children and vulnerable adults (teachers, parents, carers, guardians, etc) are present during activities or that there is always more than one adult present
- Treat all children and vulnerable adults with respect
- Act as a role model of good and appropriate behaviour
- Respect a child’s or vulnerable adult’s right to personal privacy
- Bear in mind that someone else might misinterpret your actions, no matter how well intentioned
- Be aware that any physical contact with a child or vulnerable adult may be misinterpreted and so must be avoided whenever possible
- Challenge unacceptable behaviour and report all allegations and/or suspicions of abuse.

DON’T
- Put yourself in a vulnerable situation that may lead to allegations
- Spend time alone with children and vulnerable adults away from other adults
- Have inappropriate contact with children and vulnerable adults – physical, verbal or electronic
- Use inappropriate language – writing, phoning, email or online
- Do things of a personal nature for children and vulnerable adults that they can do for themselves
- Allow children and vulnerable adults to behave inappropriately without being challenged
- Make suggestive or derogatory remarks or gestures in the presence of children and vulnerable adults
- Show favouritism to any one child or vulnerable adult
- Be under the influence of alcohol or other substances when working on activities involving children and vulnerable adults
- Take photographs of children and vulnerable adults without the express permission of their school, parents, carers, or guardians
- Transfer the personal data of children and vulnerable adults to third parties without express permission from the child, vulnerable adult, parents or guardians as appropriate
- Let any allegations a child or vulnerable adult makes go unrecorded
- Rely on your good name or our good name to protect from allegations of abuse
- Become complacent on the (spurious) grounds that “it could never happen to me”

7. Risk assessment

Hazards and risk must be considered, assessed and managed for all events run on behalf of, or supported by the British Society for Immunology. 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. 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.
Appendix 1 - Definitions of abuse

Child abuse

Child abuse is any action by another person (adult or child) that causes significant harm to a child. There are many types of abuse as defined by the NSPCC.

Domestic abuse - any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn’t just physical violence, domestic abuse includes emotional, physical, sexual, financial or psychological abuse.

Sexual abuse – when a child is forced or persuaded to take part in sexual activities. This doesn’t have to be physical contact and it can happen online. Sometimes the child won’t understand that what’s happening to them is abuse

Neglect - the ongoing failure to meet a child's basic needs and is the most common form of child abuse. A child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care. A child may be put in danger or not protected from physical or emotional harm. They may not get the love, care and attention they need from their parents.

Online abuse - any type of abuse that happens on the web, whether through social networks, playing online games or using mobile phones. Children and young people may experience cyberbullying, grooming, sexual abuse, sexual exploitation or emotional abuse

Physical abuse - deliberately hurting a child causing injuries such as bruises, broken bones, burns or cuts.

Emotional abuse - the ongoing emotional maltreatment of a child. It’s sometimes called psychological abuse and can seriously damage a child’s emotional health and development.

Child sexual exploitation - a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them

Female genital mutilation - the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting

Bullying and cyberbullying - behaviour that hurts someone else – such as name calling, hitting, pushing, spreading rumours, threatening or undermining someone

Child trafficking - Child trafficking and modern slavery are child abuse. Children are recruited, moved or transported and then exploited, forced to work or sold

Grooming - when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking.

Harmful sexual behaviour - includes using sexually explicit words and phrases, inappropriate touching, using sexual violence or threats, full penetrative sex with other children or adults.

Adult abuse

Abuse is mistreatment by any other person or persons that violates a person’s human and civil rights. The abuse can vary, from treating someone with disrespect in a way that significantly affects
the person’s quality of life, to causing actual physical or mental suffering. There are many types of abuse defined by Care and Support Statutory Guidance 2014:

Physical abuse - includes hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions

Sexual abuse - includes rape and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting

Psychological abuse - includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks

Exploitation - either opportunistically or through premeditation, unfairly manipulating someone for profit or personal gain

Financial or material abuse - includes theft, fraud, 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

Neglect and acts of omission - includes ignoring medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

Discriminatory abuse - includes discrimination on grounds of race, gender and gender identity, disability, sexual orientation, religion, and other forms of harassment, slurs or similar treatment

Institutional abuse - includes neglect and poor care practice within an institution or specific care setting like a hospital or care home, for example. This may range from isolated incidents to continuing ill-treatment.
Appendix 2 - Contact details

The following services can be contacted by:

**NSPCC** (if you are worried about a child, but unsure) 0808 800 5000

**Child Exploitation and Online Protection Command (CEOP).** They can be contacted through their website

Your local police force or local authority depending on where your event is taking place. Details of the contact details for the BSI head office local services are given below. If a child is in immediate danger, call 999.

**Metropolitan Police Service - 101**

**Camden Local Authority Designated Officer (LADO)** - 020 7974 3317. Out of hours: 020 7974 4444

**Camden Children and Family Contact Service (CFCS)** - 020 7974 3317. Out of hours: 020 7974 4444
Appendix 3 - Process for recording incidents and concerns

1. Incident/concern occurs
   - If immediate harm
     - Contact police and keep child safe
   - Contact BSI DSO and complete incident report form
     - DSO to consult informally with CFCS
     - Should referral be made to police/social services?
       - Yes: DSO makes formal report to relevant service (police, LADO)
       - No: Assess BSI action
         - Disciplinary action (if appropriate)
         - Report to Trustees and relevant boards
         - Update and store complete record
     - Inform SMT representative, log incident/concern, gather further information

2. If immediate harm:
   - Contact police and keep child safe
   - Contact BSI DSO and complete incident report form
     - DSO to consult informally with CFCS
     - Should referral be made to police/social services?
       - Yes: DSO makes formal report to relevant service (police, LADO)
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<table>
<thead>
<tr>
<th>Safeguarding level</th>
<th>Description</th>
<th>Safeguarding measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>General awareness</td>
<td>Understanding safeguarding responsibility</td>
<td>All staff and trustees aware of their safeguarding responsibilities, Communications to raise and maintain safeguarding awareness, Safeguarding policy and procedure available</td>
</tr>
<tr>
<td>Level 1</td>
<td>No direct contact with children or vulnerable adults, but has overall responsibility for safeguarding strategies. Manages a department, team or section which require level 1, 2, 3 &amp; 4.</td>
<td>All involved to understand and comply with safeguarding policy and procedures, Training (if appropriate)</td>
</tr>
<tr>
<td>Level 2</td>
<td>The activity has some contact with children/vulnerable adults but on an infrequent basis and where other staff/volunteers/teachers/parents/STEM ambassadors will be present.</td>
<td>Safeguarding responsibilities explained to all those involved and safeguarding policy and procedures provided, Safeguarding responsibilities will be reviewed annually</td>
</tr>
<tr>
<td>Level 3</td>
<td>Activities have some contact with children/vulnerable adults on a regular basis (but not frequent). Activities involve working or visiting a location where there is a potential for coming into contact with children/vulnerable adults on a frequent basis, but they won’t be the same children/vulnerable adults. Activities involve visiting a location or school where access to children/vulnerable adults is likely but not the same location.</td>
<td>All involved to understand and comply with safeguarding policy and procedures, Safeguarding responsibilities will be reviewed annually</td>
</tr>
<tr>
<td>Level 4 (NB The BSI does not currently undertake any activity that falls within this category)</td>
<td>Activity is seen as regulated and/or involves regular contact with children/vulnerable adults. Regular contact is considered to be: frequently – once a week or more; intensively – 4 or more occasions in a 30 day period or overnight – between 2am and 6am.</td>
<td>Individuals must have a DBS check and undertake safer recruitment process, Training, All involved to understand and comply with safeguarding policy and procedures, Safeguarding responsibilities will be reviewed annually</td>
</tr>
</tbody>
</table>