

# RASASH Safeguarding Policy & Procedure

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## 1. Purpose

The purpose of this policy and procedure is to protect people, particularly children, at risk adults and service-users, from safeguarding concerns. This includes harm arising from:

- Conduct of staff or personnel associated with RASASH
- The design and implementation of RASASH's programmes and activities
- Child Protection concerns in the wider community
- Adults at risk concerns in the wider community
- Suicidality – where action has been taken/or a plan has been disclosed

The policy lays out the commitments made by RASASH and informs staff and associated personnel<sup>1</sup> of their responsibilities in relation to safeguarding of these at-risk groups.

## 2. What is safeguarding?

In the UK, safeguarding means protecting peoples' health, wellbeing, and human rights, and enabling them to live free from harm, abuse, and neglect. In the context of this policy, safeguarding means that there are measures in place to make sure that children, young people, and adults at risk are protected from harm. It also means that RASASH takes measures to protect service-users from harm by its personnel and/or activities. Further definitions relating to safeguarding are provided in the glossary.

## 3. Scope

This policy applies to:

- All staff contracted by RASASH
- Associated personnel whilst engaged with work or visits related to RASASH, including but not limited to the following: Trustees; consultants; volunteers; and interns.

## 4. Policy Statement

RASASH's sole organisational purpose is to protect, support, and empower survivors of sexual violence. We believe that everyone we come into contact with, regardless of age, gender identity, disability, sexual orientation or ethnic origin has the right to be protected from all forms of harm, abuse, neglect and exploitation. RASASH will not tolerate abuse and exploitation by staff or associated personnel.

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<sup>1</sup> See 'Scope' for definition of associated personnel

RASASH is committed to go over and above our legal responsibilities to create a culture within our organisation where everyone is treated with dignity and respect and feel that they are in a safe, supportive, and inclusive environment. Our staff and associated personnel are expected to share this commitment and work in line with our values of feminism, inclusivity, and empowerment. This requires us to understand where power lies and how it can be used positively or negatively.

RASASH recognises its statutory and regulatory responsibilities and has adopted this policy to meet all such requirements, through the three pillars of prevention, reporting, and response.

## 5. Principles Underpinning Safeguarding Work

- **Empowerment:** People being supported and encouraged to make their own decisions and informed consent
- **Prevention:** It is better to take action before harm occurs
- **Proportionality:** The least intrusive response appropriate to the risk presented
- **Protection:** Support and representation for those in greatest need
- **Partnership:** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability:** Accountability and transparency in delivering safeguarding

## 6. Roles & Responsibilities

### Trustee Responsibilities<sup>2</sup>

- Have a nominated Trustee on the Board for safeguarding (this will be the Chair)
- Ensure due diligence in the recruitment of Trustees (application, interview, references etc.)
- Be a member of the Protection of Vulnerable Groups (PVG) scheme
- Undertakes safeguarding training at induction and refresher training ideally every year or, at a minimum every three years
- Ensure that RASASH not only meets its minimum legal responsibilities, but promotes a culture of dignity, respect, inclusion, and safety where anyone feels able to report concerns
- Ensure safeguarding policies, procedures, and reporting processes are appropriate, maintained, applied in practice, and reviewed at least once every 12 months
- Understand RASASH's individual and collective responsibilities in relation to safeguarding
- Undertake internal and external risk assessment and management for safeguarding
- Respond to complaints promptly, transparently, sensitively, and impartially
- Report serious incidents to OSCR and other relevant bodies
- Respects and promotes the rights, wishes, and feelings of children and adults at risk

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<sup>2</sup> For further Trustee guidance see SCVO's Good Governance and Safeguarding Guide for Trustees: <https://storage.googleapis.com/scvo-cms/wp-content/uploads/2019/09/Good-Governance-and-Safeguarding-a-Guide-for-Trustees.pdf>

### Manager Responsibilities:

- Has an appropriate Safeguarding Policy in place and reviews this on an annual basis
- Act as the dedicated Safeguarding Lead (Line Managers will have deputised responsibility)
- Report any safeguarding concerns to the Board of Trustees (included in the Manager's Report)
- Implement stringent safeguarding procedures when recruiting, managing, and deploying staff and associated personnel. Specifically:
  - Careful selection based on an application form, minimum of two references, role specific assessment, and thorough interview process
  - Ensure all staff are compliant with the PVG scheme prior to acceptance of appointment
  - Ensure all staff have access to, are familiar with, and know their safeguarding responsibilities
  - Ensure staff receiving safeguarding training by a qualified staff member at induction and undertake refresher training, ideally every year or, at a minimum every three years
  - Identify any additional training requirements relevant to workers' roles and safeguarding e.g. commercial sexual exploitation, female genital mutilation etc.
  - Provide front-line workers with regular internal and external supervision
  - Follow disciplinary procedures for workers who do not comply or fail to implement the Safeguarding Policy (in line with RASASH's Disciplinary Policy).
- Design and undertake all its programmes and activities in a way that safeguards those we work with
- Follow up on reports of safeguarding concerns promptly and according to due process
- Ensures adequate record keeping of any safeguarding issues
- Respects and promotes the rights, wishes, and feelings of children and adults at risk

### Staff and Associated Personnel Responsibilities:

- Understand the Safeguarding Policy and their role in implementing the policy
- Attending appropriate training about safeguarding
- Recognising and being alert to the signs of a safeguarding concern
- Promptly reports concerns and according to due process
- Takes appropriate action and maintains accurate records of any incidents
- Respects and promotes the rights, wishes, and feelings of children and adults at risk

**RASASH does not expect staff to make the final decision about whether a situation should be referred on – this decision will be made by the Safeguarding Lead.**

## **7. Identifying Safeguarding Concerns**

Safeguarding is everyone's responsibility. Concerns may come in a variety of forms, from alluding to or making direct comments or through physical behaviour or presentation.

## Child Protection Concerns

Child protection means protecting a child or young person aged 18 or under from abuse or neglect. Abuse can be physical, emotional, or sexual. It can happen once or over a period of time. Neglect is also child abuse. Abuse or neglect need not have taken place; it is sufficient for a risk assessment to have identified a likelihood or significant risk of harm from abuse or neglect.

The following are the twelve areas of concern identified by the Scottish Government for the recording and classification of child abuse. There can be overlap and interaction between areas of concern and the abuse experienced by the child or young person may not always be affected by just one factor.

- Domestic Abuse
- Parental Alcohol Misuse
- Parental Drug Misuse
- Non-engaging family
- A child affected by parental mental health problems
- A child-placing themselves at risk
- Sexual Abuse
- Child Exploitation
- Physical Abuse
- Emotional Abuse
- Neglect

Other concerns can include FGM, fabricated or induced illness, harmful or problematic sexual behaviour, honour-based violence, and forced marriage, missing children, and young runaways, online and mobile phone safety, ritual abuse.

In some cases, it will be necessary to consider formal child protection processes to protect a child from harm. This should be discussed with the Safeguarding Lead, involving consideration of the concerns, risks, and any protective factors in the context of any other information known about the child and family. If you have concerns that a child is not safe, four questions should be considered:

1. Why do I think this child is not safe?
2. What is getting in the way of this child being safe?
3. What have I observed, heard, or identified from the child's history that causes concern?
4. Are there factors that indicate risk of significant harm present and, in my view, is the severity of factors enough to warrant immediate action?

## Adults at Risk

An adult at risk is someone aged 16 years or over who is, or may be for any reason, unable to take care of themselves, or unable to protect themselves against significant harm or exploitation. RASASH uses the definition found in the Adult Support and Protection (Scotland) Act 2007. The Act defines an adult at risk as people aged 16 years or over who:

- Are unable to safeguard their own well-being, property, rights or other interests; and
- Are at risk of harm; and
- Because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more at risk of being harmed than adults who are not so affected.

This is commonly known as the three-point criteria. For an adult to be at risk in terms of the Adult Support and Protection (Scotland) Act 2007, the adult must meet all three points above. Note: it is not the responsibility of the RASASH worker to decide whether the individual meets the three-point test, this is the responsibility of the social work department or the police.

Some adults may be at risk of harm because of:

- Mental ill health
- Limited capacity
- Old age
- Fragility or physical weakness
- Physical or learning disability
- Visual or hearing impairment
- Engaging in self harming behaviours

Many adults at risk have to rely on others to help them with basic day-to-day living, which can put them at greater risk of harm. This could be due to another person, or people, deliberately taking advantage of the adult. But it could also be the adult who is unintentionally putting themselves at risk, simply because they don't have the right level of support in place. Harm can take the following forms:

- Financial
- Physical
- Psychological
- Sexual
- (Self-)neglect

It should be noted that staff members of all public health, social care, and third sector organisations have a responsibility to report concerns and to disclose information about adults at risk of harm.

## Self Harm / Suicidality

Child Protection and Adult Support and Protection covers harm caused by the individual themselves, as well as harm from others. This can include self-harm, self-neglect, or suicide.

RASASH recognises that survivors of rape and sexual abuse may experience self-harm or suicidality as a result of their experiences. Indicators that might lead to self-harm or suicidality as a safeguarding issue and potential reporting are:

- You are sure the survivor is in immediate risk of suicide
- The survivor wants you to assist them in contacting someone
- The survivor has informed you that a suicide attempt is imminent. Survivor is not willing to consider any other mechanism e.g. a safety plan or an agreement to meet with you again
- There is a child/young person who would potentially be at risk
- A suicide plan that would indicate others might be placed at risk

Staff and volunteers should make themselves aware of RASASH's suicide and suicidal ideation protocol and follow this if they have concerns about a service user who discloses suicidal feelings.

## Staff Conduct & Services

All staff and associated personnel are subject to rigorous recruitment procedures and must undertake in-depth training, including on safeguarding. Staff are also required to adhere to strict codes of conduct and professional boundaries (see RASASH's Disciplinary Policy and Professional Boundaries Policy for more detail) and receive regular internal and external supervision. RASASH will not tolerate abuse and exploitation by staff or associated personnel.

For the purposes of this policy, a summary of the key staff responsibilities in relation to safeguarding are provided below:

### Protection from sexual exploitation and abuse

RASASH staff and associated personnel must not:

- Exchange money, employment, goods, or services for sexual activity. This includes any exchange of assistance that is due to beneficiaries of assistance
- Engage in any sexual relationships with beneficiaries of assistance, since they are based on inherently unequal power dynamics

Additionally, RASASH staff and associated personnel are obliged to:

- Contribute to creating and maintaining an environment that prevents safeguarding violations and promotes the implementation of the Safeguarding Policy
- Report any concerns or suspicions regarding safeguarding violations by an RASASH staff member or associated personnel to the appropriate staff member

### Child safeguarding

RASASH staff and associated personnel must not:

- Engage in sexual activity with anyone under the age of 18
- Sexually abuse or exploit children
- Subject a child to physical, emotional, or psychological abuse, or neglect
- Engage in any commercially exploitative activities with children including child labour or trafficking

### Adult safeguarding

RASASH staff and associated personnel must not:

- Sexually abuse or exploit at risk adults
- Subject an at-risk adult to physical, emotional or psychological abuse, or neglect

## **8. Enabling Reports**

RASASH will ensure that safe, appropriate, accessible means of reporting safeguarding concerns are made available to staff and the communities we work with.

Any staff reporting concerns or complaints through formal whistleblowing channels (or if they request it) will be protected by RASASH's Whistleblowing Policy and Procedure.

Service-users and external sources such as members of the public, partners, and official bodies are able to make complaints via RASASH's Complaints Policy and Procedure. A copy of RASASH's complaints policy is made available to all service-users at the start of their service. There are also copies available in our support rooms and on our website.

## **9. Confidentiality**

Service users are provided with a copy of RASASH's Confidentiality Policy when they start to use the service. Staff will explain this policy and ensure the service-user understands the limits of

confidentiality. The limits to our confidentiality include where there are concerns about child welfare, adults at risk, or where action has been taken to commit suicide.

A core value of our work is to empower survivors. This means that we are led by survivor's wishes and act only with their consent. However, the limits of our confidentiality policy therefore mean that this is not always possible. It is therefore important that careful contracting is conducted from the outset with the service-user.

RASASH will make every effort to discuss concerns with the survivors/s involved, the actions that they plan to take, and get the survivor's views on this. However, the Safeguarding Policy takes precedence over the Confidentiality Policy. Consent to share will not be sought when it is believed there is a significant risk to an individual and where failure to act immediately could further endanger the person. In such cases, RASASH will inform the survivor of the actions that will be taken and seek to keep them informed and involved as much as possible. In all cases, safety and wellbeing will be considered as paramount when making decisions.

## 10. Safeguarding Procedure

### **Safeguarding Contacts**

#### Safeguarding Lead

The Safeguarding Lead is the Manager: Romy Rehfeld, romy@rasash.org.uk, 01463 215 236

#### Line Managers (if Safeguarding Lead unavailable)

- Emma Holloway, Support Team Lead, emma@rasash.org.uk
- Meghan Munro, Outreach Team Lead, meghan@rasash.org.uk
- Dawn Kotschujew, Advocacy Team Lead, dawn@rasash.org.uk

#### Trustee Chair (focal point for safeguarding)

Catherine Christie, Trustee Chair, christiecjg@gmail.com

**Where there is an immediate concern about an individual's safety and a requirement for an urgent response, the Police should be contacted by phone on 999. The Safeguarding Lead should be informed thereafter.**

### Disclosure and/or Identification

In the event that a child, young person, or adult at risk makes an allegation, disclosure, or gives you concern about their safety, it is important that staff:

- Listen carefully and with empathy – note that it is not your responsibility to investigate



- Be calm and reassuring
- Acknowledge what they have shared / be clear about why you have a safeguarding concern
- Refer to confidentiality agreement and its limitations, including the potential need to report
- Explain what you might need to share, to whom, and ideally with their consent
- Inform the Safeguarding Lead as soon as possible
- Let the individual(s) know the outcome or follow-up where appropriate

Sometimes you may just feel concerned about an individual but do not know whether to share your concerns or not. In this situation you should always raise your concerns with your designated Safeguarding Lead, who will help you to decide what to do and will make the final decision about whether or not to pass this information on. Further monitoring may be required.

RASASH will work in a consistent way to safeguarding children, young people, and adults at risk. We recognise that as an organisation which deals with rape, sexual abuse, and exploitation daily, our view on risk related to this may be different from that of other organisations. We also recognise that individuals may have different thresholds for identifying and dealing with risk. It is therefore essential that workers discuss *any* concerns with their Safeguarding Lead / Line Manager.

### Recording Notes

RASASH staff are required to take notes in line with the organisation's policies and procedures. The same process should be followed with regards to safeguarding concerns. In general, this requires staff to:

- Take notes carefully, contemporaneously, accurately, and factually
- Record any relevant dates and times
- Detail concerns in relation to the specific safeguarding issue (harm, neglect etc.)
- Record any relevant comments, preferably quoting the words used
- Note down the reasoning applied to any action or decision taken (including inaction)
- Avoid including personal opinion
- Record whether consent was given to report and actions agreed and/or communicated

All notes should be stored on the survivor's secure file (via Oasis). The Safeguarding Lead will be responsible for ensuring that a confidential record is kept of all the staff discussions and decisions, including the rationale for reporting/not reporting.

It is essential that confidentiality is maintained at all stages of the process when dealing with safeguarding concerns. Information relating to the concern and subsequent case management should be shared on a need-to-know basis only, and should be kept secure at all times.

## Reporting

Individual members of staff, like any member of the public, have the right to raise concerns directly with the local authority. However, staff are recommended to use the guidance within this policy and to only make a direct report in exceptional circumstances.

Where you have a safeguarding concern this should be shared immediately with the Safeguarding Lead or, if unavailable, your Line Manager. If the staff member does not feel comfortable reporting to their Safeguarding Lead or Line Manager (for example if they feel that the report will not be taken seriously, or if that person is implicated in the concern) they may report to the Trustee Chair.

**Where there is an immediate concern about an individual's safety and a requirement for an urgent response, the Police should be contacted by phone on 999. The Safeguarding Lead should be informed thereafter.**

## Responding

The worker and Safeguarding Lead will discuss: the best interests of the person; the nature and context of the safeguarding issue; the safety of the individual(s) involved; the impact of taking or not taking action; and the relationship between the person and their abuser. This will inform the action taken as well as how and to whom to disclose, including how the person will be kept informed.

RASASH will follow up safeguarding reports and concerns according to legal and statutory obligations. We will always strive to obtain the consent of the individual concerned and keep them informed, as well as provide support as necessary. Decisions regarding support will be led by the survivor.

In the case of child protection concerns, it is good practice to inform the guardian of any actions that you are going to take unless it is considered that this could place a child or others at risk, or compromise any investigative enquiry. Advice can be sought first from relevant social work or police colleagues.

RASASH's Complaints Policy and Procedure will be followed in complaints submitted by service-users and/or agencies.

RASASH will apply appropriate disciplinary measures to staff found in breach of policy.

## Collaborative Working

RASASH recognises the importance of working in collaboration with statutory and voluntary organisations to protect children, young people, and adults at risk. Where there are concerns that require action and information sharing, RASASH will collaborate with the necessary agencies.

## The Highland Child Protection Committee (HCPC)

RASASH works to the Highland Council Inter-Agency Child Protection Guidelines.<sup>3</sup> If the child or young person is considered to be at significant risk of harm, relevant information will be shared between services to enable an assessment to be undertaken to decide whether actions are required to protect the child. RASASH will contact the local Family Team to discuss.

In the first instance, contact should be made verbally (face-to-face or by telephone). The reasons for concerns and any relevant information will be discussed, including views of risks and any protective factors (if known). Information should include correct names and aliases, addresses and supporting information (where available). It will usually be necessary to follow up an initial discussion in writing. There is a standard child concern form that should be used for this purpose. A copy of this can be found [here](#) and in the Annex.

**There are dedicated contacts for the specific council wards (found in the 'Family Team' link above). For out of hours calls, phone 08457 697 284. For emergencies, phone 999.**

## The Highland Adult Support & Protection Committee

RASASH works to the Highland Adult Support and Protection guidance.<sup>4</sup> Where there are concerns that there is a risk of significant harm to an 'at risk adult', relevant information will be shared to protect the individual. Highland Council has a dedicated multi-agency Adult Protection Committee.

In the first instance, contact should be made verbally with Adult Social Care (face-to-face or by telephone). The reasons for concerns and any relevant information will be discussed, including views of risks and any protective factors (if known). It will usually be necessary to follow up an initial discussion in writing. There is a standard Adult Concern form that should be used for this purpose. A copy of this can be found [here](#) and in the annex

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<sup>3</sup> HIGHLAND INTER-AGENCY CHILD PROTECTION GUIDANCE, 2021: [Ehttps://hcpc.scot/wp-content/uploads/2021/01/WEB-VERSION-CPC-GUIDANCE-jan2021-3.pdf](https://hcpc.scot/wp-content/uploads/2021/01/WEB-VERSION-CPC-GUIDANCE-jan2021-3.pdf)

<sup>4</sup> Further information and guidance can be found on the Highland Adult Support and Protection website: <https://www.nhshighland.scot.nhs.uk/Services/ASC/AdultSupport/Pages/welcome.aspx>

**The dedicated contact details for adult support and protection are noted below. For emergencies, phone 999.**

Adult Support & Protection Contacts:

- Phone: 0800 9020042
- Out of hours: 0845 769 7284
- [nhshighland.adultprotection@nhs.scot](mailto:nhshighland.adultprotection@nhs.scot)

## **11. Monitoring & Review**

RASASH will monitor and review this Policy on an annual basis and when there are relevant changes in legislation or circumstances.

# Annex

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## I. Associated policies

- Safeguarding Policy: Organisational Conduct & Services
- Complaints Policy & Procedure
- Whistleblowing Policy
- Data Protection Policy
- Disciplinary Policy
- Equality & Diversity Policy
- Professional Boundaries Policy
- Suicide and Suicidal Ideation Protocol and Risk Assessment

## II. Glossary of Terms

### **Child**

A person below the age of 18

### **Young Person**

A young person is anyone aged 16 or 17 years

### **Adults at Risk**

RASASH uses the definition found in the Adult Support and Protection (Scotland) Act 2007. The Act defines an adult at risk as people aged 16 years or over who:

- Are unable to safeguard their own well-being, property, rights or other interests; and
- Are at risk of harm; and
- Because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more at risk of being harmed than adults who are not so affected.

### **Moving into Adulthood**

There is potential overlap between Child Protection and Adult at Risk concerns. The introduction and implementation of the Children and Young People (Scotland) Act 2014 does not change current child or adult protection procedures. It also does not affect the associated responsibilities of services and professionals working with children and young people. The Police and/or Social Services should continue to be contacted immediately where a child or young person is perceived to be at risk of significant harm.

## **Risk**

Risk is the likelihood or probability of a particular outcome given the presence of factors in a person's life

## **Harm**

The ill-treatment or the impairment of the physical health, psychological wellbeing, or rights of a person.

## **Harm to a Child**

Harm to a child may also refer to the health or development of the child, including, for example, impairment suffered as a result of seeing or hearing the ill-treatment of another. In this context, 'development' can mean physical, intellectual, emotional, social, or behavioural development and 'health' can mean physical or mental health.

## **Significant Harm to a Child**

Significant harm can result from a specific incident, a series of incidents, or an accumulation of concerns over a period of time. It is essential that when considering the presence or likelihood of significant harm that the impact (or potential impact) on the child or young person takes priority and not simply the alleged abusive behaviour. The following should be taken into account when assessing significant harm:

- The nature of harm, either through an act of commission or omission;
- The impact on the child's current or future health and development,
- Taking into account their age and stage of development;
- The child's development within the context of their family and wider environment;
- The context in which a harmful incident or behaviour occurred;
- Any particular needs, such as medical condition, communication impairment, or disability, that may affect the child's development, make them more at risk of harm, or influence the level and type of care provided by the family;
- The capacity of parents or carers to meet adequately the child's needs; and
- The wider and environmental family context.

## **Harm to a Adults at Risk**

Under Section 53 of the Adult Support and Protection (Scotland) Act 2007 "harm" includes all harmful conduct. In particular, it includes conduct which causes physical harm, psychological harm (for example: by causing fear, alarm or distress), conduct which causes self-harm or self-neglect, or unlawful conduct which appropriates or adversely affects property, rights or interests (for example: theft, fraud, embezzlement or extortion).

'Conduct' - includes action which causes harm, whether deliberate or not, and neglect and/or failures to act that have harmful consequences.

### **Financial harm**

Adults at risks can be easy prey for thieves and bullies. Whether it's taking a valuable piece of jewellery or a few pounds from a purse, it's still stealing and is against the law. There are also less obvious forms of financial harm. A person can be pressured into giving someone money because they have been made to feel sorry for them or obliged to them. In extreme cases, people have been pressured into changing their Will and signing away their property.

### **Physical harm**

This is when a person deliberately hurts someone else by punching, kicking, slapping, or shaking. Making aggressive physical contact with someone is known as assault. It is against the law to hurt someone intentionally.

### **Psychological harm**

Emotional or psychological abuse, including (but not limited to) humiliating and degrading treatment such as bad name calling, constant criticism, belittling, persistent shaming, solitary confinement, and isolation

### **Sexual harm**

Sexual activity requires permission, known as 'consent'. However, in order to give consent a person must fully understand what they are consenting to. They also need to understand that they have the right to refuse to do anything they don't feel comfortable with – at any time – even if they have previously given permission. It is a serious crime to coerce, threaten or force someone to engage in any type of sexual activity.

### **Sexual abuse**

The term 'sexual abuse' means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

### **Sexual exploitation**

The term 'sexual exploitation' means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. This definition includes human trafficking and modern slavery.

### **Neglect**

Neglect is when someone is not being cared for properly, either by themselves or by the person or authority responsible for them. A neglected person may not have enough food to eat or be living

somewhere that's cold, dirty or damp, or they may not be fully dressed or appear to have washed. They may be being denied important medical and social care. It is important the everybody gets the professional help they need, especially if they take medication.

### **Self-harm and self-neglect**

Self-neglect is the inability to perform activities of daily living, even though the adult understands the need to do them. It can include an inability to recognise unsafe living conditions. However, adults have a right to make their own decisions, including the use of alcohol and drugs, even if that means they choose to remain in situations or indulge in behaviour which others consider inappropriate. Without any additional vulnerability, such as an illness or disability, adult protection intervention would not normally be appropriate.

### **Safeguarding**

In the UK, safeguarding means protecting peoples' health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect<sup>5</sup>. In our sector, we understand it to mean protecting people, including children and at risk adults.

### **Survivor**

The person who has been abused or exploited. The term 'survivor' is often used in preference to 'victim' as it implies strength, resilience, and the capacity to survive, however it is the individual's choice how they wish to identify themselves.

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<sup>5</sup> NHS 'What is Safeguarding? Easy Read' 2011



### III. Child Protection Concern Procedure – Flowchart



#### IV. Adults at Risk Protection Concern Procedure – Flowchart



# STANDARD CHILD CONCERN FORM

Is this a child you are concerned may be AT RISK OF SIGNIFICANT HARM (as per Highland Child Protection Guidance). Please tick.	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
If yes, confirm name & office of Social Worker or Police Officer spoken to: Date: Time:	

<b>FORM SENT TO:</b>	
Name:	
Agency:	

<b>FORM COMPLETED BY:</b>	
Name:	
Agency:	
Contact Details	

**Note: Only complete information that is known and is relevant to the concern.**

<b>(1) Core Details</b>				
<b>Section 1.1</b>				
Full name of the CHILD you are concerned about (use Mother's surname if unborn)	Gender	Ethnicity	DOB (EDD if unborn)	Address & telephone number
<b>Section 1.2</b>				
Full name/s of OTHER CHILDREN in the household	Gender	Ethnicity	DOB (EDD if unborn)	Relationship to the child
<b>Section 1.3</b>				
Full name/s of ALL ADULTS in the household	Gender	DOB	Relationship to the child	
<b>Section 1.4</b>				

Name of any PARENT who does not reside with the child	Gender	DOB	Address & telephone number	Has Parental Rights & Resps. Y/N/not known

#### Section 1.5

Names of any SIBLINGS outwith the household	Gender	DOB	Address & telephone number

#### Section 1.6

##### Name

##### Contact details

<b>Named Person</b> This form <b>MUST</b> be sent to Named Person * ( see P 4)	Designation:	
<b>Lead Professional</b> (multi-agency plan is in place)	Designation:	
<b>Midwife</b>		
<b>Health Visitor</b>		
<b>Nursery/Childcare</b>		
<b>School</b>		
<b>School Nurse</b>		
<b>GP</b>		
<b>Other Professionals</b>		

## (2) Description of Concern

Section 2.1 - Which wellbeing indicator/s are you concerned about?		
<b>Safe</b>	<input type="checkbox"/>	Protected from abuse, neglect or harm at home, at school and in the community
<b>Healthy</b>	<input type="checkbox"/>	Having the highest attainable standards of physical & mental health, access to suitable health care & support to make healthy & safe choices.
<b>Achieving</b>	<input type="checkbox"/>	Being supported & guided in their learning & in the development of their skills: confidence & self esteem at home, at school & in the community.
<b>Nurtured</b>	<input type="checkbox"/>	Having a nurturing place to live, in a family setting with additional help if needed or, where this is not possible, in suitable care setting
<b>Active</b>	<input type="checkbox"/>	Having opportunities to take part in activities such as play, recreation & sport, which contribute to healthy growth & development at home & in the community
<b>Respected &amp; Responsible</b>	<input type="checkbox"/>	Should be involved in decisions that affect them, should have their voices heard & should be encouraged to play an active and responsible role in their schools & communities

<b>Included</b>	<input type="checkbox"/>	Having help to overcome social, educational, physical & economic inequalities & being accepted as part of the community in which they live & learn

**Section 2.2 - Describe the issues which give you cause for concern, and why. Include how many occasions or how long this has been happening, and the possible impact on the child.**

**Section 2.3 - Comment if you know the views of the child and/or parents about this.**

**Section 2.4 - Describe any discussions and/or actions that have taken place regarding this concern.**

**Section 2.5 – Describe any assistance that the child or any family member might require (e.g. English not first language, interpreter required, mobility issues, deaf, visually impaired etc.)**

**Section 2.6 - Information Sharing.**  
 Is consent to share this information required Yes  No   
 If YES who has given consent and how has it been obtained?  
 If NO what is the reason for not requiring consent?

**Signature:**

**Date:**

The Child Concern form should be sent to the designated contact point for the area. The Family Team will provide the email address following your call / meeting. Contacts can be found here: <https://hcpc.scot/help-advice-numbers/>

# HIGHLAND ADULT CONCERN REFERRAL FORM



Highland Adult  
Protection Committee

## Adult's Details

Name of Adult		Date of Birth / Age	
Home Address			
		Postcode	
Telephone number(s)			
Current Address (if different)			
Telephone number(s)			
Gender		Ethnicity	
Religion		First Language	
Preferred method of communication		Does the adult have any disability/mental disorder/medical condition	YES/NO
If Yes, Please give details			

Please describe the issues which concern you. Please include information about how long or how frequently this has been happening and the impact on the adult, if known.

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In your opinion, which of the following may apply (please tick any that apply)

Mental Health Concerns		Learning Disability	
Drug Consumption		Alcohol consumption	
Visual Impairment		Hearing Impairment	
Speech impairment		Physical Injury/Impairment	
Isolation		Dementia	
Suicidal ideas/attempts		Financial	
Self Harm		Psychological Harm	
Sexual Harm		Neglect	
Other (please describe)			

Please answer the following questions by inserting your opinion and reasons for it

Is the adult able to safeguard their own well-being, property, rights or other interests?	YES/NO State reason:
Is the adult at risk of harm?	YES/NO State reason:
Is the adult affected by disability, mental disorder, illness or physical or mental infirmity? (i.e. they are more vulnerable to being harmed than adults who are not so affected)	YES/NO State reason:

In your opinion, which form of harm is the adult experiencing (please tick any that apply)

Physical		Financial		Exploitation		Self-harm	
Emotional/psychological		Sexual		Neglect		Self-neglect	
Organisational		Other (please describe)					

**Consent to Share Information**

Has consent been given to share information?	If no state the reason why:
Has consent been given to share information with GP?	If no state the reason why:

**Other Significant Person/s if known**

Name	Date of Birth	Gender	Address	Occupation	Relationship to Adult

## Agency/Agencies Involved with the Adult

Agency			
Name of Agency Contact		Contact Telephone Number	
Nature of Agency involvement			

## Details of GP

GP Name		Contact Telephone Number	
GP Address			
Health Issues or known medication			

Does the adult live with or care for children under the age of 16?	
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## Person Submitting Details

Name		Date Submitted	
Designation / Job Role <i>(if applicable)</i>			
Address			
Contact Telephone Number(s)			
Email address			
Does the adult know you have shared your concern?	YES/NO		

Please email the completed form to the adult's local health and social care team – see next page



## HIGHLAND ADULT SOCIAL CARE TEAM CONTACTS

Area / District	Email	Phone
<b>North</b>		
Caithness	<a href="mailto:nhsh.caithnessspoa@nhs.scot">nhsh.caithnessspoa@nhs.scot</a>	01955 606915
Sutherland	<a href="mailto:nhsh.sspoc@nhs.scot">nhsh.sspoc@nhs.scot</a>	01408 664018

<b>West</b>		
Skye, Lochalsh & Wester Ross	<a href="mailto:nhsh.singlepointofcontactSLWR@nhs.scot">nhsh.singlepointofcontactSLWR@nhs.scot</a>	01471 820174
Lochaber	<a href="mailto:nhsh.lochaberdistrict@nhs.scot">nhsh.lochaberdistrict@nhs.scot</a>	01397 709832

<b>Mid</b>		
Mid Ross	<a href="mailto:nhsh.mrhsc@nhs.scot">nhsh.mrhsc@nhs.scot</a>	01349 860460
East Ross	<a href="mailto:nhshighland.eric@nhs.scot">nhshighland.eric@nhs.scot</a>	01349 853131

<b>South</b>		
Inverness East & West	<a href="mailto:nhsh.spoainvernesseastwest@nhs.scot">nhsh.spoainvernesseastwest@nhs.scot</a>	01463 888333
Nairn	Nhsh.nairnsocialwork@nhs.scot	01667 422702
Badenoch & Strathspey	<a href="mailto:nhsh.bandsspoa@nhs.scot">nhsh.bandsspoa@nhs.scot</a>	01479 812618

Transitions Team	<a href="mailto:nhsh.transitionsteam@nhs.scot">nhsh.transitionsteam@nhs.scot</a>  <i>(For under 25 year olds in Mid &amp; East Ross, Inverness, Badenoch &amp; Strathspey and Nairn)</i>	01463 644325
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Please note that if any of the details shown above should change after this document was produced, then the latest contact information for the Teams will be published on the [NHS Highland ASP web-page](#). Our web-page can also be accessed using [nhsh.scot/ASP](http://nhsh.scot/ASP).

## RASASH COMPLAINTS PROCEDURE

RASASH aims to provide a quality service to all. We welcome any comments or suggestions on how we can improve our service. However, there may be times when survivors using our service will be dissatisfied and may wish to make a complaint.

This procedure exists for any service-user who is unhappy with the service received and who feels a situation has not been resolved. Complaints can also be made about the conduct of workers. No one will be discriminated against as a result of making a complaint.

This procedure explains:

1. How you can complain
2. Who to contact
3. How we will respond

Please let us know if you require this form in another format e.g. large font or another language.

### **How to make a complaint**

You may complain informally or formally about any aspect of our service.

#### Informal complaint

It may be that a complaint can be dealt with and resolved informally through discussion with one of our workers. If this is not appropriate or you are unsatisfied with the outcome, you can submit a formal complaint.

#### Formal complaint

You can submit a formal complaint by:

- **Writing:** to the RASASH Manager at: 38/40 Waterloo Place, Inverness, IV1 1NB
- **By email:** to [info@rasash.org.uk](mailto:info@rasash.org.uk) putting 'Complaint' in the subject heading
- **By telephone:** Call 01463 257 657 and ask for the Manager. If unavailable, the Manager will get back to you within 14 working days.

A RASASH worker independent of the issue can be allocated to help you write a complaint or you may have a worker from another agency support you with this. Alternatively, you might wish to seek support from an external advocacy service, such as Citizens Advice Bureau. Whatever you decide, we will do our utmost to facilitate your complaint.

There may be circumstances where it does not feel appropriate or you are not able to submit a complaint to the RASASH Manager e.g. if the complaint is about management. In these cases, you can contact the Chair of the Board in the first instance (contact details below).

#### Anonymous complaint

It is possible to submit a complaint anonymously and we will accommodate this wherever possible. There may be some circumstances that it is not possible to adequately investigate and respond to an anonymous complaint. We therefore encourage those who complain to say who they are so that we can respond fully to the complaint and let them know the outcome.

## What happens when a complaint is made?

On receiving a complaint RASASH Manager will:

- Contact you within 14 working days by letter, email, or phone
- Discuss the complaint with you and if you wish to have someone to support you
- Investigate the complaint thoroughly
- Address the complaint sensitively, transparently, and impartially
- Contact you by letter, phone, or email within 28 working days, to inform you of the outcome/progress of the investigation.

## Possible Outcomes of Complaints

The outcomes of a complaint will depend on the nature of the complaint made.

- Complaints about a staff member/volunteer:
  - Findings may not be upheld
  - An apology
  - Training recommended
  - Disciplinary action
  - Changes to policies
- Complaints about the building:
  - If we can fix it we will
  - Apologies made
  - Policies/procedures amended

## Right of Appeal

If you are not satisfied with the outcome, you can appeal to the RASASH Board who will go over the complaint and outcome with you, with the possibility for further discussion if necessary. After investigation, you will be informed in writing about the outcome. The decision at this point marks the end of our internal complaints process.

If you are still not satisfied with our internal complaints process or outcome you can contact **OSCR on 01382 220446**.

## Aggressive or Obsessive Complaints

We take complaints seriously and will address these impartially, fairly, and sensitively. However, there may be rare instances when a complaint is aggressive, obsessive, or made in bad faith. The Manager will refer such complaints to the Board of RASASH. If the Board deems a complaint to be aggressive or obsessive, they will notify the complainer accordingly.

While extremely rare, RASASH cannot tolerate aggressive, violent, or unsafe behaviour towards staff or others service-users. If this occurs, access to our services may be suspended while an investigation takes place. This may result in you not being able to access our services for a specific time or in some cases indefinitely. Such decisions will be made by the Board.