

## Reporting Safeguarding Concern Procedure

### 1. Recognising Safeguarding Issues

- 1.1 Safeguarding concerns can come in many different forms, they may come to light instantly, or be recognised gradually over time.
- 1.2 There are many different kinds of abuse which can take place. It is important to be aware of signs of abuse in order to recognise and take action to prevent and stop it. The Care Act recognises 10 categories of abuse:

#### **Physical**

This includes hitting, slapping, pushing, kicking, restraint, and misuse of medication.

#### **Emotional or Psychological**

This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation, or withdrawal from services or supportive networks.

#### **Sexual**

This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault, or sexual acts to which the adult has not consented, or was pressured into consenting.

#### **Financial or Material**

This includes theft, fraud, internet scamming, and coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions.

#### **Neglect and Acts of Omission**

This includes ignoring medical or physical care needs and failing to provide access to appropriate health social care or educational services. It also includes the withdrawing of the necessities of life, including medication, adequate nutrition, and heating.

### **Self-neglect**

This covers a wide range of behaviour, but it can be broadly defined as neglecting to care for one's personal hygiene, health, or surroundings. An example of self-neglect is behaviour such as hoarding.

### **Domestic Abuse**

This includes psychological, physical, sexual, financial, and emotional abuse perpetrated by a partner or ex-partner.

### **Discriminatory**

Discrimination is abuse that centres on a difference or perceived difference, particularly with respect to race, gender, disability, or any of the protected characteristics of the Equality Act.

### **Organisational**

This includes neglect and poor care practice within an institution or specific care setting, such as a hospital or care home, or in relation to care provided in one's own home. Organisational abuse can range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

- 1.3 There are four additional types of harm that are not included in The Care Act, but are outlined by the Ann Craft Trust as they are also relevant to safeguarding:

### **Cyber Bullying**

Cyber bullying occurs when someone repeatedly makes fun of another person online, or repeatedly picks on another person through emails or text messages. It can also involve using online forums with the intention of harming, damaging, humiliating, or isolating another person.

### **Forced Marriage**

This is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. The Anti-Social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry.

### **Mate Crime**

A “mate crime” is when “vulnerable people are befriended by members of the community who go on to exploit and take advantage of them” (Safety Network Project, ARC). It may not be an illegal act, but it still has a negative effect on the individual. A mate crime is carried out by someone the adult knows, and it often happens in private.

### **Radicalisation**

The aim of radicalisation is to embed extreme views and persuade vulnerable individuals to the legitimacy of a cause. This may be direct through a relationship, or through social media.

- 1.4 Safeguarding issues may be disclosed directly to you by somebody else, including a vulnerable individual who is being abused. If this occurs, it is important to remain calm and write down the words which are said to you. Be honest and inform the person that you need to report this information, remain positive and reassure them that CHSS will do everything we can to help.
- 1.5 It's not always easy to spot the signs of abuse. Someone being abused may make excuses for why they're bruised, may not want to go out or talk to people, or may be short of money.
- 1.6 It's important to know the signs of abuse and, where they are identified, share your concerns following the Reporting Concern Procedure. If you wait, it could delay matters and allow the abuse to continue.

Signs of abuse can include:

- Becoming quiet and withdrawn
- Being aggressive or angry for no obvious reason
- Looking unkempt, dirty or thinner than usual
- Sudden changes in their character, such as appearing helpless, depressed or tearful
- Physical signs – such as bruises, wounds, fractures or other untreated injuries
- The same injuries happening more than once
- Not wanting to be left by themselves, or alone with particular people
- Being unusually lighthearted and insisting there's nothing wrong

- If your role involves home visits, you might notice it is cold, or unusually dirty or untidy, or you might notice things missing.
- Other signs include a sudden change in their finances, such as not having as much money as usual to pay for shopping or regular outings, or getting into debt.

## 2. Reporting Concern

- 2.1 All individuals (employees and volunteers) have a responsibility to safeguard others.
- 2.2 If you are concerned that a vulnerable individual is at risk of being abused or neglected, you should not ignore your suspicions and should not assume that someone else will take action to protect that person.
- 2.3 If you or another individual's safeguarding is of a concern:
  - 2.3.1 If you or the individual are **in immediate danger**, you should phone the Police or emergency social worker/agency, as appropriate.
  - 2.3.2 If you or the individual are in **less immediate danger**, you should record the information securely and inform your line manager as soon as possible. If you are unable to contact your line manager for any reason, you should contact the Safeguarding Team - see contact details on page 7.
- 2.4 Chest Heart and Stroke conditions are life-changing and can have significant impacts upon mental health. Sometimes people tell us that they are having suicidal thoughts. It is important to note that there is not a specific response that can be given, and that this will be managed on a case-by-case basis.
  - 2.4.1 If someone tells you they are having suicidal thoughts or feelings, or threatening to harm themselves, it is important to remain calm.
  - 2.4.2 If there is **immediate risk to life**, call emergency services.
  - 2.4.3 If the **risk is not immediate**, you may signpost the individual to specialist charities such as [Breathing Space](#), [Samaritans](#) and [MIND](#), as well as their own GP.

- 2.4.4 A referral to social services and mental health care may be needed and should be discussed with your line manager.
- 2.4.5 It is important to follow up with the individual at risk after signposting to mental health services, to ensure they receive as much support and guidance as we are able to offer.
- 2.4.6 For further information, please refer to the [Responding to Concerns about Suicidal Thoughts](#) guidance document.

### **3. Recording Safeguarding Concerns**

- 3.1 It is important that safeguarding concerns and incidents are recorded securely and appropriately.
- 3.2 When a safeguarding concern is raised, you should complete a [Safeguarding Incident Form](#). This may need to be provided to external agencies in the event of referral and may act as evidence in an investigation.
- 3.3 If you have handwritten notes from an initial disclosure or concern, keep these securely and confidentially, and give them to your line manager or the Safeguarding Team. These may act as evidence.
- 3.4 Safeguarding incidents will be recorded in a Safeguarding Case Tracker. This will be anonymised, kept confidential and used for monitoring and audit purposes.
- 3.5 CHSS is committed to continuously developing our safeguarding practices. Recording safeguarding incidents allows us to reflect and identify potential areas of improvement.

### **4. Investigation and Referral Procedures (If Required)**

- 4.1 Following a safeguarding incident or concern, depending on the circumstances, an investigation may take place.

4.2 Your line manager will inform CHSS' Designated Safeguarding Lead (DSL) of all safeguarding incidents. In conjunction with your line manager, the DSL will:

- Ensure all parties are fully supported throughout and following any investigation.
  - Contact will be maintained, and the individual(s) may be signposted to counselling services if required.
- Consider the following:
  - Suspending an employee or volunteer from undertaking work with CHSS, if required.
  - Making a referral to Disclosure Scotland.
  - Police involvement if a criminal act is reported.
  - Informing professional regulatory bodies, if relevant.



## **Safeguarding Contacts**

### **Safeguarding Inbox**

This inbox is accessed by authorised personnel only.

[safeguarding@chss.org.uk](mailto:safeguarding@chss.org.uk)

### **Safeguarding Number**

0131 609 0252

9am-4:30pm Monday-Friday

### **Designated Safeguarding Lead (DSL)**

Name: Allan Cowie

E-mail: [allan.cowie@chss.org.uk](mailto:allan.cowie@chss.org.uk)

### **Safeguarding Lead**

Name: Katie Beeston

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### **Safeguarding Officer**

Name: Dean Elder

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