



Title of Policy: Safeguarding Policy & Procedures

Issue number: 5

Last updated: November 2025

Policy Owner: Board of Trustees

For: Organisation

1 Scope:

This policy applies to all staff and volunteers

Anyone over 16-years of age unless on a school placement.

2. Statement

Dumfries and Galloway Hard of Hearing Group (DGHHG) provides drop-in clinics throughout Dumfries and Galloway where our audiology trained volunteers provide hearing aid maintenance and support and can refer people to other organisations such as NHS audiology and Sensory Support Services when appropriate.

We also make home visits to help housebound people with their hearing aids and we visit most of the regions care homes to make sure the residents have working hearing aids.

95% of the people we see are over the age of 65. We very rarely, if ever work with children but we have included them in our safeguarding policy and procedure as we take our duty of care very seriously.

Dumfries and Galloway Hard of Hearing Group aims to ensure that any vulnerable person, whether children, young people or vulnerable adults, are protected and kept safe from harm whether they are with volunteers or staff, in a drop-in clinic being visited at home, care homes or in the offices with staff. In order to achieve this, we will ensure that our staff and volunteers are carefully selected, trained, and supervised. All staff and volunteers who have contact with vulnerable adults or children are asked to join the [Protection of Vulnerable Groups scheme](#).

This policy gives guidance to staff, volunteers and clients on what procedures to follow when they discover or are dealing with actual or suspected abuse of vulnerable children and adults.

The organisation maintains several policies and procedures geared towards abuse prevention and client advocacy that include, but are not limited to

- Disclosures Procedures
- Recruitment Policy
- Whistleblowing Policy
- Employee Disciplinary Procedure
- Equal Opportunities Policy
- Volunteers Policy
- GDPR
- Complaints Procedure
- Confidentiality Policy

This policy should be used in conjunction with the document [“Protecting](#)

[Vulnerable Adults: Ensuring rights and preventing abuse”](#) as well as the

[Scottish Government ‘Adult support and protection improvement plan 20192022’](#) produced by the Scottish Government and OSCR guidance

[‘Safeguarding Guidance: Keeping vulnerable beneficiaries safe’](#)

Also, specifically for young people in conjunction with the [National guidance for child protection in Scotland 2021](#), as well as OSCR guidance [‘Safeguarding Guidance: Keeping vulnerable beneficiaries safe’](#). Further information and resources on child protection can be found in [Getting it Right for Every Child \(GIRFEC\)](#) - Scotland's approach to protecting child health and wellbeing; the overview of the [United Nations Convention on the Rights of the Child](#) and the [NSPCC website](#)

3. Definitions

What is Abuse?

Abuse is the wrongful application of power and may be described as physical, emotional/psychological, sexual, racial, or financial. It may be perpetrated by someone in a position of trust. It may be intentional or unintentional or the result of neglect. It may cause harm to the person, either temporarily or over a period of time.

All of us have the right to live our lives free from abuse. The settings which we provide for our clients should be safe and secure environments where people are able to be comfortable and not have their well-being threatened by the behaviours and actions of others. Conversely, each person will be expected to behave in a manner that does not cause harm or offence to others.

Who is a Vulnerable Adult?

Any person may be subject to abuse, but a vulnerable child is a person under the age of 18 who is physically, mentally and emotionally dependent on others. A person who is considered most vulnerable include; -

A person 18 years or over who:

- Is living in institutional or group care
- Has an alcohol or drug use problem
- Works in the sex industry
- Is leaving care or has a care background
- Is young and has little family contact or support
- Does not control their own finances
- Has a condition which affects physical or intellectual ability or mental state.
- Has communication difficulties caused by deafness, blindness, difficulty with speech or understanding or poor memory and concentration span.
- Has experienced behavioural disturbances or major changes in their personality or behaviour.
- Is incontinent.

4. Principles of Practice in the Protection of Vulnerable Children and Adults

- i. Actively work within the principles of dignity, privacy, choice, safety, realising potential, equality and diversity
- ii. Actively work together within an inter-agency framework
- iii. Actively promote the empowerment and well-being of vulnerable children and adults through the services provided

- iv. Act in a way which supports the rights of the individual to lead an independent life based on self determination
- v. Recognise people who are unable to take their own decision and/or to protect themselves and their assets
- vi. Recognise that the right to self-determination can involve risk and ensure that such risk is recognised and understood by all concerned and minimised whenever possible
- vii. Ensure the safety of vulnerable adults by integrating strategies, policies and services relevant to abuse within the legislative framework
- viii. Ensure that when the right to an independent lifestyle and choice is at risk the individual concerned receives appropriate help including advice, protection and support from the relevant agencies e.g. independent advocacy.
- ix. Ensure the law and statutory requirements are known and used appropriately so that vulnerable adults receive the protection of the law and access to the judicial process.

5. Types Of Abuse and Indicators of Abuse

Physical Abuse	Indicators
Physical assault	A history of inadequately explained injuries or falls, bruising, finger marks or burns
Inappropriate restraint	
Overprescribing or withholding of medications	Any injury, bruising or burn suspected of being non accidental
Deprivation of food, heat, sleep, clothing or comfort	History of GP/agency hopping or reluctance to seek services
Denial of medical or social care	<p>Difficulty getting access to vulnerable adult by professionals or insistence by carers that they always be present at interviews.</p> <p>Excessive repeat prescriptions or under use of medication</p> <p>Signs of malnutrition or neglect such as dirt, bed sores, wet dirty or dishevelled clothing.</p> <p>Excessive consumption by either party of alcohol.</p>

Psychological/ emotional abuse	Indicators
Intimidation and /or humiliation	Insomnia or excessive sleeping
Emotional Blackmail	Change in appetite, unusual weight gain or loss

Verbal or other threats	Tearful paranoia, excessive fear or agitation.
Sensory deprivation or forcible isolation	
Causing unnecessary distress	Low self-esteem, confusion, resignation or ambivalence Excessive talking nervous behaviour causing restlessness

Sexual Abuse	Indicators
Is involving or forcing by whatever means a person to engage or be subjected to sexual activities without their full consent or against their will	A change of usual behaviour, withdrawal or self-inflicted injury. Overt sexual behaviour or language by vulnerable person Difficulty in walking or sitting, torn or stained under clothes Love bites or damage in rectal or vaginal area.

Racial Abuse	Indicators
Is the action or omission of actions in which the victim is treated less favourably than others on racial grounds	Withdrawn Low self-esteem and self-worth Lack of confidence and feelings of anxiety when applying for housing or employment

Financial Abuse	Indicators
Misuse or theft of a person's money, property or possessions. Preventing access to a person's money and/or property and denying them necessary goods	Unexplained ability to pay bills or sudden withdrawal of money from accounts Disparity between assets and satisfactory living standard or lack of co-operation regarding necessary expenditure when finance or not to be a problem. Perceived unnecessary home improvements

	<p>Poor accountancy practice</p> <p>Misuse of a vulnerable person's Social Security Benefits</p>
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What is Child Abuse?

Child abuse happens when a person harms a child. It can be physical, emotional/psychological or sexual, but it can also involve neglect. It may be perpetrated by someone in a position of trust. It may be intentional or unintentional or the result of neglect. It may cause harm to the person, either temporarily or over a period of time.

Children may be abused by;

- Family members.
- Friends.
- People working or volunteering in organisational or community settings.
- People they know.
- Strangers.

All of us have the right to live our lives free from abuse. Although Dumfries and Galloway Hard of Hearing Group's activities are not targeted at children we may have young people accessing services and the settings which we provide should be safe and secure environments where people are able to be comfortable and not have their well-being threatened by the behaviours and actions of others. Conversely, each person will be expected to behave in a manner that does not cause harm or offence to others.

6. Principles of Practice in the protection of young people

We recognise that:

- the welfare of children is paramount in all the work we do and in all the decisions we take
- all children regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity have the right to equal protection from all types of harm or abuse
- some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

Dumfries and Galloway Hard of Hearing Group a Scottish Charitable Incorporated Organisation
Scottish charity number SC044692

We will seek to keep children and young people safe by:

- Valuing, listening to and respecting them
- adopting child protection and safeguarding best practice through our policies, procedures and code of conduct for staff and volunteers
- Implementing an effective online safety policy and related procedures
- providing effective management for staff and volunteers through supervision, support, training and quality assurance measures
- recruiting staff and volunteers safely, ensuring all necessary checks are made
- recording and storing information professionally and securely, in line with data protection legislation and guidance
- sharing information about safeguarding and good practice with children, their families, staff and volunteers
- using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately
- using our procedures to manage any allegations against staff and volunteers appropriately
- creating and maintaining an anti-bullying environment and ensuring that we have procedures to help us deal effectively with any bullying that does arise
- ensuring that we have effective complaints and whistleblowing measures in place
- ensuring that we provide a safe physical environment for children, young people, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance
- building a safeguarding culture where staff and volunteers, children, young people and their families, treat each other with respect and are comfortable about sharing concerns.
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7. Types Of Abuse and Indicators of Abuse

Many of the signs that a child is being abused are the same regardless of the type of abuse. Anyone working with children or young people needs to be able to recognise the signs. These include a child:

- being afraid of particular places or making excuses to avoid particular people
- knowing about or being involved in “adult” issues which are inappropriate for their age and stage of development, for example alcohol, drugs and/or sexual behaviour
- having angry outbursts or behaving aggressively towards others
- becoming withdrawn or appearing anxious, clingy or depressed
- self-harming or having thoughts about suicide
- showing changes in eating habits or developing eating disorders
- regularly experiencing nightmares or sleep problems
- regularly wetting the bed or soiling their clothes
- running away or regularly going missing from home or care

- not receiving adequate medical attention after injuries.

These signs do not necessarily mean that a child is being abused. There may well be other reasons for changes in a child's behaviour such as a bereavement or relationship problems between parents or carers.

1. Physical Abuse

Physical abuse happens when a child is deliberately hurt, causing physical harm. It can involve hitting, kicking, shaking, throwing, poisoning, burning or suffocating.

It's also physical abuse if a parent or carer makes up or causes the symptoms of illness in children. For example, they may give them medicine they don't need, making them unwell. This is known as fabricated or induced illness (FII).

Indicators

All children have trips, falls and accidents which may cause cuts, bumps and bruises. These injuries tend to affect bony areas of their body such as elbows, knees and shins and are not usually a cause for concern.

Injuries that are more likely to indicate physical abuse include:

- bruises on babies who are not yet crawling or walking
- bruises on the cheeks, ears, palms, arms and feet
- bruises on the back, buttocks, tummy, hips and backs of legs
- multiple bruises in clusters, usually on the upper arms or outer thighs
- bruising which looks like it has been caused by fingers, a hand or an object, like a belt or shoe
- large oval-shaped bite marks.
- any burns which have a clear shape of an object, for example cigarette burns
- burns to the backs of hands, feet, legs, genitals or buttocks.
- Other signs of physical abuse include multiple injuries (such as bruising, fractures) inflicted at different times.

If a child is frequently injured, and if the bruises or injuries are unexplained or the explanation doesn't match the injury, this should be investigated. It's also concerning if there is a delay in seeking medical help for a child who has been injured.

2. Neglect

Neglect is not meeting a child's basic physical and/or psychological needs. This can result in serious damage to their health and development. Neglect may involve a parent or carer not:

- providing adequate food, clothing or shelter
- supervising a child or keeping them safe from harm or danger

(including leaving them with unsuitable carers)

- making sure the child receives appropriate health and/or dental care
 - making sure the child receives a suitable education
- meeting the child's basic emotional needs – this is known as emotional neglect.

Neglect is the most common type of child abuse. It often happens at the same time as other types of abuse.

Indicators

Neglect can be difficult to identify. Isolated signs may not mean that a child is suffering neglect, but multiple and persistent signs over time could indicate a serious problem. Some of these signs include:

- children who appear hungry - they may not have lunch money or even try to steal food
- children who appear dirty or smelly
- children whose clothes are inadequate for the weather conditions
- children who are left alone or unsupervised for long periods or at a young age
- children who have untreated injuries, health or dental problems
- children with poor language, communication or social skills for their stage of development
- children who live in an unsuitable home environment.

3. Emotional/Psychological Abuse

Emotional abuse involves:

- humiliating, putting down or regularly criticising a child
- shouting at or threatening a child or calling them names
- mocking a child or making them perform degrading acts
- constantly blaming or scapegoating a child for things which are not their fault
- trying to control a child's life and not recognising their individuality
- not allowing a child to have friends or develop socially
- pushing a child too hard or not recognising their limitations
- manipulating a child
- exposing a child to distressing events or interactions
- persistently ignoring a child
- being cold and emotionally unavailable during interactions with a child
- not being positive or encouraging to a child or praising their achievements and successes.

Indicators

There aren't usually any obvious physical signs of emotional abuse, but you may spot changes in a child's actions or emotions.

Some children are naturally quiet and self-contained whilst others are more open and affectionate. Mood swings and challenging behaviour are also a normal part of growing up for teenagers and children going through puberty.

Be alert to behaviours which appear to be out of character for the individual child or are particularly unusual for their stage of development. Babies and pre-school children who are being emotionally abused may:

- be overly affectionate towards strangers or people they haven't known for very long
- not appear to have a close relationship with their parent, for example when being taken to or collected from nursery
- lack confidence or become wary or anxious
- be unable to play
- be aggressive or nasty towards other children and animals.

Older children may:

- use language, act in a way or know about things that you wouldn't expect for their age
- struggle to control strong emotions or have extreme outbursts
- seem isolated from their parents
- lack social skills or have few, if any, friends
- fear making mistakes
- fear their parent being approached regarding their behaviour
- self-harm.

4. Sexual Abuse

Sexual abuse is forcing or enticing a child to take part in sexual activities. It doesn't necessarily involve violence and the child may not be aware that what is happening is abuse. Child Sexual Exploitation is a type of sexual abuse.

Child sexual abuse can involve contact abuse and non-contact abuse. Contact abuse happens when the abuser makes physical contact with the child. Non-contact abuse involves non-touching activities. It can happen online or in person.

Indicators

There may be physical signs that a child has suffered sexual abuse.

These include:

- anal or vaginal soreness or itching
- bruising or bleeding near the genital area
- discomfort when walking or sitting down
- an unusual discharge

- sexually transmitted infections (STI)
- pregnancy.

Changes in the child's mood or behaviour may also cause concern. They may want to avoid spending time with specific people. In particular, the child may show sexual behaviour that is inappropriate for their age.

For example:

- they could use sexual language or know things about sex that you wouldn't expect them to
- they might become sexually active or pregnant at a young age.

8. Monitoring And Prevention Of Abuse

The following systems and procedures should be used as safeguarding tools.

Lead Safeguarding Officer for Dumfries and Galloway Hard of Hearing Group is Carrie Cawkwell, Services Manager (Email: officedghhg@gmail.com, Tel:07896 342878)

The Lead Trustee for Safeguarding for Dumfries and Galloway Hard of Hearing Group is Jon Joy, Trustee (for details email officedghhg@gmail.com)

Recruitment and Selection – All recruits will complete an application form and will be asked to join Prevention of Vulnerable Groups; candidates will be interviewed and references including last employer will be undertaken. No one will start in any role within DGHHG until our vetting system is completed and satisfactory.

Training and Induction- All staff, volunteers will undertake DGHHG induction which gives an overview of the organisation, its purposes, values service and structure. All staff, volunteer (including Trustees) will receive safeguarding training during their induction and safeguarding policy and procedures will be reviewed on an annual basis to ensure they are fit for purpose.

Accident /Incident Policy - All accidents & injuries to clients, volunteers and staff are reported in the accident book and details recorded on accident /incident forms, with follow up, outcomes and risk assessments recorded. If it is suspected that abuse has taken place, then safeguarding officer will be informed immediately. They will be responsible for any further action which will depend on the circumstances. In the event of the Safeguarding Officer being implicated the Lead Trustee for Safeguarding will be informed and responsible for further action.

Complaints Procedure - Should be monitored by the Service Manager who should be able to pick up on cases of suspected or actual abuse.

Regular meetings – between volunteers, staff and trustees to monitor the welfare of clients

9. Staff and Volunteer Responsibilities- what to do if abuse is suspected.

Step 1 You witness, suspect or receive information about abuse

If the situation is an emergency, having obtained consent or established incapacity, contact the appropriate emergency service particularly if a vulnerable adult appears to be in immediate physical danger or there is evidence of physical or sexual abuse.

If the situation is not an emergency, report your concerns to the Service Manager.

Informing the Service Manager

You will need to report:

- What you saw
- Who told you of the circumstances, the abused person, another person
- What you were told
- What information there is
- What makes you think the abuse has taken place
- What action if any have you taken so far
- What immediate /further risk there might be

In agreement with the service manager, it may be appropriate to:

- Seek information from other professionals involved in a vulnerable adult's life

Step 2 When the person does not give consent for action. Establish capacity

All adults have the right to make decisions for themselves unless they are the subject of guardianship or another legal order. There are those from time to time who may have difficulty in making informed choices or decisions, examples of difficulty are;

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- Someone who suffers from a mental disorder, or particular brain injury or illness, people with dementia and people with learning disabilities.
- If the client does not want any action taken their wishes should be respected unless it is established that they lack the capacity to recognise their vulnerability/situation.
- If you are unsure of the person's capacity (ability to make informed decisions/choices) discuss with the Service Manager and who will refer to a social work service if deemed appropriate.

Step 3 Consultation with the Service Manager or the Lead Trustee for Safeguarding

Discuss the suspected or actual abuse with the Service Manager or the Lead Trustee for Safeguarding as soon as possible to agree a course of action. An agreed action plan should be the outcome of this discussion.

The following issues may be considered when agreeing an action plan:

- Removing or reducing risk (e.g. asking a volunteer or client to leave the project)
- Undertaking a disciplinary investigation with a staff member
- Ensuring an abused person is made to safe, feel protected and where appropriate, not left alone (in this instance, it is likely to be appropriate for more than one person to stay with the abused person).
- What involvement should the vulnerable adult have in consequent decisions and actions – e.g. if the abused person does not want the police to be notified their wish must be respected.
- Are the police likely to be involved and, if so, leave the scene undisturbed? If a physical/sexual abuse is suspected, immediate referral is essential to ensure that vital evidence is not destroyed.
- Does a person need to be removed to a place of safety?
- Is the abuse about a staff member/volunteer from another organisation/service?
- Whether immediate action would cause more distress and/or pose greater risks to the vulnerable adult.
- Is a referral to the social work department appropriate?

Wherever possible you should try not to discuss any concerns you have about a vulnerable adult in a way that may lead others to suspect that they are being abused.

A copy of the action plan as agreed with the Service Manager (who is also the Safeguarding lead) must be sent to the Lead Trustee for Safeguarding.

It may be appropriate to contact Adult Support & Protection (03033333001) to discuss concerns and involve them in resolving the matter.

Step 4 Referral to a local Adult Support & Protection

If you suspect or have clear evidence that abuse has taken place, then as soon as possible after the vulnerable adult has given consent or you have decided that they lack capacity, the social work department should be contacted. The Service Manager should agree this course of action and the Lead Trustee for Safeguarding should be made aware this is happening.

Information passed to them should include available personal details of the vulnerable adult. You should also include information about the allegation, any relevant background information about concerns and any action already taken.

The Social Work department should then follow the guidance given in the document Protecting Vulnerable Adults ensuring rights and preventing abuse.

Step 5 Ongoing participation of the Vulnerable Adult

You will need to talk through with the vulnerable adult and Adult Support & Protection (03033333001) the choices they now have, and those consequences, as a result of an incident/alleged incident.

Step 6 Support of volunteers

The Service Manager is responsible for the de-brief volunteers where necessary. There is a need to be sure they are clear of their roles and level of responsibility and the Service Manager will be accessible and supportive throughout. Advice on recording may also be necessary. If the Service Manager is unavailable or is in some way implicated then the Lead Trustee for Safeguarding will take on these responsibilities.

Step 7 Recording of Information

Incidents involving the protection of vulnerable adults should include:

- The timing of the event/s
- The nature and substance of the incident
- Who was involved
- Issues of capacity and consent
- The vulnerable adult's wishes and views
- Decisions and actions taken – identifying who will do what
- A timescale for taking action and reviewing the situation
- If no further action is being taken, why

10. Staff & Volunteer Responsibilities - what to do if abuse of a young person is suspected

Children and young people who have been abused may want to tell someone but not have the exact words to do so. They may attempt to disclose abuse by giving adults clues, through their actions and by using indirect words. Adults need to be able to notice the signs that a child or young person might be distressed and ask them appropriate questions about what might have caused this. You should never wait until a child or young person tells you directly that they are being abused before taking action. Instead, ask the child if everything is OK or discuss your concerns with the Service Manager or the Lead Trustee for Safeguarding. It is important that everyone in the organisation is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred. That is a task for the professional child protection agencies following a referral to them of concern about a child.

If a child makes a disclosure:

- Stay Calm
- Listen carefully to what is being said
- Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others – **do not promise to keep secrets**
- Allow the child to continue at their own pace
- Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer
- Reassure the child that they have done the right thing in telling you
- Tell them what you will do next and with whom the information will be shared
- Record in writing what was said using the child's own words as soon as possible – note date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated

- Contact the Service Manager or the Lead Trustee for Safeguarding

Step 1 You witness, suspect or receive information about abuse

If the situation is an emergency contact the appropriate emergency service particularly if a young person appears to be in immediate physical danger or there is evidence of physical or sexual abuse.

If the situation is not an emergency, report your concerns to the Service Manager

Informing the Service Manager

You will need to report:

- What you saw
- Who told you of the circumstances, the abused person, another person
- What you were told
- What information there is
- What makes you think the abuse has taken place
- What action if any have you taken so far
- What immediate /further risk there might be

Use language that is clear and precise and make sure the information you are sharing is accurate. Make it clear what information is factual and what is based on opinion (yours or other people's).

In agreement with the Service Manager, it may be appropriate to:

- Seek information from other professionals involved in the young person's life

Step 2 Consultation with Service Manager/ Lead Trustee for Safeguarding

Discuss the suspected or actual abuse with the Service Manager as soon as possible to agree a course of action. If the service manager is not available, please refer the Lead Trustee for Safeguarding and if they aren't available contact the Chairperson or other Trustee. An agreed action plan should be the outcome of this discussion.

The following issues may need to be considered when agreeing an action plan:

- Ensuring an abused person is made safe, feels protected and where appropriate, not left alone (in this instance, it is likely to be appropriate for more than one person to stay with the abused person).
- Are the police likely to be involved? If so, leave the scene undisturbed. If a physical/sexual abuse is suspected, immediate referral is essential ensure that vital evidence is not destroyed.
- Does a person need to be removed to a place of safety?
- Whether immediate action would cause more distress and/or pose greater risks to the young person.
- Is a referral to Duty Children's Social Worker appropriate?
- Removing or reducing risk (e.g. asking a volunteer or client to leave the project)
- Undertaking a disciplinary investigation with a staff member
- Is the abuse about a staff member/volunteer from another organisation/service?

Wherever possible you should try not to discuss any concerns you have about a young person in a way that may lead others to suspect that they are being abused.

A copy of the Action Plan should be forwarded to the Lead Trustee for Safeguarding.

Step 3 Referral to Duty Children's Social Worker

If you suspect or have clear evidence that abuse has taken place, then as soon as possible the Children's Duty Social Worker (03033333001) should be contacted. This should be done having agreed it the Service Manager or Lead Trustee for Safeguarding

Information passed to them should include available personal details of the young person. You should also include information about the allegation, any relevant background information about concerns and any action already taken.

The Duty Children's Social Worker should then be provided with a written report for their records.

Step 4 Support volunteers

The Service Manager may need to de-brief volunteers clarify their role and level of responsibility and be accessible and supportive throughout the steps outlined. Advice on recording may also be necessary.

Step 5 Recording of Information

A written record of any concerns should be made as soon as possible. Incidents involving the protection of young people should include:

- The timing of the event/s
- The nature and substance of the incident
- Who was involved
- Any particular needs that need to be taken into account
- Decisions and actions taken – identifying who will do what
- A timescale for taking action and reviewing the situation
- If no further action is being taken, why

This information MUST be included in all induction information for staff, volunteers and others whose work involves client contact.

12. Dealing with actual or suspected abusers

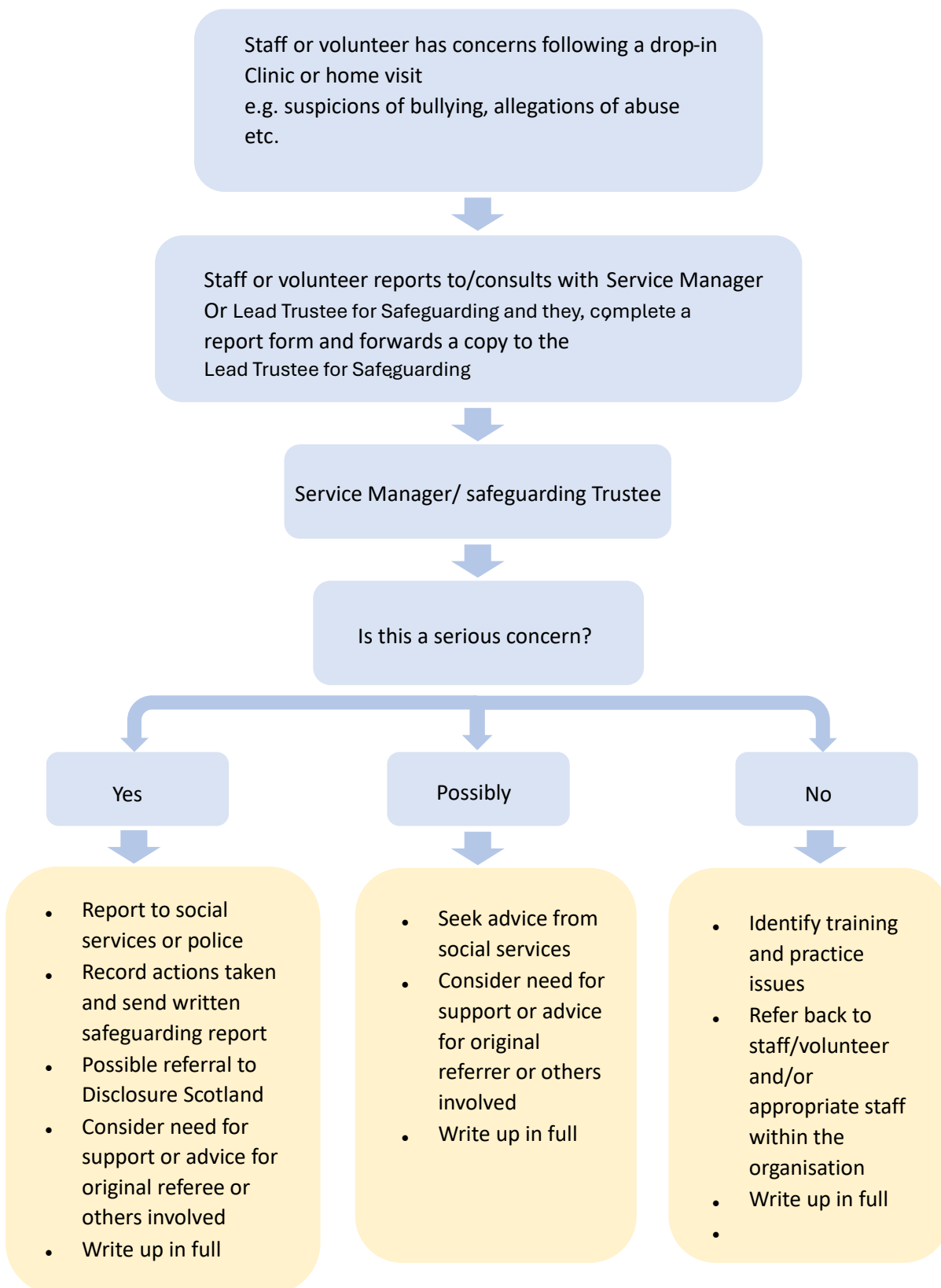
Abuse of clients by staff or volunteers

Clients may suffer abuse at the hands of a member or members of staff or volunteers. If it is suspected that a member of staff or volunteer has abused a client, they will be suspended immediately from duty, pending an investigation.

The organisation recognises that this is a difficult time for the member of staff or volunteer and will if appropriate make available to the person an independent advisor/counsellor for support and advice.

If allegations prove to be accurate, staff will be subject to disciplinary action. Volunteers will be asked to leave immediately. Where appropriate, a report will be submitted to Disclosure Scotland and any other relevant authority or Regulatory Bodies.

Appendix 1: Flow chart of Reporting Procedure for reporting concerns of abuse of children:



Appendix 2: Flow chart of Reporting Procedure for reporting concerns of abuse for adults:

