



Safeguarding Policy and Procedures

Safeguarding is the action that an organisation takes to promote the welfare of children and adults who do not have the capacity to protect themselves from abuse or harm, including physical, emotional, sexual and financial harm and neglect. This includes making sure that appropriate policies, practices and procedures are put in place. Charities and other organisations working with children and protected adults must do all they can to keep them safe and protected from harm.

This document describes the policy and procedures that Haemophilia Scotland has adopted to meet its obligations to children and protected adults. The policy and procedures must be followed by all trustees, employees and volunteers.

Version 2.0

Approved by Board of Trustees: 09 June 2026

Next Review Due: May 2027 (or if the events at Section 10 apply)

IMMEDIATE RESPONSE

- **If someone has disclosed, or you have observed, a safeguarding issue look at Sections 7 & 8 of this Policy on what to do.**
- **If a child or protected adult is at immediate risk phone the Police on 999.**
- **Otherwise report the abuse to Social Work Services where the child or protected individual lives.**
- **Inform the Lead for Safeguarding about what has happened and listen to their advice.**
- **Don't investigate, simply report what you have seen or been told.**

Contents

1.	Policy Statement	1
2.	General Rights and Responsibilities	1
3.	Why is Safeguarding Important	1
4.	Legal Framework and Definitions	2
5.	Responsibilities of Haemophilia Scotland	4
6.	Recognising Abuse	4
7.	If someone discloses abuse, what do you do?	5
8.	Reporting Procedure	6
9.	Additional Information	7
10.	Review of Policy	7
	Appendix A - Definition and Indicators of Abuse	8
	Appendix B – Events where staff and volunteers are responsible for children	12
	Appendix C – Digital Safety and Image Sharing	17
	Appendix D – Reporting Significant Events to OSCR and Disclosure Scotland	18

If any web-links in this document are broken, please contact us at hello@haemophilia.scot and we will seek to correct.

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1. Policy statement

Haemophilia Scotland aims to ensure that regardless of age, gender, religion or beliefs, ethnicity, disability, sexual orientation or socio-economic background, our community have a positive and enjoyable experience of the charity and our activities.

Haemophilia Scotland acknowledges the duty of care to safeguard and promote the welfare of children and protected adults¹ and is committed to ensuring practice reflects statutory responsibilities, government guidance and complies with the Office of the Charity Regulator (OSCR) best practice.

We recognise and uphold the rights of children as defined in the United Nations Convention on the Rights of the Child (UNCRC), including the right to be heard, to be safe, and to have their best interests considered in all decisions affecting them.

2. General rights and responsibilities

As a charity, Haemophilia Scotland is committed to protecting and promoting all its members' rights and those it supports through a culture of mutual respect between our community, volunteers, staff and trustees. To achieve we aim to:

- Create an environment, in which all are valued, have their rights respected and are treated as individuals.
- Ensure that all are empowered to express their ideas and views on a wide range of issues and have access to our complaints procedure.
- Respect and value the diversity of all and treat everyone in an equitable and fair manner.
- Adopt the safest possible practices to minimise the possibility of harm.
- Ensure open access to our policies and understand our commitment to protection.
- Require all members, volunteers, staff and trustees to respect each other's confidentiality and adhere to the [Confidentiality policy](#) and [Privacy policy](#).
- Recognise that information on any safeguarding concerns override confidentiality and should be shared on need-to-know basis.

3. Why is Safeguarding Important

Haemophilia Scotland believes that a child or protected adult should never experience abuse of any kind. We have a responsibility to promote the welfare of all children and protected adults and to keep them safe. We work with people who have long term conditions that can have an impact on their physical and emotional welfare. We recognise that the welfare of children and protected adults under our care is the first and paramount consideration and are committed to work in a way that protects them. The policy and procedures take into consideration that Haemophilia Scotland may provide events and activities for children or protected adults and must support safe practices.

¹ See definitions at page 2.

4. Legal framework and definitions

Legislation for both children and protected adults place a duty on local councils (or with the police where a crime is suspected) to inquire and investigate cases where harm is known or suspected. They have powers to visit and interview people, arrange medical examinations, examine records, and issue protection orders.

Harm can occur anywhere, and the person causing harm may be a stranger or may be known to the person being harmed. They may be a relative, a friend, a volunteer or a professional.

(i) Definitions:

Children:

In Scotland, the definition of a child varies in different legal contexts, but statutory guidance which supports the Children and Young People (Scotland) Act 2014, includes **all children and young people up to the age of 18**.

Adults:

An adult at risk (commonly referred to as a protected adult in Scotland) is any person who is **aged 16 years or over and at risk of abuse or neglect** because their needs for care and/or support mean they **are unable to safeguard their own wellbeing, property, rights or other interests**. They are at risk of harm because they are affected by disability, mental disorder, illness or physical or mental infirmity and are more vulnerable to being harmed than adults who are not so affected. This definition is within the Adult Support and Protection (Scotland) Act 2007.

Where a young person between the age of 16 and 18 requires support and protection, relevant services need to consider which legal framework best fits each person's needs and circumstances.

(ii) Legislation and Guidance

This policy is based on law and guidance in Scotland that seeks to protect children and protected adults including:

Disclosure/PVG:

Disclosure (Scotland) Act 2020

<https://www.legislation.gov.uk/asp/2020/13/contents>

The Disclosure (Scotland) Act 2020 amended the system of criminal record checks to improve public safety and proportionality. Key changes include mandatory PVG scheme membership for regulated roles, simplified disclosure levels (Levels 1 & 2), and increased control for individuals to review their information. It also introduces a 5-year renewal cycle for PVG membership.

Disclosure Code of Practice March 2025

<https://www.mygov.scot/disclosure-code-of-practice>

The March 2025 Code replaces the 2022 version and contains Disclosure Scotland's rules to ensure that sensitive personal information is used fairly, lawfully and appropriately. It provides guidance on how to do this for organisations registered with Disclosure Scotland.

Adult Support and Protection (Scotland) Act 2007

<https://www.legislation.gov.uk/asp/2007/10/contents>

The Adult Support and Protection (Scotland) Act 2007 provides a legal framework to identify and protect individuals aged 16+ who are unable to safeguard their own wellbeing, property, or rights and are at risk of harm due to disability, illness, or mental disorder. It empowers local councils to investigate, mandates public body cooperation, and allows for protection orders

Children:

The Children (Scotland) Act 1995

<https://www.legislation.gov.uk/ukpga/1995/36/contents>

The Children (Scotland) Act 1995 is the primary legislation governing child welfare in Scotland, focusing on the child's needs, rights, and protection. It mandates that local authorities provide support for children in need, emphasizes keeping families together when safe, and enforces the right for children to express views on matters affecting them.

National Guidance for Child Protection in Scotland 2021 (amended 2023)

<https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021-updated-2023/>

This guidance describes the responsibilities and expectations for all involved in protecting children.

United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024

<https://www.legislation.gov.uk/asp/2024/1/contents/enacted>

The Act incorporates into Scots law the United Nations Convention on the Rights of the Child ("the Convention"), an international human rights treaty covering all aspects of children's lives including civil, political, economic, social and cultural rights.

Adults:

Adult Support and Protection (Scotland) Act 2007

<http://www.legislation.gov.uk/asp/2007/10/contents>

The Adult Support and Protection (Scotland) Act 2007 is designed to support and protect adults aged 16 and over, and who meet all three of the following criteria: they are unable to safeguard their own well-being, property, rights or other interests and are at risk of harm.

Adult Support and Protection (Scotland) Act 2007: Code of Practice July 2022

<https://www.gov.scot/publications/adult-support-protection-scotland-act-2007-code-practice-3/>

5. Responsibilities of Haemophilia Scotland

As part of our safeguarding policy, we will:

- Promote and prioritise the safety and wellbeing of children and protected adults.
- Take account of the Scottish Getting it Right for Every Child Framework (GIRfEC) as it applies to children: <https://www.gov.scot/policies/girfec/>
- Designate one of our trustees to be the Safeguarding Lead who will monitor and ensure this Policy is applied. Their details will be published on our website under “Board of Trustees”.
- Require that all staff, trustees and volunteers who have direct contact with children and protected adults are members of the PVG Scheme in line with the Disclosure (Scotland) Act 2020 and receive initial and regular ongoing safeguarding training.
- Ensure everyone understands their roles and responsibilities in respect of protecting people and are provided with appropriate learning opportunities to recognise, identify and report signs of abuse, neglect and other protection concerns.
- Support individual/s who raise or disclose concerns.
- Ensure appropriate action is taken in accordance with this policy in the event of incidents/concerns of abuse.
- Share concerns with agencies who need to know and involve parents and guardians appropriately.
- Ensure that confidential, detailed and accurate records of all protection concerns are maintained and securely stored in line with data protection legislation and best practice.
- Ensure that any failure to comply with the policy and procedure will be reported to the board of trustees and addressed promptly by trustees.

6. Recognising Abuse

The ability to recognise signs of neglect or abuse can depend as much on one’s willingness to accept the possibility of its existence as it does on one’s knowledge and information. One indicator should not necessarily be concluded as abuse. A cluster or pattern of signs is likely to be more indicative of abuse. Many signs of abuse are non-specific and must be considered in the person’s social and family context. It may indicate conditions other than abuse.

Signs of neglect or abuse can be physical, behavioural or developmental. They can exist in the relationships between children or protected adults and parents, care givers or other persons.

The following examples would constitute reasonable grounds for concern:

- Specific indication from the person that they were subject to abuse.

- An account by someone who believed they saw the person being abused.
- Evidence such as injury or behaviour which is consistent with abuse and unlikely to be caused in any other way.
- An injury or behaviour, which is consistent both with abuse and with an innocent explanation, but where there are corroborative indicators supporting the concern that it may be a case of abuse. An example of this would be a pattern of injuries, an implausible explanation, other indications of abuse, dysfunctional behaviour.
- Consistent indication, over a period, that a child or protected adult is suffering from emotional or physical neglect.
- Admission or indication by someone of an alleged abuse.
- Any concern about possible sexual abuse.
- Any concern of digital or cyber abuse.
- Any concern of financial or material abuse.
- Any concerns of institutional abuse.

7. If someone discloses abuse, what do you do?

If you are in a situation where someone discloses abuse to you, there are several steps you must take.

Listen carefully - Do not express your own views on the matter. A reaction of shock or disbelief could cause the person to 'shut down', retract or stop talking.

Don't ask leading questions – it is not your role to investigate but to listen.

Let them know they've done the right thing - Reassurance can make a big impact to the person who may have been keeping the abuse secret.

Tell them it's not their fault - Abuse is never the recipient's fault and they need to know this.

Say you will take them seriously - A person may keep abuse secret in fear they won't be believed. They've told you because they want help and trust you'll be the person who will listen to and support them.

Don't talk to the alleged abuser - Confronting the alleged abuser about what the child or protected adult has told you could make the situation a lot worse for them and potentially compromise the gathering of evidence.

Explain what you will do next - If age appropriate, explain to the person you'll need to report the abuse to someone who will be able to help. Do not promise confidentiality because you must report it for help to happen.

Inform the Safeguarding Lead – This is a trustee identified on our website under the listing of trustees.

Don't delay reporting the abuse - The sooner the abuse is reported after the event the better. Report as soon as possible so details are fresh in your mind and action can be taken quickly.

If the person is at immediate risk – contact the police on 999.

Make a detailed written record of the incident – as soon as possible and at the latest within 24 hours.

8. Safeguarding Reporting and Response Procedures

Where abuse or harm is suspected the person receiving this information or observing an incident must report this immediately as below and follow up with a written record.

The Safeguarding Lead should be contacted for advice, if time permits, or once you have reported the matter. The Lead is there to support you through the reporting process and response. Points 3,5, and 6 below are decisions for management who should seek advice from the Safeguarding Lead on how to proceed.

It is not the role of Haemophilia Scotland to investigate but rather to report suspected abuse or harm to the relevant authorities, who have the powers to investigate. The information you hold may be important in providing the authorities with evidence allowing safeguarding action to be taken.

Information should be shared with the relevant agencies in a timely and proportionate manner where there are concerns about harm.

The safety and well-being of the child or protected adult must take priority over concerns about the person against whom an allegation may be made.

1. If you suspect a crime has been committed, the person is in immediate danger, or requires medical attention – contact the police or ambulance services on 999
2. Otherwise report the situation to:

The local council (where the child or protected adult lives). Contract the emergency social work number to be found on the local authority web site. Numbers should be available 24 hours each day. If unsure of the relevant local authority type in the individual's postcode on the Find My Local Council Web page:

<https://www.gov.uk/find-local-council>

3. Make a follow up phone call to the agency to whom you gave the initial report to confirm it has been received.
4. Contact the Safeguarding Lead for advice as soon as possible.
5. Identify who is the most appropriate person to speak to the parents or care giver of the person unless it puts the person at further risk.

6. Where necessary, agree a sensitive and appropriate communication with the Safeguarding Lead for members or volunteers regarding the situation.
7. Consider if, based on the allegations made, any staff member or volunteer should be suspended temporarily or excluded from further volunteer activity on a temporary basis.
8. Reporting a safeguarding issue will most likely also be a notifiable event to Disclosure Scotland. See Appendix D for details. Any reporting to Disclosure Scotland should be made by the Director in consultation with the Chair of Trustees. If the Director is the subject of the safeguarding issue, the report should be made by the Chair or another authorised Trustee.

9. Additional Information

Appendix A provides additional information on definitions and indicators of abuse.

Appendix B provides guidance for those involved in working with children.

Appendix C provides guidance on digital safety and image sharing.

Appendix D outlines the requirements for reporting significant events to Disclosure Scotland.

10. Review of Policy

The policy will be reviewed annually, or sooner in the following circumstances:

- changes in legislation and/or
- government guidance following another significant change or event.
- after an incident involving us, to review whether the Policy was robust enough to deal with the incident.

Definitions and indicators of abuse

Neglect or acts of omission

Neglect occurs when a child or protected adult does not receive adequate care or supervision to the extent that they are harmed physically or developmentally. It is generally defined in terms of an omission of care, where a person's health, development or welfare is impaired by being deprived of food, clothing, warmth, hygiene, medical care, intellectual stimulation or supervision. Neglect is associated with poverty but not necessarily caused by it.

A reasonable concern for the child or protected adult's welfare would exist when neglect becomes typical of the relationship between the person and their parent or care giver. This may become apparent where you see the person over a period of time, or the effects of neglect may be obvious based on having seen the person only once. Indicators might be:

- Physical condition of the child or protected adult is poor
- Untreated injuries or other medical problems
- Inconsistent or reluctant contact with medical or social care agencies
- Poor personal hygiene

Emotional Abuse

Emotional abuse is the systemic emotional or psychological ill-treatment of a child or protected adult as part of the overall relationship between a parent or care giver. Abuse occurs when a person's needs for attention, affection, approval, consistency and security are not met due to incapacity or indifference from their parent or care giver. Emotional abuse can also occur when adults responsible for taking care of children are unaware of and unable (for a range of reasons) to meet their children's emotional and developmental needs. Emotional abuse is not easy to recognise because the effects are not easily seen.

Indicators might be:

- Preventing a child or protected adult from using services
- Denial of access to friends
- Ignoring
- Harassment
- Use of threats, bullying, swearing
- Intimidation
- Alteration in psychological state (e.g.: withdrawal or signs of fear)
- Insomnia, tearfulness, change of appetite

Physical Abuse

Physical abuse is when someone deliberately hurts a child or protected adult physically or puts them at risk of being physically hurt. It may occur as a single incident or as a pattern of incidents.

Indicators might be:

- Injuries inconsistent with the account of how they happened
- Lack of explanation as to how injuries happened
- Bruising, burns or other marks
- Unexplained falls/minor injuries
- Particularly subdued behaviour in presence of carer, relative, worker

Sexual Abuse

Sexual abuse occurs when a child or protected adult is used by another person for his or her gratification or sexual arousal or for that of others. It includes the person being involved in sexual acts or exposing the person to sexual activity directly or through pornography. Sexual abuse may cover a wide spectrum of abusive activities. It rarely involves just a single incident and, in some instances, occur over several years.

A reasonable concern is any concern over the possibility of sexual abuse. Indicators might be:

- Bruising, infection, tearing in genital area
- Pregnancy in a woman who is unable to consent to sexual intercourse
- Bruising to thighs and upper arms
- Unusual difficulty in walking or sitting
- Unusual wetting or “soiling”
- Significant change in sexual behaviour or attitude
- Unusually overt sexual behaviour/language
- Reluctance to be alone with an individual known to them
- Self harming
- Withdrawal, sleep disturbance and/or poor concentration
- Fear of assistance with bathing, dressing, etc.
- Excessive fear/apprehension of, or withdrawal from, relationships

Digital Abuse

Digital abuse refers to the use of technology or online communication to control, threaten, exploit, humiliate, harass or harm another person.

Digital abuse may include:

- Cyberbullying or online harassment
- Sending threatening or abusive messages
- Sharing private information without consent
- Coercive or controlling behaviour through technology
- Monitoring online activity or location without permission
- Grooming or sexual exploitation online
- Pressuring someone to share sexual images or personal information
- Impersonation or fake accounts
- Financial exploitation through digital means
- Hate speech or discriminatory abuse online
- Repeated unwanted contact or stalking behaviour

Children, young people and adults at risk may be particularly vulnerable to:

- Online manipulation
- Isolation through digital coercion
- Emotional dependency created online
- Fraud or scams
- Exploitation through social media or messaging platforms

Financial Abuse

Financial or Material Abuse e.g. the use of a property, assets, income or any other resources without informed consent and authorisation. Financial or material abuse occurs where an individual's funds or resources are being used inappropriately by a third person. This form of abuse could apply to adults and children

Indicators might be:

- Unexplained lack of money to maintain lifestyle
- Unexplained loss of money or property
- Unexplained and unusual bank withdrawals
- Lack of accountability shown by person handling vulnerable adult's affairs
- Unusual interest shown by others in vulnerable adult's assets
- Unjustified obtaining of Appointeeship or Power of Attorney without protected adult's understanding or consent.

Institutional abuse

The mistreatment or abuse of a person by a regime or individuals within an institution can take the form of repeated acts of poor or inadequate care and neglect or poor professional practice. Institutional abuse occurs when the routines, systems and norms of an institution compel individuals to sacrifice their own preferred lifestyle and cultural diversity to the needs of the institution. Research has shown that the culture of an institution is a powerful indicator of the practice and attitudes of those working within it. Institutions that have a “closed” culture, where there can be a lack of accountability, have been shown to be more likely to foster poor practice.

Additional procedure for events where staff or volunteers are responsible for children in the absence of their parents

Medical consent and treatment

If children or protected adults are participating in events without parents/guardians present, we will ensure we have full consent and information to ensure needs are met in relation to dietary requirements, hygiene and medical attention. This would include a consent form to enable treatment to be given by specialist haemophilia nurses or doctors if required. In these circumstances:

- We will have clinical specialists at any programmes where there is identified a clinical need; these may be a haemophilia specialist nurse, physiotherapist or doctor.
- All parents will be required in advance of an event to provide clear medical information, provide written consent for any treatment requirements and supply sufficient treatment at the start of an event to cover the event duration.

Risk Assessments for Events and Activities

Haemophilia Scotland will undertake an appropriate risk assessment for all events, activities or trips where staff or volunteers have responsibility for children or adults at risk in the absence of their parents, carers or guardians.

Risk assessments should consider both general health and safety risks and safeguarding risks, including:

- Supervision arrangements and staff ratios
- Suitability of venues and sleeping arrangements where relevant
- Travel and transport arrangements
- Medical, accessibility or support needs
- Online safety and use of digital communication
- Procedures for emergencies or incidents
- Potential risks relating to behaviour, bullying or abuse
- Arrangements for responding to safeguarding concerns or disclosures

Risk assessments should be proportionate to the nature of the activity and reviewed where circumstances change.

All staff and volunteers involved in the event should be aware of relevant safeguarding procedures, reporting arrangements and their responsibilities for maintaining the safety and wellbeing of participants.

Supervision of Children – Our Two Adult Policy

Haemophilia Scotland operates a strict policy regarding the supervision of children. Where staff or volunteers are responsible for children/teens a **two adult policy** is adopted regarding the number of staff or volunteers to children ratio. **A child or group of children should not be left alone with a single adult staff or volunteer.** To ensure this is the case very clear schedules must be drawn up regarding supervision in the accommodation and programme activities both during the day and in the evening.

Supervision of Protected Adults

Haemophilia Scotland is committed to ensuring the safety and wellbeing of protected adults while recognising their rights to independence, privacy, and dignity. Where staff or volunteers are supporting protected adults, arrangements should minimise the risk of harm or allegations of inappropriate behaviour. Wherever possible, activities and interactions should take place in open or observable environments, and situations where a staff member or volunteer is alone with a protected adult should be avoided unless this is appropriate to the activity and has been risk assessed.

If one-to-one support is necessary:

- it should be agreed in advance with the Safeguarding Lead or appropriate manager;
- the protected adult's consent and preferences should be respected;
- staff or volunteers should inform another colleague of the arrangement;
- wherever possible, interactions should be recorded or take place in settings where others are nearby.

For higher-risk situations (e.g. personal care, overnight stays, or support in private spaces), clear plans and safeguards must be in place, including appropriate staffing levels and oversight.

At all times, staff and volunteers must act in a way that protects both the protected adult and them from risk of harm or misunderstanding.

Dealing with Challenging Behaviour

We treat all children as individuals, and all behaviours are supported in a way that is in line with our Safeguarding policies.

We provide training to assist staff and volunteers in dealing with challenging behaviour.

Codes of Behaviour Between Staff / Volunteers and Children / Protected Adults

Staff and Volunteers have a responsibility to protect and promote children and protected adults' rights by:

- Treating them with dignity, sensitivity and respect. Being positive in conversation and keeping conversation at the appropriate level for the age of a child.
- Making time to listen, talk to and get to know the children and protected adult.
- Making sure that children, young people and adult members know the organisation's rules about behaviour and have read our code of conduct.
- Helping children to be safe, happy and have as much fun as possible.

- Never tolerating favouritism, exclusion or harsh disciplinary regimes.
- Not using mobile phones or personal cameras to take photographs of children or members, or removing, storing, sharing, or retaining any images of children (including electronic copies) without appropriate written consent. Any images taken without consent must be deleted immediately and securely.
- Enabling children to regard their bodies as their own property.
- Encouraging them to express feelings, fears and experiences openly.
- Knowing about the principles and practices of safeguarding as outlined in this document and discussing any uncertainties with the Safeguarding Lead.
- Acting in an open and visible manner and ensuring that an adult is not left in a position where they are alone with a child.
- Never engaging in sexually provocative games, making jokes of a sexual nature or making suggestive comments in the presence of young people, even in fun.
- Respecting children's privacy in bathrooms or changing rooms.
- Sensitively ensuring that children and members know about the safeguarding Policies & Procedures. At events such as youth camp, staff explain on the first day using child friendly language to explain the limits of confidentiality, camp rules to ensure physical and emotional safety whilst at camp.
- Always responding to complaints or allegations. Encourage children and members to report cases of bullying or any other concerning behaviour to the Safeguarding Lead.
- Helping children realise the difference between confidentiality and secrecy.
- Being sensitive to the fact that some children are more vulnerable and have special needs.
- Never using physical punishment with children.
- Identifying challenging behaviour, to appreciate the cause of this behaviour, and to support children in their behaviour so they can have a positive experience at services. It is important to focus on the route of the behaviour to best support that child.

Liaison between Staff and Parents

At residential or day events Haemophilia Scotland staff or volunteers may speak to parents either through the recruitment of children, whilst they are at an event or following departure of the child or young person. Staff and Volunteers have a responsibility to protect and promote parents' rights by:

- appreciating the trust which parents place in staff and volunteers.
- listening carefully to what parents say about their children.

- listening to parents expressing a concern, not being defensive, trying to see a situation from the parents' perspective and seeking to establish a common ground.
- informing parents of any accidents and how they happened.
- ensuring parents are aware of the safeguarding Policies and Procedures.

A positive relationship between staff and parents should be nurtured and maintained through open, two-way communication. Consistent, effective communication helps parents develop a clearer understanding of the benefits of our programmes and events, as well as what is expected of both them and their child to enhance their overall experience. Ensuring that parents feel comfortable speaking with staff and volunteers creates opportunities to gain better insight into each child or young person, while also allowing parents to raise any questions or concerns openly.

Some Do's and Don'ts

Do's

- Ensure that the two adult policy is strictly observed, and you are never left alone with a child.
- Be aware of what is appropriate physical contact and engage in this contact only.
- Respect the personal boundaries of others.
- Discuss any uncertainties with the Safeguarding Lead
- Use camera's only to take photographs of children if written consent has been obtained.

Don'ts

- Spend time alone with a child.
- Contact children once you have left an event, unless in an official capacity approved by the Director
- Make jokes of a sexual nature in the presence of young people even in fun.
- Become over involved with a young person.
- Tolerate favouritism, exclusion or harsh disciplinary regimes.
- Offer to transport children or vulnerable adults to events

Safe Touch

All staff and volunteers are required to keep themselves and children safe in relation to physical contact. Key Don'ts for safe touch includes:

- Do not have a child sit on your knee. Do gently move the child away from sitting on your knee to sitting next to you.
- Do not give a child a hug when you are not on their level or initiate physical contact with a child. If a child initiates a hug or physical reassurance get on their level, try to stay side by side to the child allowing them to put an arm around your shoulder.
- Do not give a child a piggyback or shoulder ride. Do walk slower or rest with a child if they are tired.

- Do not initiate holding the child's hand; always try other alternatives such as verbal encouragement.
- Do not help a child to get dressed/undressed when they can do it on their own.
- Do not encourage or congratulate children by picking them up or hugging them. Do use high fives, fun handshakes.

Transport and Travel

Where Haemophilia Scotland staff or volunteers are involved in transporting children or adults at risk to or from events, this should only take place where it is necessary, agreed in advance, and forms part of an approved organisational activity.

Wherever possible, transport should be arranged through parents, carers or formal transport services rather than private informal arrangements. Any transport provided must be covered by appropriate insurance and carried out in line with legal requirements. Clear boundaries must be always maintained, and journeys should be transparent and accountable. Parents or carers should normally be informed in advance of any transport arrangements.

Any incidents, concerns, or accidents occurring during transport must be reported promptly in line with safeguarding procedures.

Digital Safety and Image Sharing

Online Communication and Social Media

Staff, volunteers and trustees must maintain clear professional boundaries online.

They should:

- Use organisational communication channels where possible
- Keep communication appropriate and relevant
- Avoid secretive or overly personal communication
- Ensure communication could withstand scrutiny

They should not:

- Develop inappropriate online relationships
- Use sexualised, offensive or discriminatory language
- Add children or young people to personal social media accounts
- Share confidential or sensitive information through social media or messaging apps

Photography, Video and Image Sharing

Haemophilia Scotland recognises the importance of protecting the privacy, dignity and safety of children, young people and protected adults when using photographs or video.

Appropriate consent should always be obtained before taking or sharing photographs or recordings.

Images should:

- Be respectful and appropriate
- Show individuals in suitable clothing
- Be used only for agreed purposes
- Avoid unnecessary identifying information

Images should not:

- Be shared without consent
- Be sexualised, exploitative or humiliating
- Be taken in private or changing areas
- Be shared through inappropriate channels

Photographs and recordings should be stored securely and only retained for as long as necessary.

Any safeguarding concerns disclosed through social media, messaging services, online platforms or relating to digital images must be taken seriously and reported appropriately.

Reporting Significant Events to Disclosure Scotland

(a) Notification to Disclosure Scotland

5. If we have employees or volunteers doing regulated work (work with children or protected adults) we have a duty to report any harmful behaviour that might affect whether the person is allowed to work with children or protected adults. This applies whether the person is a member of the Protecting Vulnerable Groups (PVG) Scheme or not. Reporting is called making a referral. By law employers must report harmful behaviour even if it takes place outside of work, or the employer only finds out about it after the employee or volunteer has left. Any referral must be made with the knowledge of the Director or Chair of Haemophilia Scotland.

6. As an employer we must make a referral to Disclosure Scotland within three months of an event becoming known to us explaining what has happened if the harmful behaviour meant that the person involved:

- was dismissed as a result
- would have been dismissed but left before they could be
- was transferred permanently away from work with children or protected adults

7. The following are examples of harmful behaviour which should be referred:

- harming a child or protected adult
- placing a child or protected adult at risk of harm
- inappropriate behaviour involving pornography
- inappropriate behaviour of a sexual nature involving a child or protected adult
- giving inappropriate medical treatment to a child or protected adult

8. There are several different ways harm can be defined. It is also important to bear in mind that people can cause a risk of harm without doing anything directly.

(a) Examples of harm include:

- physical harm (like inappropriate physical restraint or assault)
- psychological harm (like emotional abuse)
- theft (like embezzlement)

(b) Examples of behaviour which lead to a risk of harm include:

- attempting to harm (even if they don't succeed)
- trying to make someone else cause harm
- encouraging someone to self-harm
- reckless behaviour or incompetence that may cause someone to be harmed as a result, even if they didn't mean it to

9. If an employee or volunteer has been permanently removed from work for harmful behaviour towards a child or protected adult, the employer or organisation must send an Employer **Referral form to Disclosure Scotland**. Guidance on completing the form is included as notes to the form.