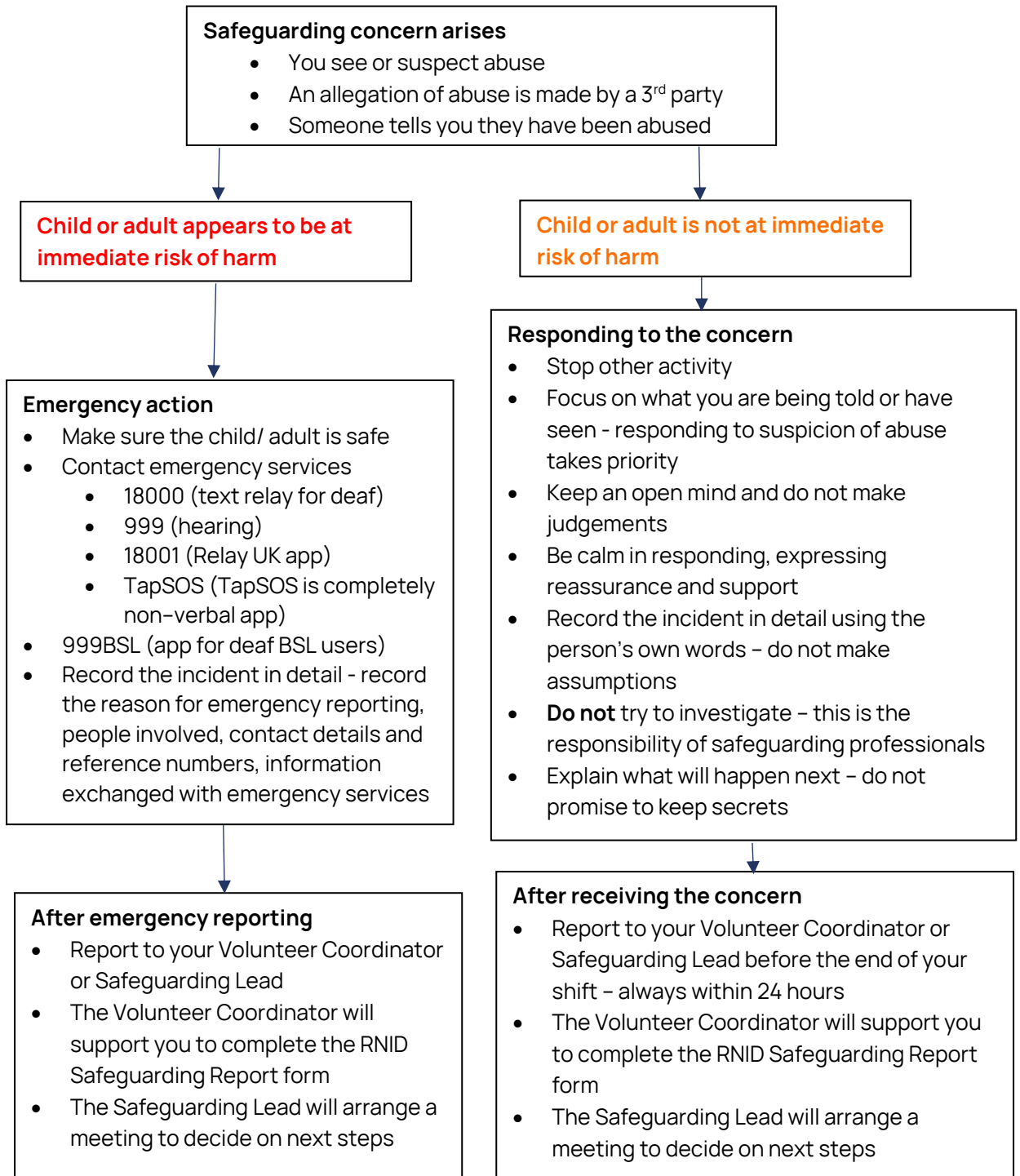


Quick Guide for Volunteers – What to do if you have a safeguarding concern



Confidentiality

Everyone has the right to have their information dealt with sensitively and confidentially. However, confidentiality will never be a barrier to good safeguarding practice.

If you know or suspect a person is being hurt physically, sexually, or emotionally, or likely to be hurt in the future, or in danger of hurting someone else, you have to inform other people.

Do not promise to 'keep secrets'. Make it clear that if you are told something that means someone is at risk of harm or is being harmed, you have to report it to the RNID Safeguarding Lead.

RNID Safeguarding Report Form

Using this form makes sure concerns and allegations are managed consistently within RNID safeguarding policies and procedures. Both adult and child safeguarding concerns and allegations are to be reported using this form and sent to the RNID Safeguarding Lead via your volunteer coordinator within 24 hours of receiving the concern.

Your Volunteer Coordinator will complete this form with you. This reporting form once completed will be sent to the Safeguarding Lead.

The form can be accessed

- As a word version (see appendix)
- [As an online form](#)
- Via the QR code below



RNID Safeguarding Report Form

Office use only: unique reference number	
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1. Person subject of concern details (victim)			
Full Name:			
Date of birth:		Age (approximate if unknown):	
Address:			
Gender:			
Child Parent/ Legal Guardian details i.e. name, address, contact details (if known):			
Child Parent/ Legal Guardian informed, if not please explain reason why not.			
Consent of Child: Even if the child does not consent for the concern to be passed to a third party it must be passed to the RNID Safeguarding Manager			
Has the child given consent for this referral? In some cases, a child will not be able to consent due to age and/or developmental reasons.			
If the child is not asked or does not consent, please state the reason			

Consent of adults – Even if the adult does not consent to the concern being raised with a third party, the concern must be reported to the RNID Safeguarding Manager.		
Has the adult at risk given consent for this referral?		
Is the adult at risk aware this referral has been made?		
What are the adult's views? What outcomes have they stated they want?		
If you have not discussed this with the adult at risk, please give reasons (adult lacks capacity/ adult unable to communicate their views/ discussion may increase the risk)		
Are there any doubts about the adult at risks capacity to consent?		
Please provide rationale for doubts:		

2. Person of Concern Details (alleged)		
Full Name of person of concern or allegation made against:		
Date of birth:		Age (approximate if unknown):

Address:	
Gender	
Parent/ Legal Guardian /other (if known)	

3. Details of person making this referral

Name:		Title:	
Job/ Volunteer Role/ freelancer (if applicable):			
Organisation/ Department:			
Line manager:			
Email:			
Contact number:			
Date/time referral completed:			
Relationship to Child or Adult at risk:			
Does the referrer consent to their details being shared with third parties, i.e., statutory agencies?			
Name of Manager/ RNID Designated Safeguarding Lead you have informed			
Date and Time you have informed Manager/ RNID Designated Safeguarding Lead about this:			

4. Details of the incident/s and/or ongoing concerns

Describe the situation that has occurred and what your concerns are
Include:
The nature, degree, and extent of the concern/ allegations (what happened)
The length of time it has been occurring (previous incidents, what happened and date)
The impact on the individual and/ or their carers/ family/ legal guardians (injury, distress)
Location, date, and time of any incident
Any police involvement (e.g., crime number)
Is anyone else affected?

Please do not interrogate or ask repeatedly when finding out this information. If not all information can be obtained, please leave this to the RNID Safeguarding Lead, safeguarding professionals, authorities, etc.

Please indicate category of abuse:

CHILD		ADULT	
Child Physical Abuse	<input type="checkbox"/>	Adult Physical abuse	<input type="checkbox"/>
Child Sexual Abuse	<input type="checkbox"/>	Adult Sexual abuse	<input type="checkbox"/>
Child Sexual Exploitation	<input type="checkbox"/>	Adult Neglect/ Self-neglect/ omission	<input type="checkbox"/>
Child Emotional abuse	<input type="checkbox"/>	Adult neglect and acts of omission	<input type="checkbox"/>

4. Details of the incident/s and/or ongoing concerns			
Child Neglect	<input type="checkbox"/>	Financial or material abuse	<input type="checkbox"/>
Bullying	<input type="checkbox"/>	Modern slavery	<input type="checkbox"/>
Peer on Peer	<input type="checkbox"/>	Psychological/ emotional abuse	<input type="checkbox"/>
County Lines	<input type="checkbox"/>	Discriminatory abuse	<input type="checkbox"/>
Female Genital Mutilation	<input type="checkbox"/>	Organisational abuse	<input type="checkbox"/>
Forced Marriage	<input type="checkbox"/>	Adult PREVENT	<input type="checkbox"/>
Child PREVENT	<input type="checkbox"/>	Non-recent (historical) Abuse	<input type="checkbox"/>
Other (please specify): e.g., mate crime			

5. Agreement with RNID on next steps	
Name of RNID Safeguarding Lead	
Time and date	
Record of discussion to include information considered, issues, action taken and advice given:	
Ongoing advice and agreements with the RNID Safeguarding Lead:	
Is there any learning from the incident to be recorded/ shared?	

(E.g., risk assessments, changes to policy or practice needed)	
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6. Outcomes	
Does not reach threshold to be raised with Statutory Agency (SA)	
Safeguarding concern raised to Statutory Agency, Police, Care Agency, or another organisation and not reached their threshold for action	
Safeguarding concern raised to Statutory Agency, i.e., Police, Care Agency or another organisation and accepted by SA or the other organisation	
Safeguarding allegation raised to Statutory Agency, i.e., Police, Care Agency, other and accepted by SA	
Safeguarding Allegation raised with a SA and returned by the Statutory Agency for RNID to manage	
Time and Date outcome recorded:	
Record of decision made and include information considered, issues, action taken, and advice given/ received:	
If the concern was relating to an adult at risk has the adult/ their representative been given an opportunity to comment on the process and whether intended outcomes have been achieved	