



PKAVS

*Enhancing Lives,
Connecting Communities*



Safeguarding Handbook

Protecting our Service Users through
Knowledge, Understanding, Awareness & Vigilance

www.pkavs.org.uk

Our Safeguarding Commitment

At PKAVS, we believe that children, young people, and adults should never experience any kind of abuse, exploitation, or harm. We have a zero tolerance approach to the harm or exploitation of those we support, and will ensure that their welfare and safety is our overriding priority.

To ensure that we achieve the highest standards of safeguarding, we have a number of regularly reviewed policies in place that are created in consultation with others, including a Child Protection Policy, a Protecting Adults at Risk of Harm Policy, a Whistleblowing Policy, and a Code of Conduct.

All PKAVS' staff, students, and volunteers have a duty to understand and adhere to our safeguarding policies and any failure to comply with them will be immediately addressed and could result in dismissal from PKAVS. If there is any indication that criminal activity has taken place we will involve the relevant authorities without delay.

RESPONSIBILITY
TRAINING
ACCOUNTABILITY
CULTURE
TRANSPARENCY
PROTECTION
RESPONSIBILITY
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CULTURE
TRANSPARENCY
PROTECTION

As part of our safeguarding measures we will:

- Perform extensive background checks on any employees, students, or volunteers that will come into contact with at-risk groups of people.
- Ensure that relevant safeguarding policies are regularly updated, consulted on, circulated, and implemented.
- Train our staff, students, and volunteers on the importance of good safeguarding practice.
- Immediately respond to safeguarding concerns that come to light and liaise with the appropriate authorities.
- Develop a culture of openness, so any concerns can be brought forward and no one feels that they will not be listened to.
- Be accountable to our beneficiaries, supporters, funders, and regulators by being transparent about the work we carry out and reporting any concerns.

We expect the highest standards of behaviour from our staff, students, and volunteers.

Keeping the people we support safe is our overriding priority and we will do everything we can to ensure that this is the case.

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Introduction to Safeguarding

What is safeguarding?

Safeguarding are the actions, processes, and cultures that protect children and adults at risk from abuse or harm. It is not just one policy, but a collection of practices, procedures, and systems, as well

as education, awareness, and vigilance that ensures the risk of vulnerable people experiencing abuse or harm is as low as it can possibly be.

What is child abuse?

Child abuse is any action by another person, it can be an adult or a child, that results in significant harm to a child. The harm can take many forms including physical, sexual, exploitation, or emotional, but can just as often be withholding basic human rights or a lack of love, care, and attention. We know that this neglect, whatever form it takes, can be just as damaging to a child as physical abuse.

A child is generally classed as someone under the age of 16, however in some circumstances, including where a protection order is in place, the individual is under the care of the local authority, or in some cases of human trafficking or sexual exploitation, a child may be classed as someone up to the age of 18. **Do not let the definition cause a delay in taking action, whatever the age, speak to someone about your concerns.**

Who is an adult at risk of harm?

Previously, the term used was vulnerable adults, but this has been replaced by the term adults at risk of harm. According to the Adult Support and Protection (Scotland) Act 2007, adults at risk of harm are those aged 16 years and over who:

- are unable to safeguard their own wellbeing, 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 vulnerable to being harmed than adults who are not so affected.

All three parts of the definition need to be met, which in practice means that groups of people that may be at risk of harm include: adults with physical disabilities, learning difficulties, or mental health problems, or those affected by substance abuse, and the homeless.



What is harm in adult protection?

Harm is the term used when talking about adult protection, although some people may still use the term abuse.

The 2007 Act says it covers all harmful conduct and, in particular, includes:

- conduct which causes physical harm
- conduct which causes psychological harm (for example: by causing fear, alarm, or distress)
- conduct which causes self-harm
- unlawful conduct which appropriates or adversely affects property, rights, or interests (for example: theft, fraud, embezzlement, or extortion)

A Background to Child Protection

Safeguarding children is the term used to cover all aspects of promoting a child's welfare such as protecting a child from abuse, aiding their development, keeping them safe, and ensuring that they have the best outcome in life.

Child protection involves taking steps to safeguard children and young people at risk or suffering from abuse. The protection of children and young people is everyone's responsibility, whether you work with them directly or indirectly.

All children and young people (including unborn babies) have the right to be cared for, protected from harm and abuse and to grow up in a safe environment, in which their rights are respected, their wellbeing needs are met and they are protected from harm and abuse.

Children and young people should get the help they need, when they need it, for as long as they need it. They should also get the right help, at the right time, from the right people and their welfare is always paramount.

Perth & Kinross Inter-Agency Child Protection Guidelines



Getting It Right For Every Child (GIRFEC) – SHANARRI Wellbeing Wheel
The Scottish Government

Risk Factors for Child Abuse

Certain individual, family, and community factors can increase the vulnerability of children, and thus susceptibility to harm.

Some of these include:



Individual Risk Factors

- Parents' lack of understanding of children's needs, child development, and parenting skills
- Parental history of child abuse/neglect
- Substance abuse and/or mental health issues including depression in the family
- Parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income
- Non-biological caregivers in the home (e.g. a mother's male partner)
- Parental thoughts and emotions that tend to support or justify maltreatment behaviours



Family Risk Factors

- Social isolation
- Family disorganisation, dissolution, and violence, including domestic violence
- Parenting stress and poor parent-child relationships



Community Risk Factors

- Community violence
- Disadvantage, for example high levels of poverty, high unemployment rates, and poor social connections

Types of Child Abuse and their Indicators

There are different types of child abuse, each with their own characteristics, but it is important to remember that there is not one worse type than the other. A child can suffer multiple forms of abuse from one or more abusers.

The signs of child abuse aren't always obvious, and a child might not tell anyone what's happening to them. Sometimes, children don't even realise that what they're

experiencing is abuse. The effects of abuse may be short term or may last a long time - sometimes into adulthood.

Child abuse is often divided into four main categories; physical, sexual, emotional, and neglect; which we will introduce below, but there are other types too, including child sexual exploitation, online abuse, bullying and cyberbullying, child trafficking, grooming, and domestic abuse.



Physical Abuse

This type of abuse is when someone deliberately hurts a child causing physical harm. This might include injuries that can be seen such as cuts, bruises, burns, broken bones, and swelling but can also be injuries that are hidden including damage to muscles, joints, and internal organs or inside the mouth, nose, or ear.

The important point is that the injuries are not accidental. They might occur when the child is kicked, pushed, hit, burned, poisoned, or have objects thrown at them, or in young children, when they are shaken causing non-accidental head injuries (NIH). Sometimes, parents or carers will make up or cause the symptoms of illness in a child; this is known as fabricated or induced illness and is also a form of physical abuse.

Most children will suffer cuts, bumps, and bruises as part of their day-to-day lives, so injuries should always be interpreted in light of the child's medical and social history.

The important point to remember is that if it doesn't seem right to you, speak to someone.

The indicators that an injury is non-accidental

These can include bruises that are in unexpected locations such as the cheeks, ears, neck, abdomen, back, buttocks or other "soft" areas of the body, as opposed to more expected areas such as the knees, elbows, or shins. They may also take the form of defensive patterns on the forearms, upper arms, back of the legs, hands, and feet.

Non-accidental bruising may look like hand or foot patterns, or be clusters of bruising in one area, particularly if the bruises look to have different ages (different colours or starting to fade).

Bruising around the eyes and scalp can be an indicator of forceful hair pulling. Bruising around the neck can indicate choking, and finger marks are a strong indicator.



"Bruising around the eye can be an example of an inflicted injury. Black eyes are not very common childhood injuries although they can occur, so the credibility of the story is important."

Burns and scalds can be caused by hot liquids, hot objects, electricity, flames, or chemicals. They are often in hidden areas such as the back, shoulders, or buttocks, and can take the form of an object, for example a cigarette, with a clear edge to the burn.

Bites are usually oval in shape with indications of the individual indentations or marks from the teeth.

Fractures should be suspected if there is pain, swelling, or occasionally discolouration over a limb or a joint, or a young child stops using a limb. It takes considerable force to fracture a bone in an infant or child, the explanation the parent or carer gives will often give rise to suspicion if it does not sound plausible.

Signs of poisoning or induced illness can include vomiting, drowsiness, fitting, or abdominal pain and often only occur when the parent or carer is present.

Sexual Abuse

The NSPCC says that a child is sexually abused when they are forced or persuaded to take part in sexual activities. It is important to remember that children cannot fully comprehend sexual situations, so even if they are not forced this is still abuse, in fact physical force is very rarely used in the sexual abuse of children.

There does not have to be physical contact for abuse to have taken place, it can be over the phone, online, or by other remote means. The two types of sexual abuse are generally divided into contact and non-contact abuse.

Contact abuse can include:

- Sexual touching of any part of the body, under or over clothing
- Rape or penetration by putting an object or body part inside the child's mouth, vagina, or anus
- Forcing or encouraging a child to take part in sexual activity
- Making a child take their clothes' off, touch someone else's genitals, or masturbate

Non-contact abuse can include:

- Encouraging a child to watch or hear sexual acts
- Not taking proper measures to prevent a child being exposed to the sexual activities of others
- Meeting a child following sexual grooming with the intent of abusing them
- Online abuse including creating, viewing, or distributing child abuse images
- Allowing someone else to make, view, or distribute child abuse images
- Showing pornography to a child
- Sexually exploiting a child for money, power, or status (child exploitation)
- Increasingly, children are being subjected to sexual abuse online, young people may be persuaded, or forced, to:
 - Send or post sexually explicit images of themselves
 - Take part in sexual activities via a webcam or smartphone
 - Have sexual conversations by text or online





“On average, one child in every primary school classroom in the UK has received a nude or semi-nude image from an adult and one in fifty schoolchildren has sent a nude or semi-nude image to an adult.”

The indicators that sexual abuse has taken place

When a child is being sexually abused it is often not obvious as the abuser will regularly take steps to hide the acts. The abuser is more often known to the child, and often a trusted caregiver.

The physical symptoms of sexual abuse including anal or vaginal soreness, bruising, unusual discharge, or sexually transmitted diseases are not easy to see, however pregnancy is a sign that can be seen.

Changes in behaviour such as wanting to stay away from certain people are not to be alone with certain family members and friends could be an indicator as well as being frightened of someone.

Children may be more likely to share information about sexual abuse with their friends or others their age, so it may be that the abuse is made apparent by a third party either directly or by being overheard.

Because sexual abuse is a confusing and traumatic experience, changes in behaviour and mood can be one of the most common indicators that abuse has taken place.

Children can become withdrawn or unsociable, suffer sleep disturbance, experience depression or anxiety (or irritability in young children), and may struggle at school or fail to reach developmental milestones. They may start to abuse substances such as drugs or alcohol.

Sometimes, an indicator can be sexual behaviour that is inappropriate for their age. This might include becoming sexually active at a young age, promiscuous behaviour, using sexual language, or knowing information that you wouldn't expect them to know.

Emotional Abuse

Emotional abuse can come in several forms. It might involve insulting or belittling words or actions to a child, deliberately scaring them, or it may be total indifference that results in emotional deprivation.

The term psychological abuse is generally used interchangeably with the term emotional abuse. Emotional abuse can come from any person who has contact with the child.

Some examples of emotional abuse can include:

- A father who has a drinking problem, gets drunk every night, and shouts and makes threats.
- A mother who spends all of her time on the phone and doesn't pay any attention to her young child.
- A step-mother who says she wishes her partner's children didn't exist.
- A teacher who makes fun of a child because they struggle with reading.
- A child who is exposed to domestic violence in their home.
- A babysitter or childminder who constantly shouts at the children in her care.
- A father who asks his children to lie to an official about their mother so he can gain full custody of them.
- A charity worker or volunteer who belittles a child for their physical appearance.

Children who are emotionally abused can often be suffering from another type of abuse at the same time but this might not always be the case.

Emotional abuse can result in long lasting (well into adulthood) emotional, mental, and developmental effects, including feelings of worthlessness, image and eating disorders, difficulty forming relationships, anxiety disorders, and poor attainment.

Although emotional abuse often manifests through words, a parent or carers actions can also play a role. Emotional deprivation occurs when a parent or carer doesn't show the child love or make them feel wanted, secure, or worthy. Often, they'll withhold affection or touch, which are important parts of a child's emotional development.





The indicators that emotional abuse has taken place

There are often no obvious physical indicators of emotional abuse, and as changes in emotions are a normal part of a child growing up, it can be very difficult to tell if a child is being emotionally abused.

Young children and older children often demonstrate the indicators of emotional abuse differently, but they can overlap.

In young children, look out for them:

- Being unusually affectionate to strangers or people they haven't known for a long time
- Not appearing to have a close or normal relationship to their parents
- Exhibiting cruel or unusual behaviour towards other children or animals

In older children, look out for them:

- Struggling to contain their emotions or having extreme emotional outbursts
- Coming across as being isolated from their parents or carers
- Lacking normal social skills, being very withdrawn, or having few friends
- Having very poor self-confidence or self-worth

Remember, these indicators don't always mean that a child is being emotionally abused, some children can be quiet and shy, and some might have challenging behaviours, it is always important to look at the whole picture. **If you have any worries, speak to someone about it.**

The parent or carer's behaviour can also give an indication that emotional abuse might be taking place, and these are

especially useful to look for if there are other indicators in the child that are causing you concern. Children are told off, but if you see severe or constant correction, or that the child seems distant, scared, or shows little emotion towards their parent or carer, this could be an indicator of emotional abuse. If the parent or carer pays little attention to the child, is cold towards them, or insults or taunts them, emotional abuse should be a concern.

Neglect

Child neglect is the inability of a parent or carer to meet the fundamental needs of a child, it can be deliberate or inadvertent, and according to the NSPCC is the most common form of child abuse.

There are many reasons for neglect, and often the parent or carer is doing their best, but sometimes they just can't provide for the child. Reasons can include poverty,

alcohol or drug abuse, physical or mental illness, lack of education, lack of support, or domestic violence.

Neglect can leave a child vulnerable and at risk of other forms of abuse. It often occurs where there is a combination of risk factors. Neglect is dangerous and can result in serious physical, mental, and emotional health problems, in extreme cases it can result in death.

There are generally four recognised types of neglect.

Physical Neglect

- This is when a parent or carer fails to provide for a child's basic needs including food, shelter, clothing, cleanliness, and hygiene.
- The failure to keep a child safe from danger is also classed as physical neglect, such as letting a young child wander in public places unsupervised or leaving them at home on their own.
- The effects of physical neglect can include failure-to-thrive, increased chance of illness and infection, malnourishment, developmental delay, injury, mental illness, and exposure.

Educational Neglect

- This form of neglect occurs when parents, carers, or schools do not ensure that children have the opportunity to develop academically.
- Not providing a child access to education is against the law, if a parent or carer does not send their child to school or take steps to avoid truancy they could be guilty of educational neglect.
- It is not illegal to take children out of school if the parent or carer is providing suitable alternative education at home, in these cases there is a possibility

that educational neglect will take place without being obvious.

- Educational neglect can cause a failure to develop social skills, poor attainment, and illiteracy or poor numeracy.

Emotional Neglect

- This type of neglect is difficult to identify as often there are no obvious signs. Often, emotional neglect is not recognised until visible signs become apparent later in the child's life.
- Parents or carers who emotionally neglect their child may have been neglected themselves and do not understand the importance of supporting a child emotionally, or they may not have a lot of emotion to give.
- Some forms of parenting and characteristics can result in emotional neglect including authoritarian parents/carers, perfection demanding parents/carers, parents/carers with narcissistic qualities, and absent parents/carers.
- Children who experience emotional neglect can have trouble developing a positive sense of themselves, low self-esteem, high levels of self-criticism, and a higher risk of mental illness and addiction.

Medical Neglect

- Failing to provide children with appropriate health care, including dental care, as well as refusing recommended care, failing to give prescribed medicines, or ignoring medical advice is classed as medical neglect.
- Medical neglect can rapidly progress to a medical emergency.
- Medical neglect can result in failure-to-thrive, acute and chronic illness, disability, developmental delay, pain or suffering, and death.



The indicators that neglect has taken place

The indicators of neglect can be seen in the child and also the behaviour of the parent or carer. The indicators of physical and medical neglect are often much easier to recognise than educational neglect, this is particularly true with emotional neglect.

Physical neglect should be suspected if the child is inappropriately dressed for the weather, excessively hungry, steals food or money, is consistently dirty or suffers body odour, is dressed in unclean clothes repeatedly, has frequent and untreated nappy rashes, or is very thin, has poor muscle tone, prominent joints, or broken and sore skin.

Educational neglect should be considered when the child repeatedly misses school, is absent for extended periods, has not learned to read or do basic math by 10 years of age, or is home schooled with little evidence of attainment.

Emotional neglect is difficult to recognise, particularly in its early stages. The child might give indications that they are lonely,

they may not trust other people, or could display severe mood swings, cry frequently, become angry easily, or be unusually impulsive.

Medical neglect should be considered when a parent or carer repeatedly fails to bring their child to healthcare appointments, ignores a child in pain, or fails to ensure medications are given (for example, not supplying a child's inhaler or other required regular medication). Signs can include recurrent infections (particularly scabies and lice) or illnesses, poor oral health and dentition, failure to thrive, or untreated injuries.

Indicators in parents or carers that can suggest neglect include apathy or a distant attitude towards the child, being under the influence of drugs or alcohol in the child's presence, displaying controlling behaviours, taking little interest in their child's progress, ignoring information about their health or other difficulties, persistently showing up late or not at all to collect a child, or displaying uncooperative attitudes during home visits.



Other Types of Child Abuse

The following are brief descriptions of some other forms of abuse that children may be subject to. The types of abuse mentioned in this handbook are not exhaustive.

Remember, if you are not sure if abuse is taking place, or what type of abuse is occurring, speak to someone and discuss your concerns.

Domestic Abuse

Domestic abuse (also called domestic violence) includes physical, emotional, and sexual abuse in couple relationships or between family members. It has a devastating impact on children and young people that can last into adulthood. Children can experience both short and long term behavioural and emotional effects as a result of witnessing domestic abuse.

Children can experience domestic abuse in different ways. They might:

- See the abuse
- Hear the abuse from another room
- See a parent's injuries or distress afterwards
- Be hurt by being nearby or trying to stop the abuse

Domestic abuse can also occur in teenage relationships – one in five teenage girls have been abused by a partner and those with older partners are at increased risk.

Child Sexual Exploitation

This takes place when children and young people up to the age of 18 are encouraged or coerced into exploitative situations, contexts, or relationships. It often includes the child being given (or promised) food, gifts, money, or affection in exchange for performing sexual activities.

Grooming is often part of exploitation and occurs when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation, or trafficking.

Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. A lot of children can be unaware that they are being exploited and place significant trust in the abuser. They may be scared to let others know what is taking place or depend on their abuser.

Child sexual exploitation often takes place online with children persuaded or forced to:

- Send or post sexually explicit pictures of themselves
- Take part in sexual activities via webcam or smartphone
- Have sexual conversations by text or online

Abusers may threaten to send images, video, or copies of conversations to the child's friends and family unless they take part in further sexual activity.

Indicators that sexual exploitation is taking place can include the child:

- Becoming especially secretive and stopping engaging with their usual friends
- Going missing for periods of time or regularly returning home late
- Appearing with unexplained gifts or possessions that can't be accounted for
- Displaying inappropriate sexualised behaviour, such as over-familiarity with strangers, dressing in a sexualised manner, or sending sexualised images by mobile phone



SEX TORTION

Child Trafficking

This type of abuse takes place when children and young people up to the age of 18 are recruited, moved or transported, and then forced to work or sold.

Trafficking of children often occurs into the UK from abroad but can also take place when they are trafficked from one part of the UK to another.

Children may be trafficked for:

- Forced marriages
- Benefit fraud
- Sexual exploitation
- Forced labour
- Domestic servitude
- Criminal activities

The signs of child trafficking are often not obvious. They can include a child who:

- Spends a lot of time doing household chores
- Rarely leaves their house, has no freedom of movement, and no time for playing
- Isn't sure which country, city, or town they're in
- Is unable or reluctant to give details of accommodation or personal details
- Might not be registered with a school or a GP practice
- Has no documents or has falsified documents
- Is seen in inappropriate places such as brothels or factories
- Possesses unaccounted for money or goods
- Has injuries from workplace accidents
- Gives a prepared story which is very similar to stories given by other children

Female Genital Mutilation

Female Genital Mutilation (FGM) occurs mainly in Africa and to a lesser extent, in the Middle East and Asia. Although it is believed by many to be a religious issue, it is a cultural practice. There are no health benefits. Communities particularly affected by FGM in the UK include girls from Somalia, Kenya, Ethiopia, Sierra Leone, Sudan, Egypt, Nigeria, Eritrea, Yemen, Indonesia and Afghanistan.

It occurs mostly in children aged 5 - 8 years old but can take place up to the age of 16.

Although it is difficult to identify girls before FGM takes place, in cases where girls from high risk groups returning from a long period of absence with symptoms of FGM, concerns should be raised.

Signs that FGM has taken place can include:

- Difficulty walking, sitting, or standing
- Spending longer than normal in the bathroom or toilet
- Unusual behaviour after a lengthy absence
- Reluctance to undergo normal medical examinations
- Asking for help without being explicit about the problem due to embarrassment or fear



What is Serious or Significant Harm?

“Significant harm” is a complex matter and subject to professional judgement based on a multiagency assessment of the circumstances of the child and their family.

There are no absolute criteria for judging what constitutes significant harm. In assessing the severity of ill treatment or future ill treatment, it may be important to take account of: the degree and extent of physical harm; the duration and frequency of abuse and neglect; the extent of premeditation; and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. Sometimes, a single traumatic event may constitute significant harm, for example, a violent assault, suffocation or poisoning. More often, significant harm results from an accumulation of significant events, both acute and long-standing, that interrupt, change or damage the child’s physical and psychological development.

National Guidance for Child Protection in Scotland, 2014

From the above guidance it should be concluded that it is not up to us to determine whether harm is significant or not. If any form of abuse is suspected, concerns must be shared with either a line manager or PKAVS Child Protection Officer. If you do feel that the abuse might be serious however, it may be appropriate to discuss directly with Police Scotland or Perth & Kinross Child Protection Team. This is particularly important to remember if you think abuse is about to take place imminently.

How to Deal with Suspected Child Abuse

RECOGNISE

The descriptions and indicators in the previous sections can help you to recognise potential cases of abuse but remember, do not rely solely on these explanations or for solid proof to be present, if you suspect abuse, report it.

If you are not sure whether abuse is or has taken place, ask yourself the following questions:

- Does it look right?
- Does it sound right?
- Does it feel right?

Your gut feeling is important, if it looks or feels wrong then there is a likelihood that it probably is and you should tell someone about your concerns.

There are various ways that abuse can come to light, both directly and indirectly. Abuse can be immediately obvious or suspicions can grow and be reinforced over a period of time.

- An abusive incident can be seen or heard
- An anonymous allegation can be received
- A child's appearance, behaviour, health, or comments may rouse suspicion
- A child may tell you about abuse
- A third party may tell you about abuse

If you have recognised that abuse might be taking place, or has taken place in the past, your role is to gather the basic facts. It is not your role to investigate; this is the role of the police or the local authority.

Sometimes you will be in a position to gather basic facts from the child, you should use your judgement as to whether this is appropriate or not, or whether to immediately speak to your line manager, PKAVS Child Protection Officer, the Police, or Perth & Kinross Child Protection Team.

As per Perth & Kinross Inter-Agency Child Protection Guidelines, when speaking to the child, you should:

- Remain calm, no matter how difficult it is to listen to the child;
- Listen to the child and take them seriously;
- Reassure them they were right to tell you;
- Keep any questions to a minimum, for clarification purposes and never interrupt;
- Tell the child what you are going to do next and tell them that you are going to have to speak to someone who can help.

It is important to use open ended questions, not use leading questions, and don't put words in the child's mouth. Use little **TED** questions: **Tell** me about... **Explain** to me... **Describe** to me...

And remember the **WH** questions: Can you tell me **what** happened? **Who** was there? **When** did that happen? **Where** did that happen? You should **not** ask 'why' questions.

After you have finished speaking to the child, explain to them what you are going to do next and be sure to finish on a positive note.



REPORT

Once you have the basic facts, or even a concern, immediately speak to your line manager or PKAVS Child Protection Officer. They will discuss the situation with you and decide on the appropriate next steps. Don't email your concerns, make sure you speak to someone in person either face-to-face or over the phone (don't leave a message).

With the support of your line manager or PKAVS Child Protection Officer, it will be

decided whether to refer the concerns onwards to Perth & Kinross Child Protection Team or Police Scotland. If it is decided that there are no grounds on which to make a referral, all concerns must be recorded as well as the actions taken alongside the reasoning, and the situation should be monitored.



REFER

If the child is imminently at risk or serious harm has taken place (see the explanation of serious harm previously), or if there is a strong indication that sexual abuse has taken place, it may be appropriate to immediately refer to either **Police Scotland (101 or 999 in an emergency)** or **Perth & Kinross Child Protection and Duty Team (01738 476768)**.

If it's serious or sexual abuse, or you cannot report to your Line Manager/PKAVS Child Protection Officer/PKAVS Chief Executive, or

abuse is imminent, immediately contact:

If the child is in immediate danger, contact the police by dialing 999. Remember to not place yourself in dangerous situations.

If you have referred, always discuss with your line manager or PKAVS Child Protection Officer at the earliest possible opportunity.



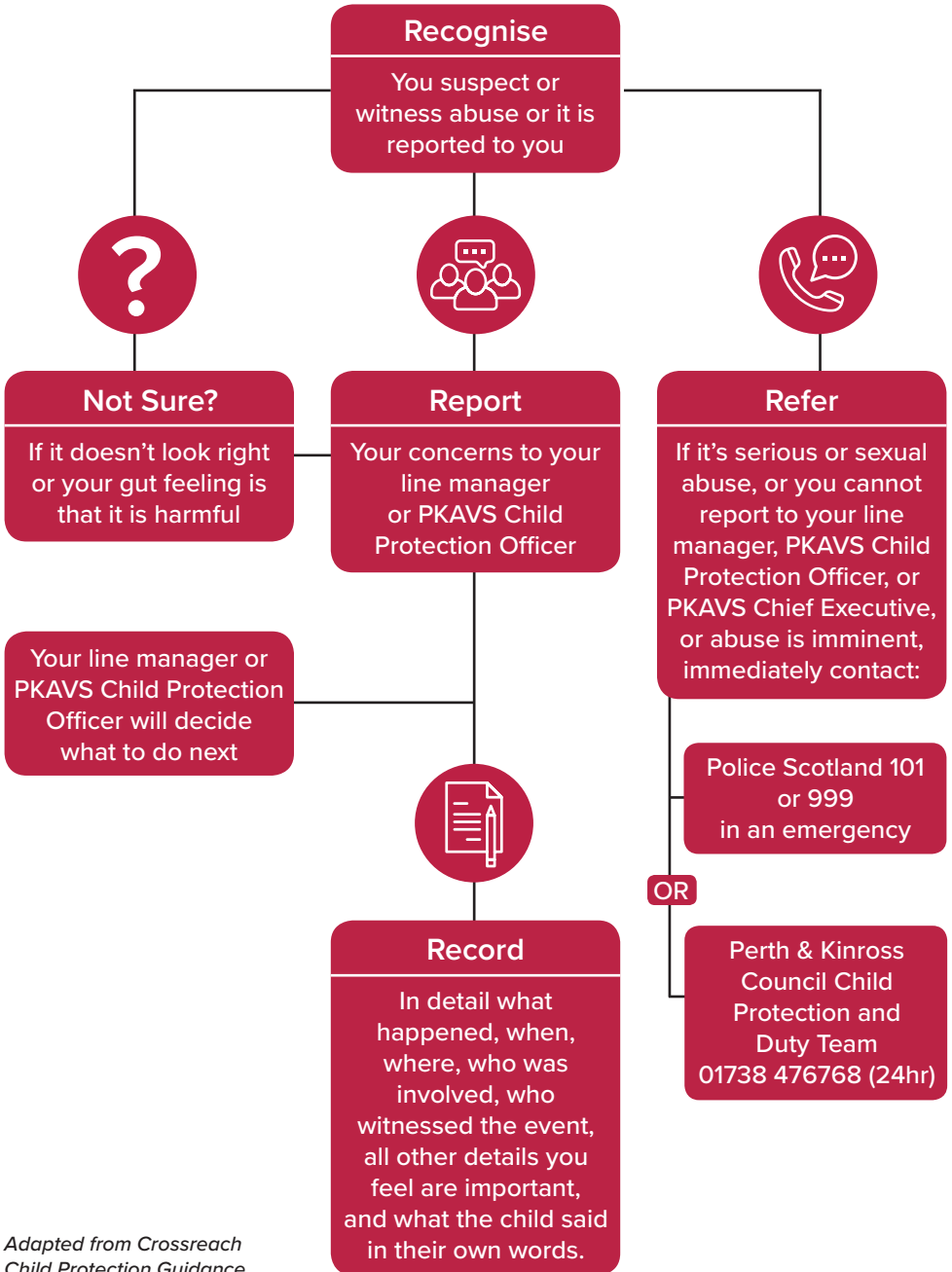
RECORD

After sharing your concerns it is very important to record your concerns and actions. These should be recorded immediately or within 24 hours.

When recording, remember:

- Keep the records clear, concise, and tidy as they are an important reminder and in some cases may be used as evidence.
- Ensure they are dated and timed with your name printed at the end.
- Record the answers to the TED and WH questions asked and use the child's own words to describe their experiences and views.
- Avoid long essay style writing.
- Record facts and not opinions; facts are supported by evidence and opinions are subjective and not backed up by evidence.
- Record who you spoke to, actions you took, what decisions were made, and the reasons for those decisions.

Suspected Child Abuse Procedure



Adapted from Crossreach
Child Protection Guidance

Information Sharing, Confidentiality, and Consent

Child protection involves sensitive information that directly affects the welfare of children and young people.

To keep children safe, information needs to be shared appropriately, so that decisions can be made to protect them. However, clear boundaries around information sharing are important to maintain confidentiality where appropriate and to ensure that only those who need to know the information are made aware of it.

Remember:

- The wellbeing of a child is of central importance when making decisions to lawfully share information with or about them;
- Children have a right to express their views and have them taken into account when decisions are made about what should happen to them;
- In general, information will normally only be shared with the consent of the child (depending on age and maturity). However, where there is a risk to a child's wellbeing, consent need not be sought and relevant information should be shared with other individuals or agencies as appropriate;

At all times, information shared should be relevant, necessary, and proportionate to the circumstances of the child, and limited to those who need to know;

The Data Protection Act 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

National Guidance for Child Protection in Scotland, 2014

If you are unable to gain consent, cannot reasonably be expected to gain consent from the individual, or if gaining consent could place a child at risk, then information can be shared without consent. The Data Protection Act 2018 includes 'safeguarding of children and individuals at risk' as a condition that allows practitioners to share information without consent.

Information Sharing Advice for Practitioners, 2018

Do's and Don'ts of Child Protection

DO

- Treat any allegation seriously
- Display belief in what the child is telling you
- Tell the child he/she is right to tell you
- Reassure that he/she is not to blame
- Be honest about who you have to tell and why
- Take further action immediately
- Write down everything said and what was done
- Seek medical attention if necessary
- Inform parents/carers unless there is suspicion of their involvement

DON'T

- Promise to keep secrets
- Interrogate the child
- Cast doubt on what the child tells you
- Interrupt or change the subject
- Say anything that makes the child feel responsible for the abuse
- Do nothing - tell the relevant person or authorities immediately



Good Practice for Child Protection

- Avoid intrusive forms of play (i.e. tickling, horseplay) - if physical contact is offered from a child, cease it at the earliest possible moment without causing the child to feel rejected.
- Don't allow children and young people to use inappropriate language unchallenged.
- Ensure that at least two adults are present when supervising children or young people.
- Don't spend excessive amounts of time alone with children, away from others – meetings with individual children or young people should take place as openly as possible. If privacy is required, the door should be left open and other staff or volunteers informed of the meeting.
- Avoid taking individual children on car journeys, however short – where this is unavoidable, it should be with the full knowledge and consent of parents/ carers and a member of management.
- Don't meet with children outside organised activities, unless it is with the knowledge and consent of parents and a member of management.
- Never do things of a personal nature for a child or young person that they can do themselves.
- Never let allegations a child or young person makes go without being addressed and recorded.
- The following forms of behaviour between staff members or volunteers and children or young people are not allowed under any circumstances:
 - Sexual conduct
 - Lending or borrowing of money or property
 - Giving or receiving gifts
 - Exclusive or secretive relationships



A Background to Adults at Risk of Harm

Certain groups of adults (those over the age of 16) are at a higher risk of harm because of their mental health, physical health, disability, infirmity, or personal circumstances. It is important to remember that not all adults are at risk because of these factors, a frail or elderly person may be at risk of harm, but the nature and impact of their vulnerabilities will affect people in

different ways, therefore a judgement must be made over whether a person is 'at risk' or not. Adults have the basic human right of autonomy and can therefore make their own choices in their lives. An adult at risk of harm is someone who is unable to safeguard their own wellbeing; because of this it may be appropriate to protect them to prevent detriment.

As previously stated, all three criteria below need to be met for an adult to be at risk of harm:

- They are unable to safeguard their own wellbeing, 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 vulnerable to being harmed than adults who are not so affected.

In cases where an adult is deemed to be at risk of harm it may be appropriate to intervene to protect their welfare and wellbeing. The principles of protecting adults at risk of harm are laid out in the Adult Support and Protection (Scotland) Act 2007.

The overarching principle underlying the Act is that any intervention in an individual's affairs should provide benefit to the individual, and should be the least restrictive option of those that are available which will meet the purpose of the intervention.

The Act places responsibilities and obligations on local authorities (councils) in terms of protection and outlines the measures that they may take to investigate and protect adults at risk of harm.

Within PKAVS, it is the responsibility of all staff, volunteers, and students to recognise potential harm to adults at risk and to take steps to raise their concern. It is not your responsibility to investigate potential harm; this is the responsibility of the council, the police, or other agency as appropriate.



L e g i s l a t i o n



Risk Factors for Types of Harm

Certain personal characteristics of adults at risk can increase their vulnerability, and thus susceptibility to harm.

Some of these include:

- Lack of mental capacity
- Being physically dependent on others
- Low self esteem
- Previous history of abuse
- Negative experiences of disclosing abuse
- Social isolation
- Lack of access to health and social services or high quality information

Below are examples of people who may be at risk of harm. Remember however, these people may still be able to protect themselves.

- An elderly person who is frail, physically unwell, disabled, or has cognitive impairment
- A person with a severe mental illness who is in a nursing home or residential care
- A person with a learning disability
- People who lack capacity to make decisions about the care that they receive
- Somebody with drug or alcohol problems
- Someone with a physical disability, blindness, deafness, or communication difficulties

Types of Harm and their Indicators

Harm can take many forms. You should not be constrained in your view of what constitutes harm, and should always consider the circumstances of the individual case. What follows are some of the main types of harm and what may indicate that they are taking place.

Physical Harm

This type of harm is the non-accidental infliction of an act that causes (or could cause) bodily injury, pain, or impairment to someone. Examples can include:

- Hitting and kicking
- Pushing
- Pinching
- Shaking
- Scalding or burning
- Rough handling
- Exposure to heat or cold
- Force feeding
- Not giving adequate food or hydration
- Improper administration of medication
- Denial of medical/dental treatment

Physical Restraint

The unlawful or inappropriate use of restraint or physical interventions and/or the deprivation of liberty are physical abuse. There is a distinction to be drawn between restraint, restriction, and deprivation of liberty. A judgement as to whether a person is being deprived of liberty will depend on the particular circumstances, taking into account the intensity, type of restriction, duration, the effect, and the manner of the restraint or measure in question.

Within PKAVS, the appropriate use of restraint or restriction can be justified to prevent harm to a person or others who lack capacity, as long as it is a proportionate response to the likelihood and seriousness of the harm and it is the least restrictive response.

Before considering physical restraint, be sure to call for help in the first instance. Physical restraint is always the last resort.



“Bruising in protected areas or places that might be grabbed and pulled can be an indication of a non-accidental injury”

The indicators that an injury is non-accidental

Many signs can give an indication that injuries are non-accidental and the list below is not exhaustive. As with child protection, the important point is that **if it does not seem right or you are concerned, speak to someone.**

- History of unexplained falls or minor injuries especially at different stages of healing
- Unexplained bruising in well protected areas, on the soft parts of the body, or clustered, as if from repeated striking
- Unexplained burns in unusual locations or of an unusual shape e.g. burns caused by cigarettes
- Unexplained cuts or grazes
- Slap, kick, pinch, or finger marks
- Injuries that appear to be at different levels of healing (differing in colour or pattern)
- An injury shape similar to an object, for example a belt or utensil mark
- Medical problems that are going untreated or the accumulation of medicine which not been given
- Excessive weight loss and dehydration
- Appearing to be over medicated, for example excessively drowsy
- Ulcers and bed sores that are not treated

Sexual Harm

Sexual harm is the direct or indirect involvement in sexual activity without consent. This could also be the inability to consent to, or being pressured or coerced to consent to, sexual activity.

Sexual harm includes rape, indecent assault, and indecent exposure. This includes the involvement of an adult at risk of harm in sexual activity or relationships which they cannot understand, this can often be carried out by a person in a position of trust, power, or authority.

Sexual violence and harm includes physical contact and non-contact sexual activities, such as:

- Rape - sexual intercourse against the wishes of an individual
- Indecent assault
 - inappropriate sexual handling and touching
- Sexual harassment
 - inappropriate comments about general appearance, attitude, or behaviour
- Stalking
- Grooming
- Being forced to look at or be involved in producing sexual material
- Being forced to watch sexual activities

The indicators that sexual harm is taking place

The signs of sexual harm can be very difficult to recognise as embarrassment or shame will often cause the victim to hide evidence of the harm. Below are some possible indicators that sexual harm might have occurred:

- Withdrawal or choosing to spend the majority of time alone
- Overt sexual behaviour and language by the adult at risk which is out of character
- Not wanting to be touched
- Difficulty in walking or sitting
- Torn, stained, or bloody underclothes
- Love bites or other marks
- Pain, itching, bruising, or bleeding in the genital or rectal area
- Sexually transmitted genital infections or multiple urinary tract infections
- Bruising to the breasts, thighs, and upper arms
- Severe upset or agitation when being bathed/dressed/toileted
- Pregnancy in a person not able to consent

Neglect

Neglect occurs when a person, people, or an organisation willfully or unintentionally withholds, or fails to provide, the appropriate and adequate care and support needed by an adult at risk of harm who is in their care. It may be through a lack of knowledge or awareness, or through a decision not to act when they know the adult in their care needs help. It can impair the physical, mental, and emotional health of the adult and it often occurs alongside other forms of abuse such as physical or emotional abuse.

Harm can be caused by organisations and can include neglect of a duty of care or the breakdown of a care service can also give rise to harm i.e. where a carer refuses access or if a care provider is unable, unwilling, or neglects to meet assessed needs.

Organisational abuse includes neglect and poor care practice within an institution (e.g. a care home) or care setting (e.g. a day centre), or in relation to care provided in an adult at risk's own home. This may 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.

The indicators that neglect is taking place

Below are some factors that can result in neglect and indicators that it may be occurring:

- Inadequate food and drink resulting in malnutrition, weight loss, muscle wasting, or dehydration
- Isolation, lack of mental, physical, social, or cultural contact/stimulation
- Inadequate supervision particularly when caring for someone with dementia, where the person is abandoned or left unattended for long periods of time or locked indoors without any contact
- Inadequate or inappropriate use of medication, for instance, the adult may be over-sedated in the middle of the day
- Unmet physical needs such as decaying teeth, overgrown nails, and dishevelled appearance
- The person may not be provided with necessary aids such as spectacles, dentures, hearing aids, or a mobility aid
- Clothing may be in poor repair or inadequate for the weather
- Poor hygiene or inadequate skin care resulting in the adult being very dirty, smelling strongly of urine/faeces, or being infested with lice
- There may be a urine rash with abrasions or chafing
- In some cases when the adult is immobile, they may develop pressure areas over the pelvis, hips, heels, or elbows
- Hypothermia or other cold injuries



Self Neglect

Self neglect differs from the other forms of harm as it does not involve a perpetrator.

Self neglect is included in the Adult Support and Protection (Scotland) Act 2007 which places a statutory duty on local authorities to make inquiries if it is suspected that someone may be at risk of harm.

Self neglect is a difficult area due to the fundamental human right to private life. If someone chooses to live in a particular way, however worrying that is, there are limited circumstances when intervention can take place.

If self neglect is suspected advice should always be sought from the local authority.

Self Neglect is the inability (intentional or unintentional) to maintain a socially and culturally accepted standard of self care with the potential for serious consequences to the health and wellbeing of the individual and potentially to their community.

Protecting and Supporting Adults at Risk in Tayside, 2015

The indicators that self neglect is taking place

Careful consideration is needed to determine whether the self neglect is a life-style decision or is unintentional due to lack of access to services or some form of dementia or mental illness. Signs of self neglect can include:

- Very poor personal hygiene
- An unkempt appearance
- Lack of essential food, clothing, or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

Financial Harm

This type of harm generally involves an adult at risk of harm's funds or resources being inappropriately used by a third party. It includes having money or property stolen, being defrauded or 'scammed', being put under pressure in relation to money or other property, or having money or other property misused.

Some examples of financial harm include:

- Misappropriation of property, money or valuables - a loss of money ranging from removal of cash from a wallet, to the cashing of cheques for large amounts of money, loss of jewellery, silverware, paintings, or furniture
- Forced changes to a will or other legal document - the making of a new or revised will in favour of a recent friend or another family member
- Power of attorney may be obtained improperly from a person without decision-making capacity
- Denial of the right to access personal funds - a family member may take control of a person's finances or banking, while the adult at risk is still capable of maintaining their affairs
- Forging of signatures - on bank accounts or legal/financial documents
- Going grocery shopping and not returning the change or taking improper amounts of money

The indicators that financial harm is taking place

In general, indicators often include unexplained changes in living conditions, lack of heating, clothing or food, the inability to pay bills, or unexplained money shortages.

Other signs can include:

- Abrupt changes to, or the sudden establishment of, a will
- Loss of jewellery and personal property
- Large transfers of funds
- Improper attainment, or misuse of a power of attorney
- Loss of financial material e.g. pension or savings books, credit cards, and cheque books
- Bills not paid when money is entrusted to a third party
- Management of a competent person's finances by another person without consent or ongoing information
- Sudden inability to pay bills, rent, buy food, or participate in social activities
- Unexplained withdrawal from bank accounts
- Cashing of large personal cheques
- Removal of cash from a wallet



Domestic Abuse

Domestic abuse is any form of physical, verbal, sexual, psychological, or financial harm which takes place within the context of a relationship. The relationship is between partners (married, cohabiting, civil partnership or otherwise) or ex-partners. The abuse can be committed in the home or elsewhere, including online.

There is a common misconception that domestic abuse is just physical abuse. This is not the case, domestic abuse can be physical, sexual, psychological or another type of harm.

As well as physical violence, examples of domestic abuse can involve:

- Undermining an individual's self-confidence
- Threats to others including children
- Stalking
- Controlling behaviour such as isolation from friends and family
- Restricting access to money, personal items, food, and telephone etc.

The indicators that domestic abuse is taking place

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, and broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money



'Honour' Based Violence

'Honour' based violence (HBV) is a form of abuse which is perpetrated in the name of so called 'honour'. The honour code which it refers to is set at the discretion of relatives, and those who do not abide by the 'rules' are then punished for bringing shame on the family.

Infringements may include:

- A woman having a boyfriend
- Rejecting a forced marriage
- Pregnancy outside of marriage
- Interfaith relationships
- Seeking divorce
- Inappropriate dress or make-up
- Kissing in a public place



Modern Slavery

Modern slavery is the recruitment, movement, harbouring or receiving of children, women, or men through the use of force, coercion, abuse of vulnerability, deception, or other means for the purpose of exploitation. Individuals may be trafficked into, out of, or within the UK.

There are many reasons for modern slavery including:

- Sexual exploitation, such as escort work, prostitution, or pornography
- Domestic servitude
- Forced or compulsory labour
- Organ harvesting
- Forced marriage

The Home Office estimates that there were 13,000 victims and survivors of modern slavery in the UK in 2013; 55% of these were female and 35% of all victims were trafficked for sexual exploitation.

The indicators that modern slavery is taking place

It is difficult to spot modern slaves and you might come into contact with them without realising. However, some indicators are:

- Signs of physical or emotional abuse
- Always wearing the same clothes
- Appearing to be malnourished, unkempt, or withdrawn
- Avoidance of eye contact, appearing frightened, or hesitant to talk to strangers
- Isolation from the community and seeming under the control or influence of others
- Fear of law enforcers
- Living in dirty, cramped, or overcrowded accommodation and/or living and working at the same address
- Someone is paying for their travel
- Someone speaks for them
- A lack of personal effects or identification documents
- They may not be sure of their own address

Discriminatory Abuse

Discriminatory abuse occurs when values, beliefs, or culture result in a misuse of power that denies opportunity to some groups or individuals. It can be a feature of any form of abuse of an adult at risk of harm, but can also be motivated because of age, gender, sexuality, disability, religion, class, culture, language, race, or ethnicity.

It can result from situations that exploit a person's vulnerability by treating the person in a way that excludes them from opportunities they should have as equal citizens, for example, education, health, justice, and access to services and protection.

Indicators that discriminatory abuse is taking place

These revolve around attacks or discrimination because of a person's characteristics. They can be diverse but include:

- Receiving hate mail
- Verbal or physical harm in public places or residential settings
- Criminal damage to property
- Being targets of bogus officials or unrequested household services
- Tendency to withdrawal and isolation
- Fearfulness and anxiety
- Being refused access to services or being excluded inappropriately
- Loss of self esteem
- Resistance or refusal to access services that are required to meet their needs
- Expressions of anger and frustration





Thresholds of Harm

Sometimes it is not easy to decide if an adult at risk has been harmed or is going to be harmed. A judgment might be required to decide whether an act or an act of omission has caused harm. Determining whether or not an adult at risk has been harmed can often be straightforward; however this is not always the case. In some cases it can be the repetition of minor actions or omissions that build up and amount to harm being caused.

In considering these issues, it is helpful to view harmful behaviour as a spectrum of acts rather than isolated events. Whilst an initial concern may be seen as 'low level' on a spectrum of harm, failure to respond could result in longer term difficulties or serious harm to adults at risk.

When agencies come into contact with adults who have suffered or are likely to suffer from harm, there is a duty to report concerns. If a person is harmed, disadvantaged, or suffers from detriment from the wilful or unintentional behaviour of another or themselves, this should be regarded as having met the threshold.

Adult Support and Protection (Scotland) Act 2007, Perth and Kinross Multi-Agency Guidelines. (2018)

The important thing to remember is that if it doesn't feel right to you or you are unsure if harm is occurring, speak to someone.

How to Deal with Suspected Incidents of Harm

RECOGNISE

The descriptions and indicators in the previous sections can help you to recognise potential cases of harm but remember, do not rely solely on these explanations or for solid proof to be present, if you suspect harm, report it.

If you are not sure whether harm is or has taken place, ask yourself the following questions:

- Does it look right?
- Does it sound right?
- Does it feel right?

Your gut feeling is important, if it looks or feels wrong then there is a likelihood that it probably is and you should tell someone about your concerns.

If someone discloses harm:

DO

- Stay calm and try not to show shock or disbelief
- Listen carefully to what they are saying
- Be sympathetic
- Be aware of the possibility that medical evidence might be needed

TELL THE PERSON THAT

- They did the right thing to tell you
- You are treating the information seriously
- It was not their fault
- You are going to inform the appropriate person
- You and PKAVS will take steps to protect and support them

There are various ways that harm can come to light, both directly and indirectly. Harm can be immediately obvious or suspicions can grow and be reinforced over a period of time. Examples include:

- An abusive incident is seen or heard
- An anonymous allegation is received
- A person's appearance, behaviour, health, or comments rouse suspicion
- An adult at risk of harm discloses information
- A third party tells you about harm

If you have recognised that harm might be taking place, or has taken place in the past, your role is to gather the basic facts. It is not your role to investigate; this is the role of the police or the council.

DO NOT

- Press the person for more details than absolutely necessary
- Stop someone who is freely recalling significant events, as they may not tell you again
- Promise to keep secrets, you cannot keep this kind of information confidential
- Make promises you cannot keep
- Contact the alleged abuser
- Be judgemental
- Pass on the information to anyone other than those with a legitimate 'need to know', such as your line manager, the police, the council, or other appropriate person

It is possible that an older person with mental health needs may directly disclose to you that they have been harmed. Even if the older person is considered to be confused, such disclosures should be taken seriously. Listen carefully to what you are being told, and even if it sounds fanciful do not dismiss it.

Although people with mental health issues may experience cognitive impairment,

delusional thoughts, strange ideas, or other psychiatric manifestations, it is also possible that they have been harmed in the way that they describe, or that something else distressing has occurred. Be reassuring, try to understand what may have happened, but do not interrogate the person or suggest you do not believe them.

Discuss what they have told you with your line manager.



REPORT

Once you have the basic facts you should immediately speak to your line manager. If you think a crime has been committed, harm is imminent, or you cannot speak to your Line Manager/PKAVS Chief Executive then call **Perth & Kinross Council Community Care Access Team** on **0345 301 1120**.

Your line manager will discuss the situation with you and decide what needs to happen next. This is very important if you are unsure about what you have discovered or have a gut feeling that something is not right, they will be able to advise on the next steps to take.

If the adult is in immediate danger, contact the police by dialling 999. Remember to not place yourself in dangerous situations.

Contact the emergency services if an adult at risk appears to be in immediate need of medical attention, uncertainty about consent and capacity should not prevent the provision of urgent medical care.





REFER

If it is decided that it is appropriate to refer to Perth & Kinross Council Community Care Access Team then, if you can, have the following details at hand, however don't delay if the adult is at imminent risk of harm:

- Name
- Address
- Date of birth
- Ethnic origin
- Gender
- Religion
- Type of accommodation
- Family circumstances
- Support networks
- Physical health
- Any communication difficulties
- Mental health and any associated statutory orders
- Your job title and the reason for your involvement
- The nature and the substance of the allegation or concern
- Details of any care givers and/or significant others
- Details of the alleged perpetrator, where appropriate, and his or her current whereabouts and likely movements over the next 24 hours, if known
- Details of any specific incidents (e.g. dates, times, injuries, witnesses etc.)
- Background information relating to any previous concerns
- Any information given to the person, their expectations and wishes, if known

The council has a duty to investigate any alleged incident of harm. Other professionals may be involved, for example: Police; Care Inspectorate; NHS and must cooperate fully. The council must involve agencies in initial

inquiries, which will include discussions/ assessments and information sharing to establish if a formal adult protection investigation needs to be instigated.

Adult Support and Protection (Scotland) Act 2007, Perth and Kinross Multi-Agency Guidelines (2018)

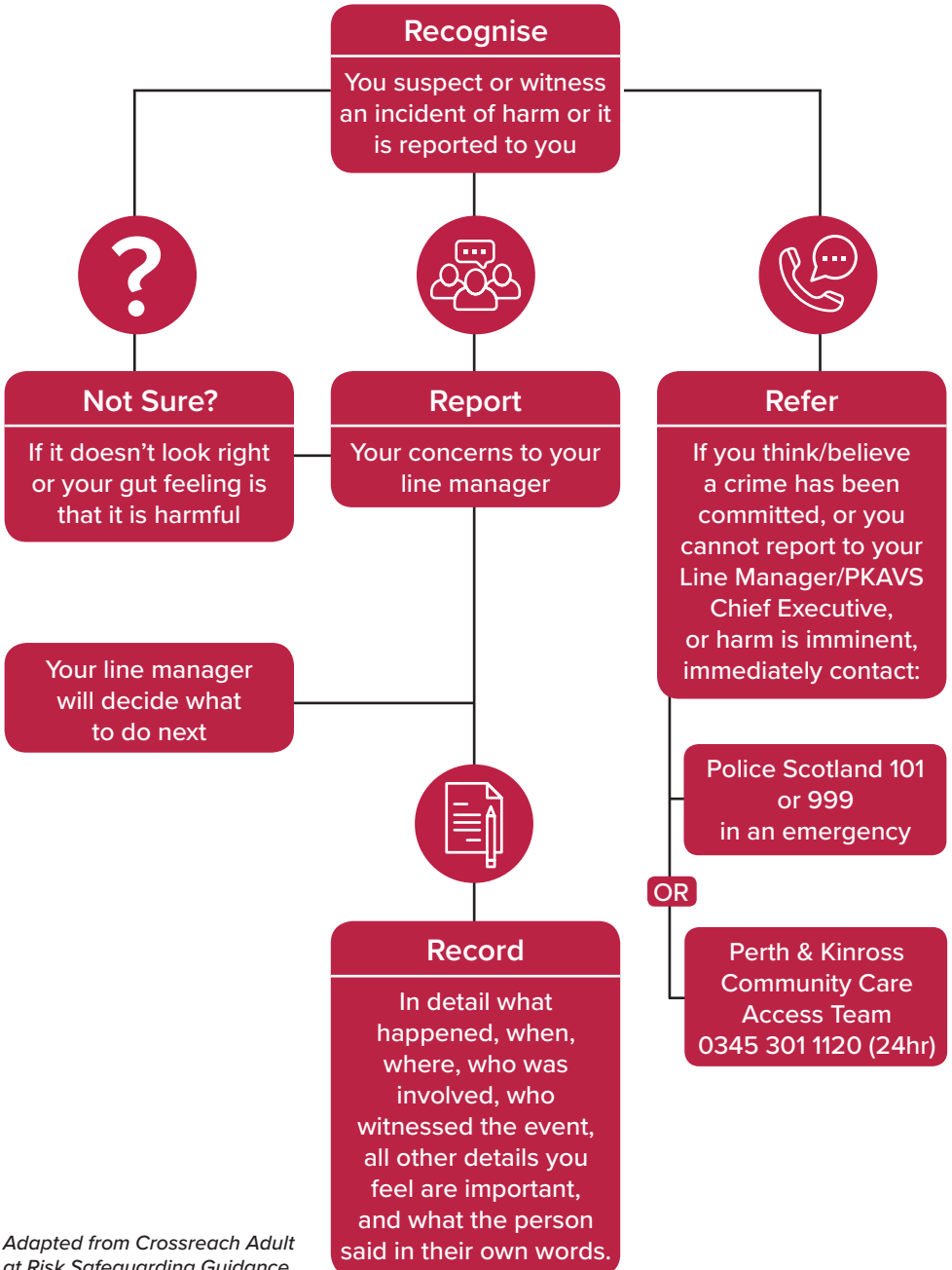


RECORD

After sharing your concerns it is very important to record your concerns and actions. These should be recorded immediately or within 24 hours. When recording, remember:

- Keep the records clear, concise, and tidy as they are an important reminder and in some cases may be used as evidence.
- Ensure they are dated and timed with your name printed at the end.
- Avoid long essay style writing
- Record facts and not opinions; facts are supported by evidence and opinions are subjective and not backed up by evidence.
- Record who you spoke to, actions you took, what decisions were made, and the reasons for those decisions

Suspected Adult at Risk of Harm Procedure



Adapted from Crossreach Adult at Risk Safeguarding Guidance

Capacity, Consent, and Information Sharing

Challenging situations can arise where adults who are subject to harm do not want confidential information disclosed, even where this would be the best way to ensure they are protected from harm.

Where adults consider themselves to be at risk from those close to them, they may also be concerned that a disclosure of information may put them at greater risk. If an abusive partner is interviewed by the police or social work for example, harm may be intensified. The importance of adults who may be at risk of harm being able to control the disclosure of their own information is therefore important.

A person's ability to make a particular decision may be affected by:

- Duress and undue influence
- Lack of mental capacity.

There may be a fine distinction between a person who lacks the mental capacity to make a particular decision and a person whose ability to make a decision is impaired, e.g. by duress or undue influence. Nonetheless, it is an important distinction to make.

Interventions must ensure that when an adult with mental capacity takes a decision to remain in a harmful situation, they do so without duress or undue influence, with an understanding of the risks involved, and with access to appropriate services and support should they change their mind.

If the adult is at risk of harm, by meeting the conditions set out in the Adult Support and Protection (Scotland) Act 2007, then confidentiality and lack of consent may be overridden.

However, if the adult at risk does not want any action taken, his or her wishes should be respected unless any of the following applies:

- *it is not clear if the person has capacity*
- *he or she or others are at risk*
- *it appears likely that a criminal offence has been committed*
- *it is a requirement of legislation*
- *there are public health concerns*

Adult Support and Protection (Scotland) Act 2007, Perth and Kinross Multi-Agency Guidelines (2018)

The Data Protection Act 2018 states information can be shared lawfully if:

- An individual aged 18 or over is "at risk" if the controller [PKAVS] has reasonable cause to suspect that the individual -
 - Has needs for care and support,
 - Is experiencing, or at risk of, neglect or physical, mental or emotional harm, and
 - As a result of those needs is unable to protect himself or herself against the neglect or harm or the risk of it.



Useful Reading:

Perth & Kinross Inter-Agency Child Protection Guidelines 2017
Getting It Right For Every Child – Scottish Government
Protecting and Supporting Adults at Risk in Tayside 2015
Adult Support and Protection (Scotland) Act 2007, Perth & Kinross Multi-Agency Guidelines (2018)

Learning:

Perth & Kinross Council Protecting People Online Modules:
www.pkc.gov.uk/article/17747/Protecting-people-e-learning-modules

Contact:

Child Protection and Duty Team
Tel 01738 476768 (24H)
Email ChildProtection@pkc.gov.uk
www.pkc.gov.uk/childprotection

Almondbank House
Lewis Place
Perth
PH1 3BD

Early Intervention and Prevention Team
Tel 0345 301 1120 (24H)
Email accessteam@pkc.gov.uk

Pullar House
35 Kinnoull Street
Perth
PH1 5GD

Contact us

www.pkavs.org.uk, The Gateway (Head Office), North Methven Street, Perth, PH1 5PP

Tel: 01738 567076 Email: admin@pkavs.org.uk  /PKAVS  @PKAVScharity

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