



Child Protection Policy

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A. Introduction

'It's Everyone's Job to Make Sure I'm Alright' (Scottish Executive 2002) reinforces that **everyone** in Scottish society has an important part to play in preventing the abuse and neglect of children and young people and in responding to any situation where they think that a child may be at risk of abuse or harm.

Interest Link Borders aims

- ◆ To ensure that the protection and well-being of children and young people is central in all of our considerations and decisions;
- ◆ To safeguard the rights, well-being and safety of every child and young person with whom we work, within the principles and standards set out in "Protecting Children and Young People: Framework for Standards" (Scottish Executive, 2004) ; Scottish Borders Child Protection Committee Guidelines; the United Nations Convention on the Rights of the Child; the European Convention on Human Rights; The Children (Scotland) Act 1995 and other relevant legislation.

This Interest Link Borders policy is designed to dovetail with the Scottish Borders Child Protection Committee Guidelines: it sets out the steps Interest Link takes to achieve a child-safe environment and aims to assist staff and volunteers in identifying harm and reporting it to Social Work, NHS Borders and/or the Police.

The person responsible for child protection at Interest Link is the Project Co-ordinator.

B. Definition of a Child

- ◆ For the purposes of the Interest Link Borders Child Protection Policy, all reference to children means a child or young person under 18 years of age.
- ◆ As well as covering service users who are children, this policy is also intended to cover volunteers aged under 18.
- ◆ Where a young person is 18 years or over, please refer to the Interest Link Borders Support & Protection of Adults at Risk Policy.

C. Creation and maintenance of a child-safe environment

Interest Link Borders has a duty of care to implement effective policies and procedures for safeguarding the welfare of children. In order to achieve this we will ensure our staff and volunteers are carefully selected, screened, trained and supervised.

1. Our recruitment procedures include:
 - ◆ Ensuring all applicant staff and volunteers complete an application form.
 - ◆ Ensuring all successful applicants provide suitable references.
 - ◆ Ensuring all successful applicants join the PVG Scheme for working with children and adults at risk.
2. Training for all staff and volunteers gives comprehensive information about the organisation's purpose, values, structure and services. This includes:
 - ◆ Details of the structure of the organisation.
 - ◆ Details of the organisation's aims, objectives and activities.
 - ◆ Details of the roles and responsibilities of staff and volunteers within the organisation.
 - ◆ Details of the organisation's policies, including this Child Protection Policy.
3. We ensure that all staff and volunteers understand their obligations to report care or protection concerns about a child by providing training and guidance on:
 - ◆ Types of abuse and a summary of signs and indicators.
 - ◆ Procedures for responding to concerns about abuse/neglect.
 - ◆ Procedures and practice for responding and listening to disclosure of abuse.
 - ◆ Details of why organisations have a responsibility to refer child protection concerns to the Child Protection and Reviewing Unit (which includes Police, Social Work, NHS and Education).
 - ◆ Details of who within the organisation should report care and protection concerns to child protection agencies.
4. We ensure that children and parents/carers have access to the organisation's policies and procedures.

D. Recognising Abuse

- ◆ Child abuse or maltreatment constitutes all forms of physical and/or emotional

ill-treatment, sexual abuse, neglect or negligent treatment, or exploitation, resulting in actual or potential harm in the child's health or development.

- ◆ Children may be in need of protection where their basic needs are not being met, in a manner appropriate to their stage of development, and they will be at risk from avoidable acts of commission or omission on the part of their parent(s), sibling(s) or other relative(s), or a carer (i.e. the person(s) while not a parent who has actual custody of a child), other individuals or complete strangers.
- ◆ There are varied settings in which abuse can occur e.g. in the home, in faith settings, encounters with strangers, children cared for or accommodated, through use of computers etc.

1. Forms of Abuse

- ◆ To define an act (of commission or omission) as abusive and/or presenting future risk a number of elements must be taken into account. These include demonstrable or predictable harm to the child, which must have been avoidable because of action or inaction by the parent or other carer.
- ◆ The following are the standard categories of abuse which, although presented as discrete definitions, in practice may overlap.

a. Physical Injury

- ◆ Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.
- ◆ Whilst the law recognises some physical chastisement of children as reasonable, any blow to the head, shaking or use of an implement is against the law.
- ◆ Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child (known as Fabricated, Factitious or Induced Illness).

b. Physical Neglect

- ◆ Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.
- ◆ Once a child is born, neglect may involve a parent or carer failing to:
 - ❖ Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
 - ❖ Protect a child from physical and emotional harm or danger
 - ❖ Ensure adequate supervision (including the use of inadequate care-givers)
 - ❖ Ensure access to appropriate medical care or treatment.
 - ❖ It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

c. Non-organic Failure to Thrive

- ◆ Failure to meet expected weight and growth norms or developmental milestones, which does not have a basis in an hereditary or medical condition, as medically diagnosed.

- ◆ In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long term effects such as greater susceptibility to serious childhood illnesses, reduction in potential stature and, with young children in particular, the results may be life threatening over a relatively short period.

d. Emotional Abuse

- ◆ Emotional abuse is the **persistent** emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.
- ◆ It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- ◆ It may involve seeing or hearing the ill-treatment of another (including being exposed to domestic abuse).
- ◆ It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.
- ◆ Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

e. Sexual Abuse

- ◆ Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening.
- ◆ The activities may involve physical contact, including penetrative or non-penetrative acts.
- ◆ They may include non-contact activities, such as involving children in looking at, or in the production of sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

2. Signs of Abuse

- ◆ It is important that these lists are not considered as completely definitive or exhaustive. They must be used **in the context of the child's whole situation** and in combination with a range of other information in relation to the child and his/her circumstances.
- ◆ Some behaviour, e.g. covering arms/legs in hot weather and avoidance of swimming/PE may be due to sensible precautions against sunburn or cultural issues about dress/changing etc.
- ◆ There can be an overlap between all the different forms of child abuse, and all or several can coexist.

a. Physical Abuse

Signs of possible physical abuse:

- ◆ Unexplained injuries or burns, particularly if they are recurrent
- ◆ Improbable excuses given to explain injuries
- ◆ Refusal to discuss injuries
- ◆ Untreated injuries, or delay in reporting or seeking treatment for them
- ◆ Excessive physical punishment
- ◆ Fear of returning home
- ◆ Arms and legs kept covered in hot weather
- ◆ Avoidance of swimming, P.E. etc
- ◆ Aggression towards others
- ◆ Running away
- ◆ Frequent attendance at Accident and Emergency Departments

When considering the possibility of non-accidental injury it is important to remember that the injuries may have occurred for other reasons. Among the most important:

- ◆ Genuine accidental injuries, which are common. The nature and site of the bruising relative to the child's age is important
- ◆ Bleeding and clotting disorders
- ◆ Mongolian blue spots which occur naturally in Asian, Afro- Caribbean and Mediterranean children
- ◆ Skin disorders e.g. impetigo
- ◆ Rare bone diseases e.g. brittle bones
- ◆ Swelling or dislocation of the eye caused by tumour
- ◆ Undiagnosed birth injury e.g. fractured clavicle

Medical advice must be sought in all cases.

b. Physical neglect

- ◆ Constant hunger / stealing food / weight problems
- ◆ Obesity/ malnutrition
- ◆ Poor personal hygiene (general dress, underwear, nappies)
- ◆ Inappropriate dress
- ◆ Unattended physical/medical/educational problems
- ◆ Constant fatigue
- ◆ Regularly not collected from school etc
- ◆ Perceived relationship problems with parent/carer
- ◆ Poor peer relations
- ◆ Regular lack of supervision
- ◆ Non-attendance at school and / or late arrival

c. Non Organic Failure to Thrive

Signs of possible non-organic failure to thrive:

- ◆ Significant lack of growth
- ◆ Weight loss
- ◆ Hair loss
- ◆ Poor skin or muscle tone
- ◆ Circulatory disorders

d. Emotional Abuse

Signs of possible emotional abuse:

- ◆ Low self esteem
- ◆ Continual self-deprecation
- ◆ Sudden speech disorder
- ◆ Significant decline in concentration
- ◆ Socio-emotional immaturity
- ◆ “Neurotic” behaviour (e.g. rocking, head banging)
- ◆ Self-mutilation
- ◆ Compulsive stealing
- ◆ Extremes of passivity or aggression
- ◆ Running Away
- ◆ Indiscriminate friendliness

e. Sexual Abuse

Signs of possible sexual abuse:

Behavioural

- ◆ Lack of trust in adults or over familiarity with adults
- ◆ Fear of a particular individual
- ◆ Social isolation - withdrawal and introversion
- ◆ Sleep disturbance
- ◆ Running away from home
- ◆ Girls taking over the mothering role
- ◆ Reluctance or refusal to participate in physical activity or to change clothes for activities
- ◆ Low self-esteem
- ◆ Drug, alcohol or solvent abuse
- ◆ Display of sexual knowledge beyond child’s years
- ◆ Unusual interest in the genitals of adults or children or animals
- ◆ Expressing affection in inappropriate ways
- ◆ Fear of bathrooms, showers, closed doors
- ◆ Abnormal sexualised drawing
- ◆ Fear of medical examinations
- ◆ Developmental regression
- ◆ Poor peer relations
- ◆ Over sexualised behaviour
- ◆ Eating disorders
- ◆ Compulsive masturbation
- ◆ Stealing
- ◆ Psychosomatic factors
- ◆ Sexual promiscuity

Physical/Medical

- ◆ Sleeplessness, nightmares, fear of the dark
- ◆ Bruises, scratches, bite marks to the thighs or genital areas

- ◆ Itch, soreness, discharge, unexplained bleeding from the rectum, vagina or penis
- ◆ Pain on passing urine or recurrent urinary infection
- ◆ Stained underwear
- ◆ Unusual genital odour
- ◆ Anxiety/depression
- ◆ Eating disorder e.g. anorexia nervosa or bulimia
- ◆ Discomfort/difficulty in walking or sitting
- ◆ Pregnancy - particularly when reluctant to name father
- ◆ Recurring urinary tract problem, vaginal infection or genital damage
- ◆ Venereal disease/sexually transmitted diseases
- ◆ Soiling or wetting in children who have been trained
- ◆ Self-mutilation/suicide attempts

E. Reporting Abuse

1. Duty to make a report

- ◆ All Interest Link staff and volunteers have a responsibility to report to their line manager (and emergency services and Disclosure Scotland if necessary) any concerns they have or any disclosures of abuse that have been made to them.
- ◆ At times this may pose a dilemma for staff or volunteers who may feel that by doing so they could alienate the child and/or the family, carer or others and damage the potential for further work.
Nonetheless:
 - ❖ To do nothing is not acceptable.
 - ❖ To promise not to report the situation is not acceptable.
- ◆ Discussing the situation with the child
 - ❖ If possible, speak to the child about your concerns.
 - ❖ Any discussion should **not** take the form of an “interview”. If it is essential to ask questions, the questions should be open ended questions for clarification purposes only e.g. “what happened?” or “how do you feel?”
 - ❖ It is preferable to obtain consent from the child to take further action, but if this cannot be obtained staff or volunteers should explain to the child their responsibility to report the information.
- ◆ For volunteers, their line manager will be their local Branch Co-ordinator. If their Branch Co-ordinator is not available, then volunteers should contact another Branch Co-ordinator or the Project Co-ordinator (see contact details below)

2. In an emergency situation.

- ◆ If the child is unconscious, in immediate physical danger, or appears to be a victim of a crime, contact the appropriate Emergency Services:
 - ❖ Police and/or ambulance 999
 - ❖ Child Protection and Reviewing Unit (Includes Police, Social Work, NHS and Education): 01896 662762. Out of hours: Emergency Social

Work Services 01896 752 111; Police 0131 311 3131

❖ NHS24: 08454 242424

- ◆ Physical or sexual abuse should always be reported to the police as soon as possible, in order to preserve vital evidence.
- ◆ Staff or volunteers should not put themselves at risk: they should remove themselves from any situation that potentially endangers them before making a report.
- ◆ After action has been taken to address the emergency, a report to the line manager should be made as described below

3. Non-Emergency situation (and after an Emergency situation has been dealt with)

- ◆ A report must be made to the line manager as soon as possible. (see Contact details below)
- ◆ The initial report can be by phone, but this must be followed up by completing the report form attached to this policy. The line manager can help in completion of the form.
- ◆ Once the report has been made to the line manager, it will be discussed between the line manager, the Project Co-ordinator and Project Committee members as necessary. A decision will be taken (based on this policy and the Scottish Borders Child Protection Committee Guidelines) as to whether the report should be passed to Child Protection and Reviewing Unit.
- ◆ If the report form is passed on to police or Social Work, a copy of the form should be kept.
- ◆ Consideration must be given to whether a referral needs to be made to Disclosure Scotland under the Protection of Vulnerable groups Act 2007.
- ◆ Staff or volunteers making a report must make themselves available in connection with any investigation of that report by the Police or Social Work.

4. Contact details for making reports

a. Interest Link :

- ◆ Branch Co-ordinators
 - ❖ Berwickshire: 01361 883662
 - ❖ Buddies Central Borders: 01896 750020
 - ❖ Roxburgh: 01450 377600
 - ❖ Tweeddale: 01721 72934
- ◆ Project Co-ordinator: 01573 410760

b. Child Protection and Reviewing Unit (Includes Police, Social Work, NHS and Education): 01896 662762. Out of hours:

- ❖ Emergency Social Work Services 01896 752 111
- ❖ Police 0131 311 3131

5. Allegations against Interest Link Borders Volunteers or Employees.

- ◆ If Interest Link receives information that allegations of abuse are being made against Interest Link staff or volunteers, the relevant Branch Co-ordinator and the Project Co-ordinator must be notified immediately. As appropriate:
 - ❖ The same reporting procedures in respect of the Police or Social Work should be followed as with an allegation against any other person and/or
 - ❖ Interest Link staff and volunteers involved must make themselves available in respect of any report and investigation carried out by police or Social Work.
- ◆ Interest Link Borders will provide appropriate support to staff or volunteers who are the subject of allegations of abuse.

F. Monitoring and Review.

This policy shall be reviewed annually, with particular attention to whether it is in accordance with the Scottish Borders Child Protection Committee Guidelines and relevant good practice.

Interest Link Borders Report Form: Abuse of a child

The person making this report

Name

Address

Telephone number

Position (e.g. Employee, Volunteer)

Relationship to the child

The child.

Name

Address

Telephone number

Status within Interest Link (e.g. service user, volunteer)

Any person (other than the child) making the allegation

Name

Address

Telephone number

Relationship to the child.

Any person allegedly causing abuse

Name

Address

Telephone number

Relationship to the child

Description of the alleged abuse.

- ◆ If possible, this should include the exact words used by the child or other person making an allegation.
- ◆ Include details of any specific incidents, e.g. dates and times, injuries, witnesses, evidence such as bruising.
- ◆ Say how and when you become aware of the abuse.

Did the child consent to the report being made? Yes/No/Not capable

Are they aware a report is being made? Yes/No/Not capable

Who else is aware of the situation and that a report is being made (e.g. carers, emergency services, Social Work)?

Date and time

Signature



Protection of Adults At Risk Policy

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A. Introduction

The majority of adults who are affected by learning disabilities live their lives comfortably and securely, either independently or with the help of caring relatives, friends, neighbours, professionals or volunteers. However, all adults with learning disabilities are vulnerable and some find themselves in situations where they are at risk of harm.

The Adult Support and Protection (Scotland) Act 2007 introduced new duties and powers to safeguard adults who may be at risk of harm. In response to this and related legislation the Edinburgh, Lothian & Borders Executive Group (comprising Council, NHS and Police) produced new Multi-agency Adult Support & Protection Guidelines in 2009. Copies of the Guidelines and information about the Scottish Borders Adult Protection Committee (a partnership of agencies including, Scottish Borders Council, NHS Borders, Lothian & Borders Police, voluntary and independent providers) are at www.scotborders.gov.uk/life/livingandsocialcare/careandsupport/communitycare/5589.html

This Interest Link Borders policy is designed to dovetail with the Multi-agency guidelines: it sets out the steps Interest Link takes to achieve a safe environment for adults at risk of harm and aims to assist staff and volunteers in identifying harm and reporting it to Social Work, NHS Borders and/or the Police.

B. Defining Adults at Risk of Harm

1. Who is an adult at risk?

Under the Adult Support and Protection (Scotland) Act 2007 an “adult at risk” means a person aged sixteen years or over who:

- (a) is unable to safeguard their own well-being, property, rights or other interests;
- (b) is at risk of harm, and
- (c) 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.

2. Who is “at risk of harm”

An adult is at risk of harm if another person’s conduct is causing or is likely to cause the adult to be harmed.

or

The adult is engaging or is likely to engage in conduct which causes or is likely to cause self-harm.

3. What is harm?

Harm “includes all harmful conduct” and, in particular, includes:-

- (a) conduct which causes physical harm
- (b) conduct which causes psychological harm (e.g. by causing fear, alarm or distress)
- (c) unlawful conduct which appropriates or adversely affects property, rights or interests (for example: theft, fraud, embezzlement or extortion)
- (d) conduct which causes “self-harm”

C. Creation and maintenance of a safe environment for adults at risk of harm

Interest Link Borders has a duty of care to implement effective policies and procedures for safeguarding the welfare of adults at risk of harm. In order to achieve this we will ensure our staff and volunteers are carefully selected, screened, trained and supervised.

1. Our recruitment procedures include:

- ◆ Ensuring all applicant staff and volunteers complete an application form.
- ◆ Ensuring all successful applicants provide suitable references.
- ◆ Ensuring all successful applicants complete a criminal record declaration form.
- ◆ Ensuring all successful applicants complete the correct level of police Disclosure Certificate check.

2. Training for all staff and volunteers gives comprehensive information about the organisation's purpose, values, structure and services. This includes:

- ◆ Details of the structure of the organisation.
- ◆ Details of the organisation's aims, objectives and activities.
- ◆ Details of the roles and responsibilities of staff and volunteers within the organisation.
- ◆ Details of the organisation's policies, including this Support and Protection of Adults at Risk Policy.

3. We ensure that all staff and volunteers understand their obligations to report care or protection concerns about an adult at risk by providing training and guidance on:

- ◆ Types of harm and a summary of signs and indicators.
- ◆ Procedures for responding to concerns about harm.
- ◆ Procedures and practice for responding and listening to disclosure of harm.
- ◆ Details of why organisations have a responsibility to refer concerns about an adult at risk to the statutory agencies (i.e. Police and or Social Work).
- ◆ Details of who within the organisation should report care and protection concerns to statutory agencies.

4. We ensure that adults at risk and their carers have access to the organisation's policies and procedures.

D. Recognising Harm

1. Who may cause harm?

- ◆ Adults at risk may be harmed by a wide range of people including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, strangers and people who deliberately exploit adults at risk. Evidence and research suggest that in most cases the adult will know the person who causes them harm.
- ◆ There is particular concern when the harm is caused by someone in a position of trust, power or authority who uses his or her position to the detriment of the health, safety, welfare and general well-being of the adult at risk.

2. Forms of Harm

Harm means **all** harmful conduct. It is important to remember that harm means harmful conduct, regardless of whether the harm was deliberate or unintentional.

a. Physical Harm

- ◆ This involves physical contact intended to cause Pain , Injury, Intimidation or Other physical suffering
- ◆ Examples include:
Hitting, Slapping, Pushing or pulling , Kicking , Misuse of medication, Restraint or inappropriate sanctions

b. Sexual Harm

- ◆ This includes sexual behaviour such as Rape, Sexual assault, Intimidation of a sexual nature or Sexual acts to which the adult at risk has not fully consented, could not consent or was pressured into consenting;
- ◆ Examples include: Sexual harassment , Inappropriate touching, “Stalking”, Indecent exposure; Abuse of a position of trust for sexual purposes.

c. Psychological Harm

- ◆ This can be described as exposing someone to behaviour that is psychologically harmful or inflicting mental distress by threat, humiliation or other verbal / non-verbal conduct.
- ◆ Examples include: Threats of harm or abandonment, Deprivation of contact, Humiliation, Blaming, Controlling, Intimidation, Coercion, Harassment, Verbal abuse, Neglect, Isolation or withdrawal from services or supportive networks.

d. Harm caused by Financial, Material or Property Abuse

Examples include: Theft , Fraud, Exploitation, Pressure in connection with wills, property, inheritance, financial transactions, the misuse or misappropriation of property, possessions or benefits

e. Harm through Neglect and Acts of Omission

Examples include:

- ◆ Failure to meet appropriately and adequately an individual’s medical, physical, psychological and/or emotional care needs when expected to do so.
- ◆ Failure to provide access to appropriate health, social care or educational services.
- ◆ The withholding of the necessities of life, such as medication, adequate nutrition or

heating.

- ◆ An individual's conduct which causes self-neglect.

f. Harm through Discrimination

Actions (or omissions) and/or remarks of a prejudicial or discriminatory nature based upon a person's: age, gender, disability, race, colour, culture or ethnic/national origin, actual or perceived sexual orientation, faith, religion, belief, spiritual background, or lack thereof, any other aspect of a person's individuality

g. Harm through Information Misuse

Examples include: Failure to provide accurate information, Misuse of personal information

h. Harm through denial of Human Rights

This can be described as denying access to the basic rights and freedoms to which all human beings are entitled.

i. Institutional Harm

Organisational culture can have a powerful influence on individual behaviour. Harm can be caused through neglect and acts of omission or poor professional standards of practice often as a result of structures, policies, processes and practices within the organisation.

Institutional harm can be described as repeated instances of harm to individuals or groups of individuals through poor or inadequate service within a care organisation.

j. Self-harm

This is when an individual engages, knowingly or unknowingly, in any behaviour or activity that, directly or indirectly, can cause harm to their physical, psychological or social well-being.

Self-harm is a broad term and is seen as a way of expressing very deep distress. People may injure or poison themselves by scratching, cutting or burning their skin, by hitting themselves against objects, taking a drug overdose or swallowing or putting other things inside themselves. Less obvious forms are staying in an abusive relationship, developing an eating problem (anorexia or bulimia), being addicted to alcohol or drugs, or simply not looking after their own emotional or physical needs.

Any or all of these types of harm may be caused as the result of deliberate intent, negligence or ignorance.

3. Signs of Potential Harm

Suspicious of harm of adults at risk can come to light in a number of ways.

The clearest indicator is a disclosure, statement or comment by the adult, by family members, by their carer (paid or unpaid), or by others reporting concerns of harm.

Such disclosures, statements or comments always warrant further inquiry whether they

relate to a specific incident, a pattern of events or a more general situation.

However, there are many other factors and circumstances that can indicate harm. These may include:

- ◆ Unusual or suspicious injuries
- ◆ Unexplained or concerning behaviour of carers (paid or unpaid) – this can include a delay in seeking advice, dubious or inconsistent explanations for injuries or bruises
- ◆ An allegation of harm, made by an adult at risk
- ◆ An adult at risk is found alone at home or in a care setting in a situation of serious but avoidable risk
- ◆ Over-frequent or inappropriate contact/referral to outside agencies
- ◆ A prolonged interval between illness/injury and presentation for medical care
- ◆ If the adult at risk lives with another member of the household who is known to any of the statutory agencies in circumstances which suggest possible risk to the well-being of that adult
- ◆ Misuse of medication, e.g.
 - ❖ Not administered as prescribed
 - ❖ Over-medication resulting in apathy, drowsiness, slurring of speech, lack of sleep, continual pain etc
 - ❖ Under-medication resulting in lack of sleep, continual pain etc
- ◆ Unexplained physical deterioration in the adult at risk, e.g. loss of weight
- ◆ Sudden increase in confusion e.g. dehydration can lead to confusion
- ◆ Demonstration of fear by the adult at risk to another person of going home
- ◆ Difficulty in interviewing the adult at risk e.g. another adult unreasonably insists on being present
- ◆ Anxious/disturbed behaviour on the part of the adult at risk
- ◆ Hostile/rejecting behaviour by the carer (paid or unpaid) towards the adult at risk
- ◆ Serious or persistent failure to meet the needs of the adult at risk
- ◆ Financial/material/property abuse, e.g. a change in the ability of the adult at risk to pay for services, unexplained debts or reduction in assets
- ◆ Carer (paid or unpaid) as well as dependants showing apathy, depression, withdrawal, hopelessness or suspicion
- ◆ Unnecessary delay in staff response to residents' requests
- ◆ If a member of staff in a care service has a history of moving jobs without notice or has inadequate references
- ◆ Important documents are reported to be missing
- ◆ Pressure exerted by family, carer (paid or unpaid) or professional to have someone admitted to or discharged from a care setting
- ◆ Pressure exerted by family or carer (paid or unpaid) or professional to agree to care arrangements which are not appropriate.

E. Reporting Harm

1. Duty to make a report

- ◆ All Interest Link staff and volunteers have a responsibility to report to their line manager (and emergency services and Disclosure Scotland if necessary) any concerns they have or any disclosures of harm that have been made to them.
- ◆ At times this may pose a dilemma for staff or volunteers who may feel that by doing so they could alienate the adult at risk and/or the family, carer or others and damage the potential for further work.
Nonetheless:
 - ❖ To do nothing is not acceptable.
 - ❖ To promise not to report the situation is not acceptable.
- ◆ Discussing the situation with the adult at risk
 - ❖ If possible, speak to the adult at risk of harm about your concerns.
 - ❖ Any discussion should **not** take the form of an “interview”. If it is essential to ask questions, the questions should be open ended questions for clarification purposes only e.g. “what happened?” or “how do you feel?”
 - ❖ It is preferable to obtain consent from the adult at risk to take further action, but if this cannot be obtained staff or volunteers should explain to the adult at risk their responsibility to report the information.
- ◆ For volunteers, their line manager will be their local Branch Co-ordinator. If their Branch Co-ordinator is not available, then volunteers should contact another Branch Co-ordinator or the Project Co-ordinator (see contact details below)

2. In an emergency situation.

- ◆ If the person is unconscious, in immediate physical danger, or appears to be a victim of a crime, contact the appropriate Emergency Services:
 - ❖ Police and/or ambulance 999
 - ❖ Police: 01450 375 051
 - ❖ Social Work Services: 0300 100 1800. Out of hours: 01896 752 111
 - ❖ NHS24: 08454 242424
- ◆ Physical or sexual abuse should always be reported to the police as soon as possible, in order to preserve vital evidence.
- ◆ Staff or volunteers should not put themselves at risk: they should remove themselves from any situation that potentially endangers them before making a report.
- ◆ After action has been taken to address the emergency, a report to the line manager should be made as described below

3. Non-Emergency situation (and after an Emergency situation has been dealt with)

- ◆ A report must be made to the line manager as soon as possible. (see Contact details below)
- ◆ The initial report can be by phone, but this must be followed up by completing the report form attached to this policy. The line manager can help in completion of the form.
- ◆ Once the report has been made to the line manager, it will be discussed between the line manager, the Project Co-ordinator and Project Committee members as necessary. A decision will be taken (based on this policy and the Multi-Agency guidelines) as to whether the report should be passed to police and/or Social

Work.

- ◆ If the report form is passed on to police or Social Work, a copy of the form should be kept.
- ◆ Consideration must be given to whether a referral needs to be made to Disclosure Scotland under the Protection of Vulnerable groups Act 2007.
- ◆ Staff or volunteers making a report must make themselves available in connection with any investigation of that report by the Police or Social Work.

4. Contact details for making reports

a. Interest Link :

- ◆ Branch Co-ordinators
 - ❖ Berwickshire: 01361 883662
 - ❖ Buddies Central Borders: 01896 750020
 - ❖ Roxburgh: 01450 377600
 - ❖ Tweeddale: 01721 72934
- ◆ Project Co-ordinator: 01573 410760

b. Police: 01450 375051 (24 hours).

c. Social Work: A report to Social Work can be made to any of:

- ◆ The Learning Disability Service 01896 824582
- ◆ Social Work Services: 0300 100 1800 or (out of hours): 01896 752 111
- ◆ Local Social Work office:
 - ❖ Duns: 01361 883050
 - ❖ Galashiels & Selkirk: 01896 755365
 - ❖ Hawick: 01450 374545
 - ❖ Kelso: 01573 233501
 - ❖ Peebles: 01721 722777

5. Allegations against Interest Link Borders Volunteers or Employees.

- ◆ If Interest Link receives information that allegations of harm are being made against Interest Link staff or volunteers, the relevant Branch Co-ordinator and the Project Co-ordinator must be notified immediately. As appropriate:
 - ❖ The same reporting procedures in respect of the Police or Social Work should be followed as with an allegation against any other person and/or
 - ❖ Interest Link staff and volunteers involved must make themselves available in respect of any report and investigation carried out by police or Social Work.
- ◆ Interest Link Borders will provide appropriate support to staff or volunteers who are the subject of allegations of harm.

F. Monitoring and Review.

This policy shall be reviewed annually, with particular attention to whether it is in accordance with the Multi-Agency Adult Support and Protection Guidelines and relevant good practice.

Interest Link Borders Report Form: Harm to an adult at risk

The person making this report

Name

Address

Telephone number

Position (e.g. Employee, Volunteer)

Relationship to the adult at risk

The adult at risk.

Name

Address

Telephone number

Any person (other than the adult at risk) making the allegation

Name

Address

Telephone number

Relationship to the adult at risk.

Any person allegedly causing harm

Name

Address

Telephone number

Relationship to the adult at risk

Description of the alleged harm.

- ◆ If possible, this should include the exact words used by the adult at risk or other person making an allegation.
- ◆ Include details of any specific incidents, e.g. dates and times, injuries, witnesses, evidence such as bruising.
- ◆ Say how and when you become aware of the harm.

Did the adult at risk consent to the report being made? Yes/No/Not capable

Are they aware a report is being made? Yes/No/Not capable

Who else is aware of the situation and that a report is being made (e.g. carers, emergency services, Social Work)?

Date and time

Signature