

Adults and Children Protection Policy (Scotland)

Policy Number	81
Version	2
Policy Contact	Matthew Betteridge
Date Issued	01 st November 2017
Reviewed	01 st June 2023
Next Review Date	01 st June 2024
Approved by	OneCall24 Policy Team

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1. Commitment to Adults and Children Protection

The principles of One Call 24 Vision, Mission and Values are drawn together in this policy to evidence how the organisation will ensure that its workers and representative have a clear understanding of Child and Adult Protection.

The principles reflected on this policy are as following:

- All children and vulnerable adults have an equal right to protection from harm regardless of their gender, culture, ethnicity, age, religion, sexual orientation, or ability.

- Anyone acting/working on behalf of One Call 24 will be subject to the most robust safeguarding checks for which they are eligible.
- Anyone acting/working on behalf of One Call 24 will receive Child and Adult Protection training appropriate to their role and responsibilities.
- All adults have a responsibility to respond when they are concerned that a child or vulnerable adult may be at risk of harm or exploitation.
- Adult Protection concerns are to be managed through a robust and transparent process.
- Anyone that reports a concern regarding a colleague in good faith will be protected (for example under the Whistle Blowing policy).
- Information will be managed confidentially and only shared without consent where the duty to protect children or vulnerable adults from harm supersedes an individual's right to privacy.
- Adult and child protection decisions should be made in a timely manner and should not be subject to unnecessary delay.

2. Overview

One Call 24 understand that they have a duty to ensure that all persons that come into contact with their business, both directly and indirectly - are sufficiently safeguarded against at all times. This requires One Call 24 to ensure that at all times it adheres to all current (and any future) regulations & Legislation, including (but not limited to):

- The Adult Support and Protection (Scotland) Act 2007
- Adult with Incapacity (Scotland) Act 2000
- The Mental Health (Care and Treatment) (Scotland) Act 2003
- Human Rights Act 1998
- Public Interest Disclosure Act 1998
- Equalities Act 2010

To achieve this, One Call 24 has incorporated a detailed and robust policy & process which ensures all necessary checks are completed on workers, and they all workers are fully aware of their obligations and responsibilities when out in the field.

To confirm this, One Call 24 will keep accurate records of all safeguarding and employment checks carried out under this framework. This information will be requested and called upon during regular framework audit. This includes:

- Identity checks
- Right to Work checks
- Employment History and Reference checks
- Professional Registration & Qualification checks
- PVG checks
- Work Health Assessment checks
- English language competency checks
- Statutory & Mandatory and Clinical/Care core skills training checks
- Appraisal and revalidation checks
- Indemnity arrangement checks
- Any other safeguarding and employment checks

Should it be requested by the participating authority, additional checks will be completed on a worker prior to their deployment into the provision of the services.

Past the above checks, One Call 24 will ensure that all of its workers have a full understanding of the term 'Adult and child protection', and how to promote this within the business.

3. Definition of harm

The Adult Support and Protection (Scotland) Act 2007 defines harm as:

"Harm includes all harmful conduct and, in particular includes:

- Conduct which causes physical harm
- Conduct which causes psychological harm (eg by causing fear, alarm or distress)
- Unlawful conduct which appropriates or adversely affects property, rights or interest (eg theft, fraud, embezzlement or extortion)
- Conduct which causes self-harm."

The most common forms of harm are described in The Adult Support and Protection (Scotland) Act 2007 as:

- Financial harm
- Physical harm
- Neglect
- Psychological/emotional harm
- Sexual harm
- Discrimination
- Self-harm
- Institutional harm

4. Definition of abuse:

Abuse is a violation of an individual's human and civil rights by any other person or persons. The most common forms of abuse are described as follow:

- Financial harm
- Physical harm
- Neglect
- Psychological/emotional harm
- Sexual harm
- Discrimination
- Self-harm
- Institutional harm

The organisation will ensure that Service Users are safeguarded from abuse in all these forms. This duty to safeguard adults applies to Service Users who:

- Have needs for care and support;
- Are experiencing, or at risk of, abuse or neglect, and;
- As a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

5. Vulnerable Adults

The legislation and guidance relevant to safeguarding adults at risk of harm or abuse includes the following:

- The Adult Support and Protection (Scotland) Act 2007
- Adult with Incapacity (Scotland) Act 2000
- The Mental Health (Care and Treatment) (Scotland) Act 2003
- Human Rights Act 1998
- Public Interest Disclosure Act 1998

One Call 24 confirms that we will comply with all the requirements the Adult Support and Protection (Scotland) Act 2007. This includes confirmation that:

- It shall comply with all requirements placed on it by the Adult Support and Protection (Scotland) Act 2007
- Warrants that at all times it has and will have no reason to believe that any member of Staff is barred in accordance with The Protecting Vulnerable Groups (PVG) scheme
- Shall ensure that no person is employed or otherwise engaged in the provision of the Services if that person is barred from carrying out, or whose previous conduct or records indicate that they would not be suitable to carry out, any regulated activities.
- One Call 24 will ensure that the Contracting Authority is kept advised at all times of any member of Staff who, subsequent to their commencement of employment as a member of Staff receives a Conviction or whose previous Convictions become known to One Call 24 or whose conduct or records indicate that they are not suitable to carry out any regulated activities or may present a risk to patients, service users or any other person. One Call 24 shall only be entitled to continue to engage or employ such member of Staff with the Contracting Authority's written consent and with such safeguards being put in place as the Contracting Authority may reasonably request. Should the Contracting Authority withhold consent One Call 24 shall remove such member of Staff from the provision of the Services forthwith.
- One Call 24 will immediately provide to the Contracting Authority any information that the Contracting Authority reasonably requests to enable the Contracting Authority to satisfy itself that the obligations are met
- One Call 24 understands that the Contracting Authority may at any time request that One Call 24 remove and replace any member of Staff from the provision of the Services, provided always that the Contracting Authority will act reasonably in making such a request. Prior to making any such request the Contracting Authority shall raise with One Call 24 the Contracting Authority's concerns regarding the member of Staff in question with the aim of seeking a mutually agreeable resolution. The Contracting Authority shall be under no obligation to have such prior discussion should the Contracting Authority have concerns regarding patient or service user safety.

6. Workers responsibilities

One Call 24 understand that their workers have a duty to ensure that all persons that come into contact with them, both directly and indirectly - are sufficiently protected at all times. This requires One Call 24 to ensure that at all times its workers follow their duty of care. The social care institute of excellence defines 'Duty of care' as follow:

"Duty of Care is defined simply as a legal obligation to:

- Always act in the best interest of individuals and others

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- Not act or fail to act in a way that results in harm
- Act within your competence and not take on anything you do not believe you can safely do.”

One call 24 have the following in place to allow workers to follow their duty of care whenever working with people who require support:

Duty to Report: All staff have a duty to report suspicions or disclosures made about an adult or child at risk. While this may cause the individual worker difficulties, a failure to report is a failure in their duty of care – staff must report any concerns of suspected or actual harm to the person in charge of the placement or directly to OC24 registered Manager who will ensure that the guidelines are followed.

Rights/Self Determination: There is a tendency for society to believe that vulnerable adults need to be protected and that their right to make choices is secondary to this. Adults are individuals in their own right and, if they are able, should be allowed to exercise these rights even if that means, for instance, they choose to remain in a situation which other people may consider to be inappropriate. Every effort should be made to inform the adult at risk of harm of the consequences of decisions they are making. Risk assessment and case discussion can be used to further explore the issues. Where there is a capacity issue, the “Adults with Incapacity Act” powers can be considered.

Consent to Inform/Confidentiality/Disclosure: Staff who have contact with adults at risk have a responsibility to refer on concerns, anxieties, disclosures regarding possible or actual harm. This may pose a dilemma for staff who may feel that by so doing they could alienate the adult or their family and the potential for preventative work. To do nothing or to promise confidentiality and then report the concern is not acceptable. The procedure is to openly and honestly discuss with the individual/family the intention to report the information.

Managing Risk: Concern over managing risks has the potential to stifle and constrain the provision of care leading to an inappropriate restriction of the individual’s rights. There is a challenge for staff working in all care settings to examine a way forward where calculated acceptable risks are taken along with the service user. This will involve gathering of all relevant information and risk assessment involving multidisciplinary input.

Whistle Blowing: One Call 24 encourages whistleblowing. This is designed to protect workers who make certain disclosures of information in the public interest and to allow those workers who “blow the whistle” on any of the instances of wrongdoing that are set out in the Act, to complain to an employment tribunal if they suffer any form of detriment for doing so.

If a One Call 24 worker has witnessed or been informed of an incident and the adult requires urgent medical attention then urgent medical assistance should be provided and issues of consent or capacity should not prevent this. The worker is expected to contact the appropriate emergency service particularly if an adult at risk appears to be in immediate need of medical attention.

If the adult does not require immediate medical attention but the worker suspects or have witnessed harm, mistreatment or neglect, she/he will have to consider the immediate wellbeing of the adult and the wellbeing of others who may be affected and speak to the adult about his/her concern. If harm is suspected, the worker should advise the adult that she/he must share his/her observations and the adult’s response with the person in charge of the placement and with One Call 24 Registered Manager. If the adult chooses to disclose a previous incident to the worker, they must listen to what they have to say and carefully record all the relevant information. It is important that the information obtained is reported to the person in charge of the placement to allow assessment of the initial concern about an adult at risk. It is very important that no detailed interview of the adult is carried out at this stage. If any of OC24 workers have received information from any source or have witnessed an incident, record your conversation / findings carefully and, if possible, check with the adult that you have accurately recorded your discussion. Record the adult’s actual words in relation to their description of the event and their feelings about the outcome. Include the date and the time that the record was made. Reiterate that you are going to report the details of your

conversation/findings to your line manager. If the incident is of a serious nature and requires an immediate response One Call 24 is expected to contact the police and call 999. If the incident does not require an immediate response or is something which has not happened recently then the worker is expected to discuss it with the person in charge of the placement or the One Call 24 Registered Manager to arrange reporting to the relevant local authority where the person at risk is and police.

The staff member will discuss the suspected or alleged harm, mistreatment or neglect with One Call 24 registered manager as soon as possible. If the registered manager is not available, the staff member will discuss the concerns with a suitable alternative manager within One Call 24.

Should a worker not be able to make contact with the person in charge of the placement or a suitable alternative manager within One Call 24, then they are advised to contact the relevant local authority where the person at risk is or the Care Inspectorate directly to report any type of concern. These above procedures enable workers to take immediate action, report and follow up situations especially where a person may feel or be more vulnerable. Each worker has the responsibility to familiarise themselves with these procedures and to know who to contact about their concerns. A full list of contact details can be on Appendix A.

One Call 24 ensures that every worker is familiar with the legislations listed below in this policy.

7. Responding to Disclosure, Suspicion or Witnessing of Abuse

Where an adult at risk discloses or discusses potential abuse or harm, the staff member must be able to:

- Recognise: Identify that the adult at risk may be describing abuse, even when they may not be explicit.
- Respond: Stay calm, listen and show empathy.
- Reassure them that it will be taken seriously and explain that there is a duty to report the issues internally and what may happen next.
- Record: Write up notes of the conversation clearly and factually as soon as possible.
- Report in a timely manner to the appropriate people and organisations.

Remember you are not investigating. Do:

- Stay calm and try not to show shock.
- Listen very carefully.
- Be sympathetic.
- Be aware of the possibility that medical evidence might be needed.

Tell the person that:

- They did a good/the right thing in telling you.
- You are treating the information seriously.
- It was not their fault.

Explain that you must tell your line manager and, with their consent, your manager will contact the relevant local authority and/or the Police. One Call 24 Registered manager must be informed.

The Register Manager will liaise with the manager or person in charge of the placement to ensure a referral is made. The register Manager will, in specific circumstances where the referral is not made by the contracting authority, need to contact the relevant local authority directly to submit the referral.

If a referral is made but the adult at risk is reluctant to continue with an investigation, the Register Manager will record this and bring this to the attention of the relevant local authority.

This will enable a discussion on how best to support and protect the adult at risk. However, a professional case discussion will still need to take place and must be recorded appropriately.

Responding to Abuse or Neglect – What to do

One Call 24 Limited must ensure that staff:

- Address any immediate safety and protection needs.
- Assess any risks and take steps to ensure that the adult is in no immediate danger.
- Where appropriate, call 999 for the emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress. Where a crime is suspected of being committed, leave things as they are wherever possible.
- Call for medical assistance from the GP or other primary healthcare service if there is a concern about the adult's need for medical assistance or advice.
- The adult may feel frightened, so the Care Worker must ask whether they want the Care Worker to arrange for someone they feel comfortable with to stay with them.
- One Call 24 will consider if there are other adults or children with care and support needs who are at risk of harm and take appropriate steps to protect them
- The Care Worker will contact the line manager as soon as possible to inform them of the incident or concern.
- One Call 24 Registered Manager will be informed and contacted on 07867003030 as soon as possible.

8. Decision-Making Pre-referral to the relevant local authority

The Registered Manager or the Safeguarding Lead will usually lead on decision-making.

The Registered Manager will take action and decide on a referral:

- If discussion with the manager or person in charge of the placement would involve delay in an apparently high-risk situation
- If the person has raised concerns with the manager or person in charge of the placement and they have not taken appropriate action (whistleblowing)

One Call 24 will ensure that staff are aware of the reporting procedures and timescales for raising adult protection concerns

9. Referral to the relevant local authority

The Registered Manager at One Call 24 must ensure that the Adult Protection referral process is followed and must collect the following information to assist with the referral.

The referral process must be clearly visible with contact numbers, including out-of-hours, where staff can access the information. The Registered Manager must use any up-to-date Care Plan information where possible and have the following information available where possible:

- Demographic and contact details for the adult at risk, the person who raised the concern and for any other relevant individual, specifically Care Workers

and next of kin.

- Basic facts, focusing on whether or not the person has care and support needs including communication and ongoing health needs.
- Factual details of what the concern is about; what, when, who, where?
- Immediate risks and action taken to address risk.
- Preferred method of communication.
- If reported as a crime, details of which police station/officer, crime reference number, etc.
- Whether the adult at risk has any cognitive impairment which may impede their ability to protect themselves.
- Any information on the person alleged to have caused harm.
- Wishes and views of the adult at risk, in particular, consent.
- Advocacy involvement (includes family/friends)
- Information from other relevant organisations.
- Any recent history (if known) about previous concerns of a similar nature or concerns raised about the same person, or someone within the same household.
- Names of any staff involved.

10. Documenting a Disclosure

One Call 24 Limited must ensure that staff:

- Make a note of what the person actually said, using his or her own words and phrases.
- Describe the circumstance in which the disclosure came about.
- Note the setting and anyone else who was there at the time.
- When there are cuts, bruises or other marks on the skin, use a body map to indicate their location, noting the colour of any bruising - bruising from abuse is often found on areas of the body such as the torso, ears, neck, eyes, cheeks and buttocks.
- Make sure the information the Care Worker writes is factual.
- Use a pen with black ink so that the report can be photocopied.
- Try to keep their writing clear.
- Sign and date the report, noting the time and location.
- Be aware that the report may be needed later as part of a legal action or disciplinary procedure.

11. Informing the Relevant Inspectorate

The Registered Manager will notify the Care Inspectorate without delay of incidents of abuse and allegations of abuse, as well as any incident which is reported, or investigated by the relevant Local Authority in which the adult at risk is in.

OneCall24 Limited must notify the Care Inspectorate about abuse or alleged abuse involving a person(s), whether the person(s) is/are the victim(s), the abuser(s), or both.

If a concern is received via the whistleblowing procedure, OneCall24 Limited must inform the relevant local authority and the Care Inspectorate.

Contact details of the Relevant Inspectorate bodies and Local authorities can be found in Appendix A

12. Police Disclosure and Disclosure Scotland Referral

The Registered Manager will contact the police without delay if there is a belief that a crime may have been committed. One Call 24 Limited will comply at all times with statutory requirement for providers of Care to refer workers to Disclosure Scotland if they consider that the person is guilty of misconduct such that a vulnerable adult was harmed or placed at risk of harm. This requirement covers both existing employees and those who leave their employment, and whose conduct comes to light at a later date.

13. Training of staff

Training will be delivered in collaboration across local areas, especially where local policing divisions or health boards span more than one local authority area. The content of training will reflect core components, values and principles of the GIRFEC approach (Scottish Government 2019). They will contribute to planned and co-ordinated transitions between services, including geographical transitions within and across local authority and board areas; and transitions to adult life and services.

Training will be relevant to different groups from statutory, Third and other sectors, including volunteers. Training will be regularly reviewed and updated to reflect research, learning from Significant Case Reviews (which will become Learning Reviews), and practice experience.

A Scottish Knowledge and Skills Framework for Psychological Trauma and accompanying Trauma Training Plan, commissioned by Scottish Government and developed by NHS Education for Scotland will be accessible to the broader workforce, with a range of accompanying training resources. This will help our workers to understand the impact of trauma on children's lives as well as adults who are unable to safeguard their own interests and are at risk of harm because they are affected by: disability. mental disorder. It will also support in successfully delivering quality, evidence-based trauma-informed and trauma-responsive services to people affected by adverse experience. The Trauma Training Plan will also help managers and supervisors to identify and explore practitioners' strengths and address any gaps in their knowledge and skills.

A contextual understanding of child protection and vulnerable adults will be encouraged by clear leadership, training, and supervision. Although every situation is unique, there may also be similar factors and experiences – such as poverty, exclusion, isolation, gender-based violence and racial discrimination – which could interact and accelerate the chemistry of some risks and harms. This will hence our workers knowledge and skills.

14. Support and supervision for workers

Support and supervision for our workers involved in child and adult protection work, regardless of professional role, is critical to ensure:

- support for those who are directly involved in working with Children and vulnerable adults, which may be distressing.

- critical reflection and two-way accountability, which enables a focus on outcomes.
- the development of good practice for individual workers, and improvement in the quality of the service provided by One Call 24.

The requirement for supervision, and accountability for practice is relevant for anyone in a professional role with specific responsibilities .

Support and supervision is relevant to a worker's professional role and scope of practice. Hence One Call 24 have robust standards and procedures underpinning support and/or supervision for our workers.

One Call 24 provides a safe and confidential environment for discussion and reflection on the knowledge and skills informing the task, the teamwork required, and the impact of the work and engagement of each worker within their role.

Support and supervision should include conversations about how to continually seek the adult or Child's view, and how to ensure that, having listened to these views, workers keep doing what is working, or do something different where it isn't.

Support and supervision for workers can be provided within a group or an individual setting. This may require inter-agency support and review in complex protection work. Informal peer supervision and support can complement formal support structures which One Call 24 will.

The registered manager will support the worker in developing their knowledge and skills to think analytically, critically, and reflectively. The Registered manager will also be expected to be able to inform their judgement through inter-agency collaboration, and through sufficient knowledge of current research and evidence.

Support and training provided will help to ensure that:

- practice is consistent with legal requirements, organisational policies and procedures
- practice is underpinned by the values and core principles of GIRFEC
- practitioners understand their roles and responsibilities, and the boundaries of their authority.
- practice is evidence-based
- workers develop skills in critical reflection about their own assumptions and values.
- the training and development needs of workers are identified by the Registered manager and her Team of specialist Nurse managers.
- there is structured discussion of child protection concerns, assessment and action as part of learning and reflection.
- information sharing and recording is reviewed accordingly.
- there is reflection on the skills required for workers to engage effectively.
- there is reasoned consideration of counter views, options and probable outcomes as learning.
- there is reflection on teamwork and individual work impact.

Each practitioner will be accountable for their own practice and must adhere to their own professional guidelines, standards and codes of professional conduct. Workers at all levels in all services, including Third Sector and private sector services, will have information, advice and training to make them aware of potential risks to children and vulnerable

The Health & Wellbeing Across Learning: Responsibilities of All Experiences and Outcomes within Curriculum for Excellence, alongside the GIRFEC wellbeing indicators, summarises how practitioners, pupils, parents and communities must work together in protecting and promoting children's rights, wellbeing and safety.

Some protective work is preventative and developmental. Therefore, One Call 24 will support its workers by ensuring appropriate training is delivered in aiming to support children with the knowledge, skills and values associated with healthy choices, relationships and preparation for adult life.

When concerns about risk of harm arises, education services are well placed to notice and respond to:

- additional needs or factors that may impact on a child's ability to voice concern.
- physical and emotional changes in a child that could indicate abuse or neglect.
- family, school, cultural and community context of concerns about a child or children
- escalating support needs of a child and their family.
- risks and stresses for some children in transitional stages as they move into a new school or onto adult life and services

15. Relevant Regulations

15a. Adults with Incapacity (Scotland) Act 2000

The Adults with Incapacity (Scotland) Act 2000, (AWI) allows action to be taken to intervene with regard to the property, finances and welfare of adults where the adult does not have the ability to make a decision in a particular aspect of their life. The ability to make clear decisions about property, finances and welfare is referred to as capacity. When someone is not able to make a decision this may be because of an illness, disability or severe communication difficulty. This is referred to in the Adults with Incapacity (Scotland) Act 2000 as incapacity. The principles of the Adults with Incapacity (Scotland) Act 2000 are that any intervention in an adult's affairs must:

- Benefit the adult.
- Be the least restrictive measure possible.
- Take into account the adult's past and present wishes.
- Take into account the views of relevant others.
- Encourage the adult to maintain their skills.

15b. The Mental Health, Care and Treatment (Scotland) Act 2003

Most people who have mental health care and treatment needs receive support on a voluntary basis. This Act provides measures to deal with situations where it is believed that mental health care and treatment cannot be provided on a voluntary basis. This may be because the person's mental disorder is severe and that the person is too ill to make a decision about treatment or they are very ill and refuse to accept the appropriate care or treatment for their condition. This Act sets out legal arrangements where necessary for the detention, care and treatment for persons with a mental disorder. This may be because the person's mental disorder or illness is severe enough to affect their ability to keep safe and that they may be a risk to themselves or someone else. Mental Disorder can be defined as any mental illness, personality disorder and / or learning disability however caused or manifested. This can include:

- Acquired Brain Injury / Acquired Brain Damage
- Dementia
- Anxiety Disorders

15c. Human Rights Act 1998

The Human Rights Act gives people legal protection of their human rights, like their right to life, or their right to a fair trial. These rights come from the European Convention on Human Rights. Each right is referred to as a separate article, for example:

- Article 2: Right to life will be protected by law
- Article 3: Prohibition on torture, inhuman or degrading treatment or punishment
- Article 5: Right to liberty and security of person
- Article 6: Right to a fair trial or hearing
- Article 8: Right to respect for private and family life, the home, and correspondence
- Article 9: Freedom of thought, conscience and religion
- Article 12: Men and women of marriageable age have the right to marry and to found a family.

A person is protected under the Human Rights Act if:

- They live in the UK. This includes if you are a foreign national, detained in hospital or in prison.

The Human Rights Act is important because:

- It sets out a minimum standard of how the government should treat people. It makes sure that they think about meeting individuals' basic rights when they do their job. This includes when they use other laws.
- Parliament must think about whether a new law follows the Human Rights Act before it comes into force.

15d. The Adult Support and Protection (Scotland) Act 2007

The Act defines adults at risk as those aged 16 years and over who:

- Are unable to safeguard their own wellbeing, property, rights or other interests
- Are at risk of harm
- 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

It places a duty on local councils to inquire and investigate cases where harm is known or suspected. They have powers to visit and interview people, arrange medical examinations, examine records, and issue protection orders. They must also consider if there is any need for advocacy and other services, such as help with medication, or support services.

Harm may include:

- Physical harm
- Psychological harm
- Financial harm
- Sexual harm
- Neglect

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

15e. Equalities Act 2010

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it's unlawful to treat someone. The Equality Act 2010 bans unfair treatment and helps achieve equal opportunities in the workplace and in wider society. The Act covers nine protected characteristics, which cannot be used as a reason to treat people unfairly.

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation.

15f. Public Interest Disclosure Act 1998

This Act allows employees to voice authentic concerns about misconduct and malpractice without receiving penalties such as dismissal, victimisation, or denial of promotion, facilities or training opportunities. Furthermore, unions have taken the role of watchdogs to assure that this statutory protection is upheld. Only certain types of disclosure are protected. The following are the qualifying disclosures protected by the Act:

- A criminal offence
- Failure to comply with legal obligations
- A miscarriage of justice
- Danger to health or safety of any individual
- Any damage to the environment
- An attempt to cover up information that would provide evidence that any of these five practices occurred

This Act is an important preventative measure; however, One Call 24 workers who suspects malpractice in the workplace should initially follow One Call 24 existing internal whistle blowing policy.

All information is readily available to all employees and agency workers at all times.

16. Chief/Consultant/Lead Nurse for child protection

The Registered manager will be knowledgeable in Adult and Child Protection and responsible for recruiting a Specialist Child Nurse who demonstrates leadership, Professionalism, knowledge and experience in Paediatric Nursing and child protection.

The Child nurse must be able to;

- advise the health board on strategic child protection matters.
- contribute to the development of child protection strategic planning arrangements, standards and guidelines with the Registered Manager on an inter-agency basis.

Both the Registered Manager and the Child Nurse will be responsible for ensuring that child protection procedures and workforce development policies are in place and updated annually.

The Registered manager will lead on all aspects of One Call 24's health service contribution with the support of her clinical Team. This will include the care governance processes for Adult (All areas) & child protection which may be represented within National, local and professional fora, including Adult and Child Protection Committees.

Appendix A – Contact Details

If you, or someone you know, is at risk of harm don't ignore it. Contact your local social work department and share your concerns. Everything you tell them will be dealt with in the strictest confidence – you don't even have to give your name if you don't want to.

Edinburgh, Lothian and Fife

City of Edinburgh

- **Address:** Adult Protection, Social Care Direct, City of Edinburgh Council, C2 Waverley Gate; 4 East Market Street, Edinburgh EH8 8BG
- **Telephone:** 0131 200 2324
- **Out of hours telephone:** 0800 731 6969
- **Email:** socialcaredirect@edinburgh.gov.uk

East Lothian

- **Address:** Adult Protection, Randall House, Macmerry, East Lothian EH33 1RW
- **Telephone:** 01875 824 309
- **Out of hours telephone:** 0800 731 6969
- **Email:** communityaccess@eastlothian.gov.uk

Fife

- **Address:** Adult Protection, Social Work Contract Centre, New City House, 1 Edgar Street, Dunfermline, Fife KY12 7EP
- **Telephone:** 01383602200
- **Email:** sw.contactctr@fife.gov.uk
-

Mid Lothian

- **Address:** Adult Social Care, Fairfield House, 8 Lothian Road, Dalkeith EH22 3ZH
- **Telephone:** 01312713900
- **Out of hours telephone:** 08007316969
- **Email:** ACCDutyTeamAdmin@midlothian.gov.uk

West Lothian

- **Address:** ASCET Strathbrock Partnership Centre, 189a West Main Street, Broxburn, West Lothian, EH52 5LH
- **Telephone:** 01506 284848
- **Out of hours telephone:** 01506 281028/29
- **Email:** adultsocialcare@westlothian.gov.uk

Glasgow and West

Argyll and Bute

- **Address:** Adult Support and Protection, Argyll and Bute HSCP, Kilmory, Lochgilphead, Argyll PA31 8RT
- **Telephone:** 01546 605517
- **Out of hours telephone:** 01631 566491 or 01631 569712

East Ayrshire

- **Address For the North of East Ayrshire:** Health & Social Care Partnership, The Johnnie Walker Bond, 15 Strand Street, Kilmarnock, East Ayrshire, KA1 1HU
- **Address For the South of East Ayrshire:** Health and Social Care Partnership, Cumnock Area Centre, Rothesay House, 1 Greenholm Road, Cumnock, East Ayrshire, KA18 1LH
- **Telephone:** 01563 554200 (The Johnnie Walker Bond) or 01290 427720
- **Out of hours telephone:** 0800 328 7758
- **Email:** HSCPCustomerFirst@east-ayrshire.gov.uk

East Dunbartonshire

- **Address:** Adult Duty Team, Kirkintilloch Health and Care Centre, 10 Saramago Street, Kirkintilloch, G66 3BF
- **Telephone:** 0300 123 4510
- **Out of hours telephone:** 0300 343 1505
- **Email:** socialwork@eastdunbarton.gov.uk

East Renfrewshire

- **Address:** East Renfrewshire Health and Social Care Partnership, Adult Support and Protection Team, Eastwood Health and Care Centre, Drumby Crescent, Clarkston, G76 7HN
- **Telephone:** 0141 451 0704
- **Out of hours telephone:** 0300 343 1505
- **Email:** adultprotection@eastrenfrewshire.gov.uk

Glasgow City

- **Address:** Social Care Direct, Glasgow City Council, PO Box 26845, GLASGOW
- **Telephone:** 0141 287 0555
- **Out of hours telephone:** 0300 343 1505
- **Email:** socialcaredirect@glasgow.gov.uk

Inverclyde

- **Address:** Inverclyde HSCP Access 1st, Greenock Health and Care Centre, Wellington Street, Greenock PA15 4NH
- **Telephone:** 01475 714646
- **Out of hours telephone - Homecare:** 01475 715952
- **Out of hours telephone – Social Work Issues:** 0300 343 1505
- **Email:** ap.referrals@inverclyde.gov.uk

North Ayrshire

- **Address:** North Ayrshire Health and Social Care Partnership, Adult Support and Protection, 3rd Floor East, Bridgegate House, Bridgegate, IRVINE, KA12 8BD
- **Telephone:** 01294 310300
- **Out of hours telephone:** 0800 328 7758
- **Email:** adultprotection@north-ayrshire.gov.uk

North Lanarkshire

- **Address:** ASP Co-ordinator, Public Protection Team, 9 Regent House, Hamilton, Lanarkshire ML3 7ES
- **Telephone:** 01698 834137
 - **Airdrie Tel: 01236 757000**
 - **Airdrie AP referral email:** Airdriesocialworklocality-AdultProtectionreferral@northlan.gov.uk
 - **Bellshill Tel: 01698 346666**
 - **Bellshill AP referral email:** Bellshillsocialworklocality-AdultProtectionreferral@northlan.gov.uk
 - **Coatbridge Tel: 01236 622100**
 - **Coatbridge AP referral email:** Coatbridgesocialworklocality-AdultProtectionreferral@northlan.gov.uk
 - **Cumbernauld Tel: 01236 638700**
 - **Cumbernauld AP referral email:** Cumbernauldsocialworklocality-AdultProtectionreferral@northlan.gov.uk
 - **Motherwell Tel: 01698 332100**
 - **Motherwell AP referral email:** Motherwellsocialworklocality-AdultProtectionreferral@northlan.gov.uk
 - **Wishaw Tel: 01698 348200**
 - **Wishaw AP referral email:** Wishawsocialworklocality-AdultProtectionreferral@northlan.gov.uk
 - **Out with office hours, please use the Social Work Emergency Service**
 - **Out of Hours Telephone 0800 121 4114**

Renfrewshire

- **Address:** Renfrewshire Adult Services Referral Team, Johnstone Town Hall, 25 Church Street, Johnstone PA5 8FA
- **Telephone:** 0300 300 1380
- **Email:** adultservicesreferral.sw@renfrewshire.gov.uk

South Ayrshire

- **Address:** Adult Support and Protection, Elgin House 1st Floor Main Building, Ailsa Hospital, Dalmellington Road, AYR, KA6 6AB
- **Telephone:** 01292 616102
- **Email:** asp@south-ayrshire.gov.uk

South Lanarkshire

- **Address:** 0303 123 1008 (during the hours of 8.45 am - 4.45pm, Monday to Thursday and 8.45 am - 4.15 pm, Friday, please select the relevant locality, out with these hours please select the Emergency out of hours service)

- **Email - Hamilton Local Office:** swlohamilton@southlanarkshire.gov.uk
- **Email - Rutherglen Local Office:** swlorutherglen@southlanarkshire.gov.uk
- **Email - Clydesdale Local Office:** swloclydesdale@southlanarkshire.gov.uk
- **Email - East Kilbride Local Office:** swloeastkilbride@southlanarkshire.gov.uk

West Dunbartonshire

- **Address:** Adult Support and Protection, West Dunbartonshire HSCP, 16 Church Street
DUMBARTON
G82 1QL
- **Telephone Dumbarton Area:** 01389 776499
- **Telephone Clydebank Area:** 01389 811760
- **Out of hours telephone:** 0300 343 1505
- **Email:** wdadult@west-dunbarton.gov.uk

Highlands and Islands

Highland

- **Address:** Highland Adult Support and Protection Committee, Assynt House, Beechwood Park, Inshes,
Inverness, IV2 3BW
- **Telephone:** 0800 9020042
- **Out of hours telephone:** 0845 769 7284
- **Email:** nhshighland.adultprotection@nhs.scot

Wester Isles

- **Address:** Adult Protection, Sandwick Road, Stornoway, Isle of Lewis, HS1 2BW
- **Telephone:** 01851 822708
- **Out of hours telephone:** 01851 701702
- **Email:** ASPHealthandSocialCare@cne-siar.gov.uk

North East, Orkney and Shetland

Aberdeen City

- **Address:** Social Care and Wellbeing, Ground Floor South, Business Hub 3, Marischal College,
Broad Street, Aberdeen AB10 1AB
- **Telephone:** 0800 731 5520
- **Out of hours telephone:** 0800 731 5520
- **Email:** APSW@aberdeencity.gov.uk

Aberdeenshire

- **Address:** Adult Protection Network, Gordon House Blackhall Road, Inverurie, Aberdeenshire
AB51 3WA
- **Telephone:** 01467 533100
- **Out of hours telephone:** 03456 08 12 06
- **Email:** adultprotectionnetwork@aberdeenshire.gov.uk

Moray

- **Address:** Adult Protection Unit, Southfield House, 9C Southfield Drive, New Elgin, IV30 6GR
- **Telephone:** 01343 563999
- **Email:** accesscareteam@moray.gov.uk

Orkney Islands

- **Address:** Community Social Service, School Place, Kirkwall, KW15 5PH
- **Telephone:** 01856 873535
- **Email:** asw@orkney.gov.uk

Shetland Islands

- **Address:** Adult Social Work Services, Grantfield, Lerwick, Shetland, ZE1 0EL
- **Telephone:** 01595 744400
- **Out of hours telephone:** 01595 695611
- **Email:** dutysocialwork-adults@shetland.gov.uk

South Scotland

Dumfries and Galloway

- **Address:** Adult Support and Protection, Adult Protection 122/124 Irish Street, Dumfries DG1 2PB
- **Telephone:** 030 33 33 3001
- **Out of hours telephone:** 01387 273660
- **Email:** AccessTeam@dumgal.gov.uk

Scottish Borders

- **Address:** Council Headquarters, Newtown St Boswells, Melrose, TD6 0SA
- **Telephone:** 0300 100 1800
- **Out of hours telephone:** 01896 752111

Tayside and Central

Angus

- **Address:** Angus Adult Protection Unit, Angus Health and Social Care Partnership, Adult Protection Unit, Ravenwood, New Road, FORFAR, DD8 2ZW
- **Telephone:** 01307 492065
- **Out of hours telephone:** 01382 307964
- **Email:** FirstContact@angus.gov.uk

Clackmannanshire

- **Address:** Clackmannanshire and Stirling Health and Social Care Partnership Kilncraigs, Greenside Street, Alloa, FK10 1EB
- **Telephone:** 01259 727010
- **Out of hours telephone:** 01786 470500
- **Email:** CART@clacks.gov.uk

Dundee City

- **Address:** Adult Protection, Dundee House, Floor 2, 50 North Lindsay Street, Dundee, DD1 1NF
- **Telephone:** 01382 434019
- **Out of hours telephone:** 01382 307964
- **Email:** firstcontact.teamadmin@dundeecity.gov.uk

Falkirk

- **Address:** Adult Support and Protection, Denny Town House, Glasgow Road, Denny, FK6 5DL
- **Telephone:** 01324 506070
- **Out of hours telephone:** 01786 470500
- **Email:** asp@falkirk.gov.uk

Perth and Kinross

- **Address:** Early Intervention and Prevention Team, Pullar House, 35 Kinnoull Street, Perth, PH1 5GD
- **Telephone:** 0345 30 111 20
- **Email:** accessteam@pkc.gov.uk

Stirling

- **Address:** Clackmannanshire and Stirling Health and Social Care Partnership, Wolfcraig Building, 7/13 Dumbarton Road, Stirling, FK8 2LQ
- **Telephone:** 01786 404040
- **Out of hours telephone:** 01786 470500
- **Email:** intakecomcare@stirling.gov.uk

Police Scotland

- non-emergency number – 101
- emergency number – 999

Care Inspectorate – 0845 600 9527

Advocacy Organisations

- The Advocacy Project – 0141 420 0961
- Equal Say - 0141 337 3133 or 0141 337 3133

17. Appendix B – list of organisations and Bodies in Scotland relevant to Adult and Children Protection

Grant Aided Special Schools (GASS)

GASS offer specialist support services for children and young people with complex additional support needs. They are all registered charities, charge fees for their services and receive direct funding from Scottish Government. Staff working in these schools share the same responsibilities in protecting children as all staff working in local authority education services.

From 1 June 2021 all teachers in independent schools must be GTCS-registered under the Registration of Independent Schools (Prescribed Person) (Scotland) Regulations 2017 (as amended in 2020).

One Call 24 will ensure all workers allocated to these areas have the knowlesge and skills to share responsibilities through internal and external training.

Any worker having a child protection concern about a child or young person are expected to share information according to local multi-agency child protection processes. All agencies and organisations working with children and young people are expected to have child protection procedures in line with local multi-agency protocols, based upon the National Guidance for Child Protection in Scotland.

One Call 24 will expect all staff working with children to complete Child Protection Level 3 training (Scotland) and/or their Carers who could possibly contribute to assessing, planning, intervening with evaluating the needs of a child or parenting capacity where there are adult protection concerns.

Protecting children and Vulnerable adults, paying special attention to The Scottish Council for Independent Schools (SCIS) provides this sector with support and professional learning on child protection. SCIS works closely with Boarding Schools Association (BSA), which upholds a Commitment to the Care Charter (2017) encompassing Child Protection BSA provides safeguarding training, advice and resources for more than 500 residential/boarding schools in the UK, including more than 20 in Scotland.

Police Service of Scotland ('Police Scotland')

The Police and Fire Reform (Scotland) Act 2012 places a statutory duty on police officers amongst other things, detect and prevent crime. Therefore child protection is a fundamental part of the duties of all police officers.

The local delivery of public protection arrangements remains the responsibility of local police commanders. Community policing teams contribute to prevention and personal safety programmes for children and young people. Every local policing division across Scotland has a dedicated Public Protection Unit staffed by specialist officers, with investigation teams and a Divisional Concern Hub. The Divisional Concern Hub functionality includes responsibility of triage, research, assessment and consideration, if appropriate, of information sharing of all identified concerns.

Police Scotland records information about individuals who are, or are perceived to be, experiencing some form of adversity and/or situationally vulnerable which may impact on their current or future wellbeing. Police Scotland also records reports and action taken where an immediate crisis response has been required. This might include adult or child protection, domestic abuse, hate crime or youth offending. Details of victim's rights under section 8 (and 9 when commenced) of the Victims and Witnesses (Scotland) Act 2014 would be noted. Information is recorded, assessed and shared, where appropriate, with relevant statutory agencies and/or Third Sector/advocacy organisations.

Introduction and development of Divisional Concern Hubs has further strengthened Police Scotland's ability to apply clear assessment, rationale and audit information sharing pathways.

The identification of concerns at an early stage better enables Police Scotland and partners to promote, support and safeguard the wellbeing of individuals and communities, which helps keep people safe. It provides an opportunity to provide support at an earlier stage, where appropriate to do so, and to take preventative action to stop low-level concerns developing into crisis situations.

Where it is considered necessary to remove a child from harm or risk of harm, consideration may be given by the police to invoke statutory powers under the Children's Hearings (Scotland) Act 2011, such as to apply for a child protection order (CPO) or to remove a child to a place of safety.

Where the conditions for applying for a CPO are met, but it is not practicable to apply to a sheriff for such an order, a constable may remove a child to a place of safety under section 56 of the Children's Hearings (Scotland) Act 2011. Before invoking their emergency powers, officers should carefully consider the justification for their actions, and whether the provisions of the legislation are met.

It should be borne in mind that these measures are used in emergency situations and only last for 24 hours. When a child is removed to a place of safety the Constable must inform the Principal Reporter as soon as is practical thereafter. Where a child is removed to a place of safety, the local authority may seek a child protection order to ensure the on-going protection and safety of that child.

Where the police have reasonable cause to believe that a child may be in need of compulsory measures of supervision, they will pass information to the Principal Reporter whether or not there are grounds for criminal prosecution. Section 61 of the Children's Hearings (Scotland) Act 2011 provides a statutory duty on a constable to provide information to the Principal Reporter, Scottish Children's Reporter Administration (SCRA), where the constable considers: a) that a child is in need of protection, guidance, treatment or control, and b) that it may be necessary for a Compulsory Supervision Order to be made in relation to the child.

The police will share proportionate information and consult as part of an inter-agency referral discussion (IRD) to determine whether the matter is a child protection concern. If so, the police will

share information with other core agencies, health and social work, as part of the IRD, and will attend Child Protection Planning Meetings (CPPM).

Where appropriate, the police should attend and contribute to Child Protection Planning Meetings. Police are unlikely to play an active role in the Core Group responsible for developing the "Child Protection Plan", unless their involvement is crucial to the successful implementation of the plan.

The police are responsible for investigation and evidence gathering in criminal enquiries. This task may be carried out in conjunction with other agencies, including social work services and medical practitioners, but the police are ultimately accountable for conducting criminal enquiries. In cases of child abuse and neglect, a criminal offence may have been committed. The police have a statutory duty to investigate the circumstances. All child protection investigations should be dealt with in a child-focused manner, taking into account, as appropriate, the views of the child when decisions are made, unless this places them at further risk.

Information about suspected or actual child abuse or neglect can come to police attention from a number of sources, both internally and externally. All concerns must be dealt with comprehensively and impartially. Sources can include victims, witnesses, health services, social work or education professionals, housing providers, Third Sector organisations, anonymous reporters or police officers through routine contact with the public.

Officers should be sensitive to the impact of adults' behaviour on any child normally resident within the household when attending incidents or conducting investigations relating to, for example domestic abuse, or problematic alcohol or drug use. Officers may attend homes where living conditions are poor. When conducting investigations, they may become aware of children who are at home when they should be at school, or they may have suspicions or concerns about a child's circumstances or presentation.

Police officers should be mindful that there may be occasions when concerns and/or risks to children are not easily identifiable while maintaining an awareness of the communities they serve, and also of the indicators of different types of child abuse such as female genital mutilation (FGM) and child sexual or criminal exploitation (CSE/CCE). Other complex forms of abuse such as honour-based abuse, forced marriage (FM), and human trafficking (HT), are not specific to children but should be considered when attending any incident.

Police should also liaise with a number of adult services, where investigations dealing with adults may impact on children. For example, they may liaise with social services on issues such as youth justice, adult protection, children affected by parental problematic alcohol and/or drug use, anti-social behaviour, domestic abuse and offender management.

Officers should also be mindful of the need to ensure adequate care arrangements are in place when parents are detained, or cannot care for their children for other reasons.

British Transport Police (BTP)

BTP, like other statutory agencies, has a responsibility for promoting the safety, welfare and wellbeing of children, and for taking positive interventions to protect them from harm. BTP applies a child protection and safeguarding policy and associated standard operating procedure which applies in Scotland (as well as England and Wales) for all police officers, police community support officers, police staff and special constables (collectively termed 'employees').

Health services

NHS Boards will have designated lead roles for child protection, though titles may vary. This section describes overarching responsibilities for all health practitioners and describes some of the essential roles within a wide spectrum of services.

NHS Boards will support all health practitioners in upholding professional standards and regulations as outlined by their governing bodies. They will ensure that child protection processes and systems are embedded throughout the Board area and across acute and community services. This entails implementing a framework for governance, quality assurance and improvement of systems, and providing defined roles for clinical and strategic leadership of child protection services.

Boards will provide robust child protection services by ensuring:

- there are clear clinical and care governance processes and systems in place. These will enable continuous improvement in practice, as well as learning from child protection reviews, including both significant and adverse case reviews
- their NHS Board is represented by health professionals in designated child protection roles within inter-agency referral discussions (IRD Guidance – Part 3)
- health staff have access to child protection advice and support from designated health professionals
- there is a contemporary learning and educational framework that supports practitioners to build confidence and competence in discharging their duty to safeguard and protect children
- there are mechanisms in place that enable organisational assurance that all health staff are supported in accessing learning and education appropriate for their role and scope of professional practice
- designated health staff are available to contribute where appropriate to multi-agency learning which would be lead by the Registered Manager on behalf of One Call 24.
- The Registered Manager will ensure access to Trauma Training is place to provide support to the workers enhancing their skills and knowledge. This is known by agencies as (The knowledge and skills framework (2017)).
- All NHS practitioners have a role in protecting the public, and all regulated staff in NHS Boards and services have duties to protect the public. This section describes some key roles and responsibilities within a wide spectrum of NHS services. All health staff, practitioners and services should:
 - be aware of their responsibilities to identify and promptly share concerns about actual or potential risk of harm to a child from abuse or neglect, in line with national guidance and local policy
 - be aware of the early signs or indicators of neglect, and engage promptly and proportionately in co-ordinated multi-disciplinary or agency assessments
 - work collaboratively with agencies who have statutory functions for specific aspects of child protection, namely social work services and Police Scotland
 - be alert and responsive when children are not brought to health appointments, and consider what, if any action they are required to take (as opposed to applying a 'did not attend' policy without question)
 - prioritise the needs of the child and ensure practice is underpinned by the principles and values of the GIRFEC National Practice Model
 - be alert to other factors which may contribute to risk of harm, and which may be a barrier to receiving preventative health care. This could include poverty, disability, culture, lack of understanding or fear of public and formal systems
 - consider the potential impact of adult alcohol and drug use, domestic abuse and mental ill health on children, regardless of care setting or service being accessed by adults
 - when engaged, work collaboratively with the lead professional (usually a social worker) who is responsible for co-ordinating and overseeing a multi-agency child's plan

- consider the need for a Lead Health Professional when multiple health services are involved within a child's plan, particularly when a child has multiple and/or complex health needs
- seek to ensure and contribute to planned and co-ordinated transitions between services

Emergency health care services

Emergency health care services include out of hours primary care and GP medical services, NHS 24 and the Scottish Ambulance Service, as described separately below.

Emergency Departments

Children or young people may be taken or present themselves at accident and emergency departments. In some instances, abuse or neglect may be suspected, so in addition to care and treatment, local procedures for raising child protection concerns must be followed. Local guidance must be in place to respond to refusal of treatment, or premature removal of a child from the emergency department. If health staff suspect that a child or young person has experienced or is at risk of abuse or neglect, they must provide any immediate medical care required, gather information from the child or young person's medical records, and contact social work standby services. They must examine the child for evidence of injuries (remembering that these may be concealed under clothing), document carefully all clinical findings including skin condition, bruising, scars, weight and height, and ensure that senior practitioners are involved in any decision-making process. They must follow local child protection procedures, including ensuring concerns are raised immediately with social work services.

GP Out of Hours Services

Children may attend a primary care or general practice unscheduled care service for medical care. In some instances, abuse or neglect may be suspected. In addition to care and treatment, local procedures for raising child protection concerns should be followed. Local guidance should be in place to support response to refusal of treatment, or premature termination of the appointment. If health staff suspect that a child or young person attending an unscheduled care service has experienced or is at risk of abuse or neglect, practitioners should provide any immediate medical care required. They should examine the child for evidence of injuries, remembering that these may be concealed under clothing, document carefully all clinical findings including skin condition, bruising, scars, weight and height, and follow local child protection procedures. They must share concerns about risk of abuse or neglect without delay with social work out of hours services. This will ensure the local child protection register is checked. If there is immediate risk of harm the police should be contacted.

Scottish Ambulance Service

The Scottish Ambulance Service covers the whole of Scotland and has a duty of care to protect the public, including the care and protection of children. Ambulance crews attend emergency and urgent calls across the whole of the country and may be the first to identify that a child is at risk or may have been harmed, at which point local policy for raising their concerns will be followed.

NHS 24

NHS 24 delivers a range of urgent and unscheduled care services connecting people to the care they need, and is Scotland's National Telehealth and Telecare Service. It provides access to clinical assessment, healthcare advice and information 24 hours per day. The aim is to provide service users with a timely response in relation to any assistance or advice required to meet their health needs, including additional support that requires onward referral to alternative professional services. Most calls are received via the 111 service when GP surgeries and other services are closed.

NHS 24 plays a crucial role in the recognition and timely response to public protection concerns, which include the unborn baby, children and young people. This is to ensure relevant and

proportionate information regarding protection needs is shared with appropriate professionals, including social work and/or Police Scotland.

If social work services contact emergency medical services or NHS 24 due to concerns about a child or young person's injuries or illness, the health staff professional should:

- arrange appropriate clinical care
- establish whether social work and/or the police have discussed the case with the local NHS child protection service, confirming that social work are in contact with the on-call child protection paediatrician
- establish whether a joint investigation has been undertaken or planned
- consult previous medical records to check any previous attendance for analysis of the information to be shared
- share any relevant information, where it is proportionate to do so, with health staff involved in the child or young person's care

Community pharmacy services

2.116 Community pharmacists, pharmacy technicians and pharmacy support staff regularly support the healthcare needs of children and parents or carers, including those in 'at risk' groups, such as children of parents with drug problems. As such, they have an important role to play in identifying and raising concerns when a child is thought to be at risk of or experiencing significant harm or abuse.

Dental care practitioners

Dental care practitioners will often come into contact with vulnerable children and are in a position to identify possible child abuse or neglect from routine examinations, or presentation of injuries or poor oral hygiene. The dental team must have knowledge and skills to identify these concerns and raise concerns in line with local policy.

Mental health services

All mental health staff in child and adolescent services and within adult services must be competent to identify concerns about children and young people. Mental health services are largely community based, with some inpatient facilities, and delivered by multi-disciplinary teams including social workers. They may become aware of children and young people who have experienced, or are at risk of, abuse and/or neglect, and should raise concerns in line with local policy. Within adult services, consideration should then be given to the impact of the mental ill health of a significant person in the child's world. If they are concerned that a person's mental health could put children at risk of immediate or significant harm, they must take action in line with local child protection procedures.

Mental health practitioners should take account of any wider factors that may affect the family's ability to manage and parent effectively, including strengths within the family in relation to the child's needs. For further information, see the section on parental mental health problems. Mental health practitioners have a potential key role in both adult and child support and protection, because they engage with vulnerable people. They play an important role in reducing any risks arising from adult mental health difficulties identified within the child's plan.

In some cases, adults and older young people may disclose abuse experienced some time ago. Even if they are no longer in the abusive situation, a crime may still have been committed and other children may still be at risk. Advice should be sought from professional advisors within their health boards.

Addiction services

Addiction services, whether based within health or social work or delivered by a community-based joint addiction team, have an important role to play in the protection of children.