Public Protection

Guidelines

October 2020

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Contents

Introduction and purpose of guidance

This guidance is relevant for all NHS Orkney employees and should be referred to when you are concerned about a vulnerable child or young person in need of protection or an adult at risk of harm.

This guidance has been produced to support all NHS Orkney employees to enable them to fulfill their role in order to protect the most vulnerable people in our society.

While the overarching principles are the same for children and adults, there are some distinct differences. Section 2 covers Child Protection and Section 3 covers Adult Support and Protection.

This guidance is supplementary to national guidance and should be considered alongside the undernoted legislation and codes of practice. There is also the recently published (August 2020) Interim Orkney Inter-agency Child Protection Guidelines that provide further information (available here)

Links to legislation and guidance

- UK Data Protection Act 2018
- Health and Social Care Standards - my support, my life 2017
- Children and Young People's (Scotland) Act 2014
- National Guidance for Child Protection in Scotland 2010
- Children (Equal Protection from Assault) (Scotland) Act 2019
- Adult Support and Protection (Scotland) Act 2007
- Protecting Children and Young People - Framework for Standards 2004
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Adult with Incapacity (Scotland) Act 2000
- Human Rights Act 1998
- Children (Scotland) Act 1995
- UN Convention on the Rights of the Child
- Age of Legal Capacity (Scotland)Act 1991
- Adult Support and Protection revised Code of Practice 2014

Each professional group has their own codes of practice. All staff should be familiar with the content and comply with the standards set.

Everyone has the right to be protected. Health is a universal right for all and it is important that all healthcare staff understand their responsibilities when providing a service to vulnerable children, young people and adults at risk of harm.

This guidance will act as a practical reference point, to support you and provide a framework to guide you in your role and responsibilities when responding to concerns about public protection.

Section 1: Public protection approach

The protection of vulnerable children, young people and adults at risk of harm is a high priority for NHS Orkney. The organisation has an important role in supporting and protecting the dignity, quality of life and safety of the communities that it serves.

NHS Orkney is committed to making a difference to the lives and safety of children, young people and adults at risk of harm. The organisation aims to develop a competent and confident workforce, by promoting a culture of learning and development where employees are responsible for their learning – a range of opportunities are provided to support this.

Public protection is about preventing harm to vulnerable groups within our society. The National Guidance for Child Protection in Scotland[1] describes public protection as involving agencies working together at all levels to raise awareness, understanding and coordinating an effective response for individuals identified as being at risk of harm.

NHS boards, the national providers of health care, deliver services in a number of ways and settings. NHS Orkney has a key role in ensuring that health is delivered to the highest of standards using a range of scrutiny and improvement approaches. As part of this work, staff may come into contact with, or observe, situations suggesting that children, young people or adults could be at risk of harm or being abused.

Interventions should be relevant, proportionate, timely and holistic. Identifying and responding to risk and abuse requires staff to gather all available information to inform their concerns, prior to sharing these with the local authority where the child, young person or adult lives.

Clear links need to be made across a range of service areas which relate to public protection as shown below:

- child protection
- getting our priorities right for children
- adult support and protection
- Multi-Agency Public Protection Arrangements (MAPPA) - including offender management
- gender based violence (domestic abuse/violence against women)
- alcohol and drugs
- mental health
- human trafficking
- female genital mutilation (FGM)
- internet safety

What is public protection?

Most children, young people and adults live in supportive environments where they are kept safe or are able to keep themselves safe. However, within our society some children, young people or adults are particularly vulnerable to harm and abuse. It is important to understand what public protection is and the complex range of ways in which harm and abuse can occur across all age groups. NHS Orkney staff need to be confident about their role in protecting these vulnerable people.

Section 2: Child protection

In this section, we will consider the key elements of national guidance that will help and support you to understand what makes a child or young person vulnerable and at risk of abuse and harm. It explains the national approach used by frontline staff (e.g. health visitors, school nurses and teachers) in relation to assessing the needs of children and young people and the importance of keeping the child at the centre of decision making. It explains our role and responsibilities and how to share information and make a referral when you have a concern about a child or young person. It provides an over view of the remit of the child protection committees who provide strategic oversight and leadership to all child protection activity within each local authority areas across Scotland.

Identifying vulnerable children, young people and families

Definitions

What is a child? A child is defined in the Children (Scotland) Act 1995[2] in relation to the powers and duties of the local authority and is any person under 16 years of age. Also, any person under the age of 18 years of age if he/she is already subject to a supervision requirement, or is looked after by the local authority[1].

What is child protection? Means protecting a child from child abuse or neglect. Abuse or neglect need not have taken place; it is sufficient for a risk assessment to have identified a likelihood of significant harm from abuse or neglect.

What is 'significant harm'? Means the ill-treatment or the impairment of the health or development of the child, including impairment suffered as a result of seeing or hearing the ill-treatment of another. In this context, "development" can mean physical, intellectual, emotional, social or behavioural development and "health" can mean physical or mental health.

What is abuse and neglect? Forms of maltreatment of a child or young person. Somebody may abuse or neglect a child or young person by inflicting, or by failing to act to prevent, significant harm to them. Children or young people may be abused in a family or in an institutional setting, by those known to them or, more rarely, by a stranger[1].

Definitions of types of abuse include physical abuse and neglect, emotional, and sexual abuse[1].

Physical abuse - the causing of physical harm to a child or young person. This may be an act of commission or omission on behalf of the parent or carer. This can include fabricated or induced illness.

Physical neglect - the persistent failure to meet a child's or young person's basic physical and/or psychological needs which are likely to result in the serious impairment of their health or development. Neglect may also result in the child or young person being diagnosed as suffering from "non-organic failure to thrive."

Emotional abuse - persistent emotional neglect or ill-treatment that has severe and ongoing adverse effects on a child's or young person's emotional development.

Sexual abuse - any act that involves a child or young person in any activity for the sexual gratification of another person, whether or not it is claimed the child or young person either consented or assented.

Overall, child abuse and neglect can be complex to diagnose. Often it is not just a single incident, it can be an accumulation of issues and concerns. Recognising the child or young person is at risk may vary depending on their age and stage of development.

Child abuse and harm

Categories of harm to children include physical abuse or neglect, sexual abuse, emotional abuse and can arise from the following specific circumstances. This list is not exhaustive.

Domestic abuse – rates of physical and emotional abuse of children are 15 times higher in families where domestic abuse occurs. Developmental delay, behavioural issues and social isolation are all common factors affecting children and young people who are exposed to all types of domestic abuse.

Parental alcohol and drug misuse – children and young people who are affected by parental alcohol and/or drug misuse are among the most vulnerable in society and require particular care and support. This is because alcohol and/or drug misuse is often a hidden problem and can be long-term in nature and can lead to sustained problems of neglect or abuse. Parental behaviours while under the influence of alcohol and/or drugs can be unpredictable. As a result, the children and young people can be in a constant state of hyper vigilance. Negative experiences of children and young people living with parental substance misuse include:

- high levels of violence, they can experience or witness neglect or abuse (physical, emotional or sexual)
- poor and/or neglectful inconsistent parenting from one or both parents
- having to adopt responsible or parenting/caring roles at an early age
- feeling negative emotions such as shame, guilt, fear, anger and embarrassment
- be forced to engage in criminal activity
- possible neurodevelopmental consequences of substance misuse in pregnancy (for example foetal alcohol spectrum disorder) that may contribute to developmental delays or intellectual disability

Disability – there is clear evidence that children and young people affected by disability are at a higher risk (three to four times) of child abuse and neglect than non-disabled children. However, we know that there are lower rates of reporting than there is in the general population. This is considered to be because people find it hard to believe it is under detected and under reported. Children and young people affected by disability can be at additional risk due to a range of things, including communication difficulties, being considered an easy target by predators, being cared for by multiple carers and family stress[3].

Non-engaging family – families may stop engaging with health services for a number of reasons. If the health professional has existing concerns about the vulnerability of the child or young person they should report the non-engagement to partner agencies. This will ensure that others have awareness of concerns, for example informing named person or social work services. Children within families who go missing can be very vulnerable and all efforts should be made to track them.

Parental mental health problems – many parents and carers with mental health conditions look after their children very well. However, at times their mental health conditions vary in severity and the condition can prevent them meeting their child's needs and at times put their child at risk of harm and neglect. It is at the point where the parent is acutely unwell that child protection services may have to become involved.

Children and young people placing themselves at risk – children and young people can place themselves at risk in a number of ways. We should always be concerned and take action to get them the help they need to keep safe from harm. Below are some examples of how children and young people can place themselves at harm:

- self-harm and/or suicide attempts
- alcohol and/or drug misuse
- running away/going missing
- inappropriate sexual behaviour or relationships
- sexual exploitation
- problematic and/or harmful sexual behaviour
- violent behaviour
- criminal activity

Child exploitation, honour-based violence and forced marriage – honour-based violence is a crime. It can embrace a variety of incidents or crimes of violence (mainly but not exclusively against women). This can include physical abuse, sexual violence, abduction, forced marriage, imprisonment and murder where the person is being punished by their family or community. Forced marriage is a marriage in which one or both parties do not consent to the marriage and duress, including both physical and emotional pressure, is involved. It is very different from arranged marriages where both parties give their full and free consent to the marriage. Child and young people may be involved in forced marriage and honour-based violence and need protected[4].

Fabricated or induced illness (FII) – a rare form of child abuse. It occurs when a parent or carer, usually the child's biological mother, exaggerates or deliberately causes symptoms of illness in the child. FII is also known as "Munchausen's syndrome by proxy".

FII covers a wide range of symptoms and behaviours involving parents seeking healthcare for a child. This ranges from extreme neglect (failing to seek medical care) to induced illness.

Behaviours in FII include a mother or other carer who:

- persuades healthcare professionals that their child is ill when they're perfectly healthy
- exaggerates or lies about their child's symptoms
- manipulates test results to suggest the presence of illness, for example by putting glucose in urine samples to suggest the child has diabetes
- induces, deliberately, the symptoms of illness, for example by poisoning the child with unnecessary medication or other substances

Sudden unexpected death in infants and children (SUDI) – it is always a tragic event when any baby or child dies, especially when it is sudden and unexpected. There is a statutory duty to undertake an investigation of any death in childhood. It is acknowledged that in a small percentage of the cases where a baby dies, something unlawful has taken place. Evidence over the last 40 years tell us that some parents and carers do induce illnesses in their children or hurt their children with sometimes fatal consequences. A parallel process involving a child protection investigation takes place along with the SUDI investigation.

Female genital mutilation (FGM) – a procedure where the female genitals are deliberately cut, injured or changed but where there is no medical reason for this to be done. It is also known as "female circumcision" or "cutting", and by other terms, such as sunna, gudniin, halalays, tahur, megrez and khitan, among others. FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It is illegal and is child abuse. It is very painful and can seriously harm the health of women and girls. It can also cause long-term problems with sex, childbirth and mental health. It is also against the law to carry out FGM in Scotland or to take a girl abroad for FGM. Concerns or suspicions about any female at risk of, or subjected to, this must be reported.

Children and young people who display harmful or problematic sexual behaviour include:

- using sexually explicit words and phrases
- inappropriate interest in sexual images for example online pornography
- inappropriate touching
- using sexual violence or threats
- full penetrative sex with other children or adults

Children and young people who develop harmful sexual behaviour harm themselves and others. Sexual behaviour between children is considered harmful if one of the children is much older – particularly if there is more than two years' difference in age or if one of the children is pre-pubescent and the other isn't[5]. Concerns about a child displayed harmful sexual behaviour towards another child can evoke emotions such as shock, anger and blame. It is vital to get support for the child or young person as early as possible to protect them and other children from abuse.

One in 10 children are affected by, or experiencing, mental health problems in Scotland. Access to help and support varies across the country. A tiered access of support is the preferred approach with referral to child and young person mental health being available for the most severe cases. Being affected by emotional or mental health problems can make children and young people increasingly vulnerable and appropriate steps should be taken to address this at an early stage.

Concerning signs of physical abuse or harm

Children and young people may suffer physical abuse or harm through neglect and/or injury. Signs of neglect might include:

- constant hunger (weight loss, stealing food)
- tiredness/poor concentration
- poor hygiene/poor or inadequate clothing

- untreated medical problems
- frequent lateness/unexplained absences from nursery/school/college/day centre
- low self-esteem
- poor peer relationships

In relation to physical injury, the following examples are possible signs you should be alert to:

- unexplained injuries or burns
- changes in usual behaviour
- explanations inconsistent with a presenting injury
- refusal or inability to discuss injuries
- untreated injuries, or delay in seeking treatment
- excessive physical punishment
- over-medication/under-medication
- frequent attendance at A&E departments

For children and young people these alerting signs must be considered in the context of age and stage of development. For example, injuries are always concerning in non mobile babies and infants.

It is important to remember that these examples are not definitive signs of abuse or harm. Your role is to recognise the concern and share it. Injuries may have occurred for other reasons and only a qualified and designated medical practitioner can reach a conclusion on the cause of an injury.

A new law giving children equal protection from assault will come into force on 7 November 2020, which will remove the defence of 'reasonable chastisement'. The forms of physical punishment which will be illegal will include hitting, smacking, spanking and slapping. This means children will have the same legal protection from assault as adults. The act does not introduce a new offence – it removes a defence to the existing offence of assault. The aim is not to criminalise or alienate parents who may have smacked their children but to support understanding of the change in the law and help parents to find positive ways to support their children.

Concerning signs of emotional abuse or psychological harm

The following examples are possible signs you should be alert to:

- low self-esteem
- continually putting themselves down
- sudden change in ability to concentrate
- extremes of aggression or passivity
- indiscriminate friendliness
- changes in usual behaviour (for example agitated, aggressive withdrawn, fearful, challenging behaviour, anger and verbal physical outbursts)
- inability to make or keep relationships

- self-harm
- silence or limited communication when certain people are present
- compulsive stealing
- running away
- exposure to domestic abuse
- some level of emotional abuse/psychological harm is involved in all types of harm or abuse, although it can occur alone

Sexual abuse/harm

It is extremely difficult for a child or young person to tell someone that they are being sexually abused and they may consider their experiences to be normal. The child or young person may show some of the signs below or none of them at all. In sexual abuse there may be no physical, medical or behavioural signs at all. Changes in behaviour or demeanor may be an alert that something happened, although these could be indicators that the child may be troubled about something else and not necessarily about sexual abuse.

It is vital that children or young people are believed if they do report something. Overall, strong indicators include:

- **Pre-school age children** may display sexually explicit play and behaviour.
- **Children aged 6-12 years** may demonstrate heightened sexual behaviour and arousal or they may be observed avoiding men or women (depending on gender of abuser).
- **Older children** may display sexually precocious behaviour and prostitution or they may be starting to sexually abuse other children.

National context for child protection

The child and young person protection landscape in Scotland has developed considerably over the past decade. There have been new developments in practice, guidance and legislation and also in the issues faced by practitioners. Online safety, child trafficking and the protection of children and young people affected by parental alcohol and/or drug misuse are some of the specific issues that have become the focus of our attention in recent years.

The children and young people's (Scotland) Act 2014[6], provides a legal framework to ensure that children and young people rights are central to everything we do for children and emphasises the importance of early intervention and prevention for all children.

While working with families, NHS staff may be the first to identify when a family are experiencing difficulties in looking after their children. Therefore, staff have a responsibility in identifying risk factors for child abuse and neglect. The national principles and approach in Getting it Right for Every Child (GIRFEC)[7] help staff to understand a child's needs and risks within a framework of the child's whole world and wellbeing. NHS Orkney staff must be familiar with the use of wellbeing indicators and use their assessment when taking the referral to social work.

GIRFEC is the national approach to improving the wellbeing of all children and young people in Scotland through policy and the delivery of services at both national and local level. The GIRFEC approach is important for everyone who works with children and young people as well as the many people who work with adults who look after children.

GIRFEC places the child or young person firmly in the centre of the planning process. This means that it is important that the child or young person has their views listened to and they should be involved fully in decisions that affect them.

GIRFEC is an approach not simply for those working in services focusing directly on children and young people but is also for those in services with an indirect impact on children and young people. As such services that support the wider family or community, or are focused on adults can still have a powerful role in supporting children and young people.

The GIRFEC approach is about how you and practitioners across all services for children and adults meet the needs of children and young people, working together to ensure they have the best possible start and reach their full potential. This means that:

- professionals work in partnership with children, young people and their families to improve their wellbeing outcomes
- preventative work and early intervention to support children, young people and their families is essential
- professionals need to work together in the best interests of the child or young person
- information sharing requires to be appropriate, proportionate and timely
- views of the children and young people are always considered
- the GIRFEC approach ensures that anyone providing support puts the best interests of the child or young person and their family at the center of any decision making
- it is important that the child or young person have their views listened to and are fully involved in decisions that affect them

Staff should ask the following five questions when they have concerns about a child or young person:

1. What is getting in the way of this child or young person's wellbeing?
2. Do I have all the information I need to help this child or young person?
3. What can I do now to help this child or young person?
4. What can my agency do to help this child or young person?
5. What additional help, if any, may be needed from others?

The wellbeing of a child or young person is measured using the eight areas of wellbeing which are as follows.

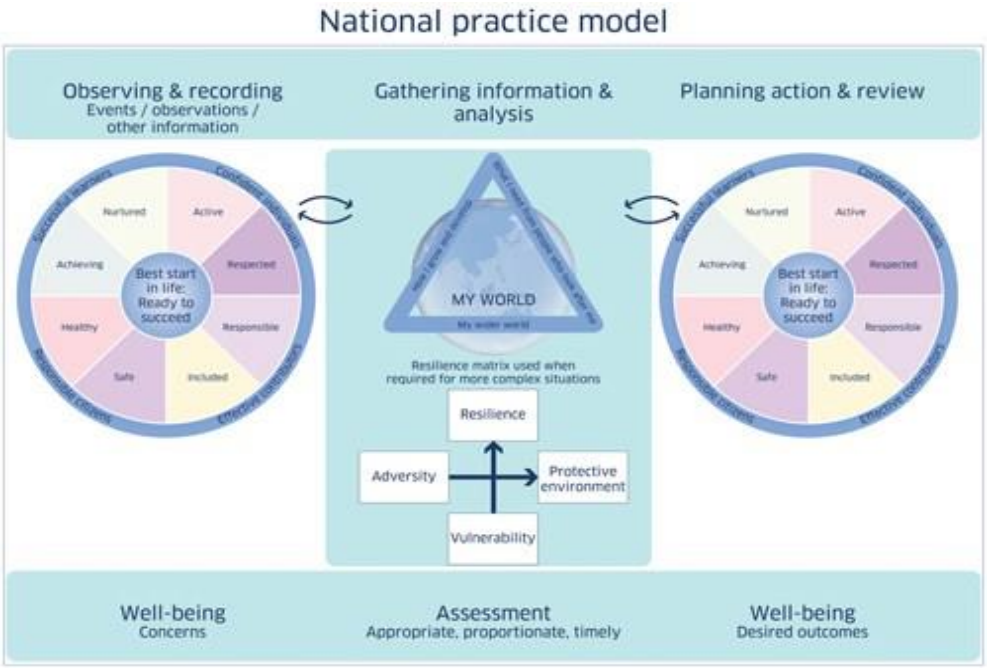
- **Safe** - protected from abuse, neglect or harm at home, at school, and in the community.
- **Healthy** - having access to the highest attainable standards of physical and mental health, access to suitable healthcare and support in learning to make health safe choices.

- **Achieving** - being supported and guided in learning and in the development of skills, confidence and self-esteem, at home, at school, and in the community.
- **Nurtured** - having a nurturing place to live in a family setting, with additional help if needed or, where possible, in a suitable care setting.
- **Active** - having the opportunity to take part in activities such as play, recreation and sport, which contribute to health growth and development at home, at school, and in the community.
- **Respected** - having the opportunity, along with carers, to be heard and involved in decisions that affect them.
- **Responsible** - having opportunities and encouragement to play active and responsible roles at home, at school, and in the community, and where necessary, having the appropriate guidance and supervision whilst being involved in decisions that affect them.
- **Included** - having to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn.

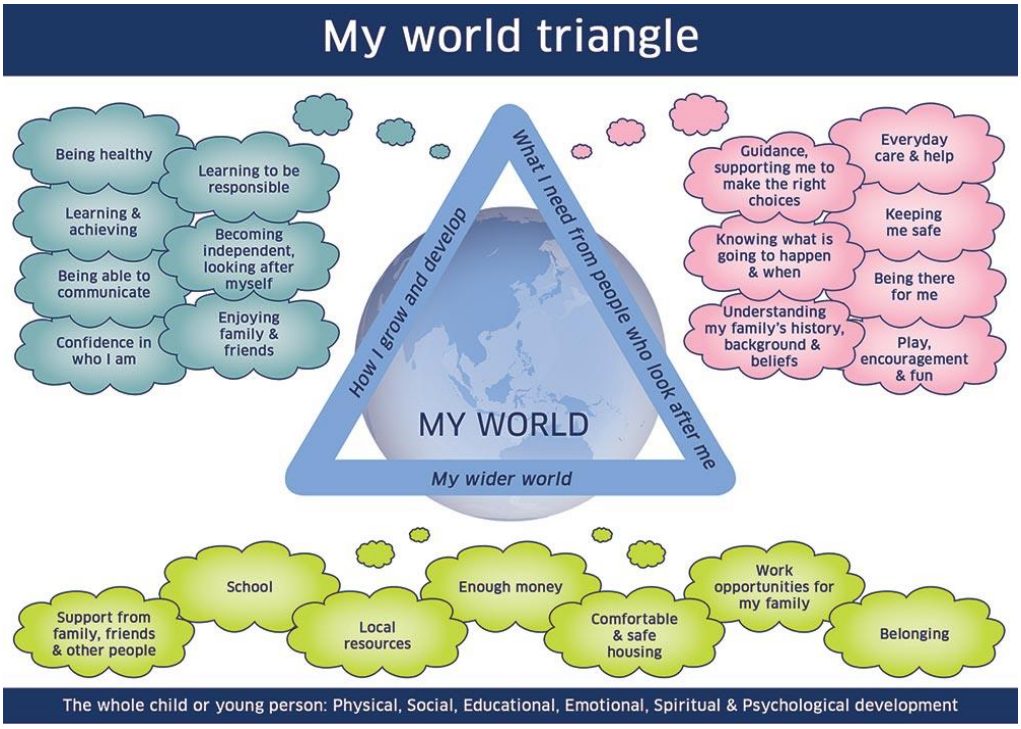
The GIRFEC practice model[8]

When assessment, planning and action are needed, practitioners can draw on the GIRFEC practice model, which can be used in a single or multi-agency context. This model:

- provides a framework for practitioners and agencies to structure and analyse information consistently so as to understand a child or young person's needs, the strengths and pressures on them, and consider what support they might need
- defines needs and risks as two sides of the same coin
- promotes the participation of children, young people and their families in gathering information and making decisions as central to assessing, planning and taking action
- provides a shared understanding of a child or young person's needs by identifying concerns that may need to be addressed.



My world triangle is used to help practitioners consider all elements of the child or young person's life, including physical, social, educational, emotional, spiritual and psychological development, keeping the child or young person at the center of their thinking.



Roles and responsibilities

All NHS Orkney employees, regardless of their role, are responsible for acting on any concerns about the safety and welfare of a child or young person they know or suspect is at risk of harm. This section tells you about how to make a referral and who can support you. There is also an information leaflet available here

This section:

- Describes particular circumstances which may increase the chance of harm.
- Sets out actions that should be taken when concerns appear.
- Provides advice on how to recognise and understand when there are concerns about a child or young person.

The National Child Protection Guidance states that: "All agencies that work with children and their families have a shared responsibility for protecting children and safeguarding their welfare. Each has a different contribution to make to this common task."

Where concerns are raised about the potential significant harm to a child or young person they should be considered child protection concerns.

All healthcare staff have a responsibility to act to make sure that all children and young people are protected from harm. This responsibility includes acting on concerns about a child or young person even if the child or young person is not your patient. All healthcare staff should be aware of the

significance of the following situations as these may be an indication of stress within a family creating increased risk to the child/ren or young person.

Every person who knows or suspects that a child or young person has suffered, is suffering or is at risk of abuse must make a child protection referral without delay.

Medical Assessments in Child Abuse

This section:

- Outlines which medical specialities examine children and young people.
- Sets out the role of:
  - GP services
  - emergency and urgent care medical services
  - emergency medicine services.
- Outlines when to request a medical assessment.
- Describes the types of medical examination in child protection.

Some medical specialities will regularly see vulnerable children in their practice (child and adolescent psychiatry, paediatric specialties). Other medical specialities see adults where risk factors may exist which increase the potential risk to the wellbeing or actual harm to children and young people (e.g. mental health, addictions, or learning disability). Some services will see both children and adults; these include primary care and emergency medicine. In addition, Obstetrics will deal with pregnant women who may be vulnerable.

The medical, nursing and AHPs who work in these specialities will require to have high levels of competency and skill in managing vulnerable families and children and should complete additional training to ensure they are able to recognise concerns to wellbeing, the signs and symptoms of child abuse and risk factors which make child abuse more likely.

All staff should know who to seek further advice and support from if they are concerned about a child's care and protection. Medical practitioners will have specific responsibilities regarding decision making, interpretation of injury and giving an opinion about the probability of abuse. NHS Orkney has a Service Level Agreement with NHS Grampian to provide specialist child protection advice, support and examination as required. ***NHS Grampian Child Protection team can be contacted on 01224 551706, Mon – Fri 9am – 5pm. They are happy to provide advice and support for NHSO staff.***

All doctors who provide care for children and young people must be aware of the signs and symptoms of abuse and neglect. They must also be aware of any other factors which increase the risk of abuse especially parental factors such as mental health problems, domestic abuse, drug and alcohol addiction, and learning disabilities.

Doctors must listen carefully to the history from the carer and the child or young person, if it is appropriate, and observe the child or young person to take into account the whole picture of the child or young person. If appropriate, the views of the child or young person themselves should be taken.

They must seek an explanation for any presentation in an open and non-judgemental manner. The doctor must record all concerns, as well as exactly what is observed and heard from whom and when. Doctors must be direct, honest and empathetic with the parents but focus on the needs of the child or young person especially the care and protection of the child or young person. After examination, the doctor should explain any concerns about their observations and indicate their role in the protection of the child or young person to the parents and seek senior opinion or follow local child protection health guidelines to access further advice.

How to make a child protection referral

- Consider what it is that is making you concerned - considering the five GIRFEC questions and wellbeing indicators may help to shape your thinking.
- Where possible discuss suspicions or concerns with your line manager or public protection lead as soon as possible so they can support you in taking further action. However, if you are unable to contact them do not delay in making the referral.
- Take a few minutes to write down exactly what has been said and/or what you have seen.
- Telephone Orkney Islands Council on 873535 and tell the call handler that you want to make a child protection referral and ask to be put through to the duty social worker on call for child protection. If your call is urgent and you consider that the child is in immediate danger call the police on 999. Again, explain you have a child protection concern.

On the phone

- clearly state your name and your role
- ask the name and role of the person you are speaking to
- clearly state what your concerns are
- share all relevant information
- where the child is now (if you know).

Tell them what you have observed, heard and what sense you have made of the information. Be clear about what is factual and what is your opinion.

- Ask the social worker or police officer what action they plan to take as a result of your concerns and when you are likely to know the outcome.
- Record the date, time of call, discussion that took place and the name of the social worker or police officer.
- Follow up the referral in writing via secure email
- Email a copy of the form to the NHSO Designated Officer for Child Protection, for quality assurance purposes
- If you are unhappy with the outcome of the discussion you can ask to speak to a more senior person and seek support from your own line manager or public protection lead.

What happens in the local authority area after you have made a referral?

Social work and the police have a duty to consider your referral. The three core agencies (police, social work and health) in the area where the child resides, will have an inter-agency referral discussion (IRD).

Each agency will consider what other information is available in relation to the child or young person and their family within their respective agency and this, together with your (referrer) information is shared in the IRD. The IRD is then assessed and a joint decision is made about risks to the child or young person. The IRD process helps to agree a co-ordinated response to the referral.

The possible outcomes following an IRD include:

- the need for a single agency investigation
- the need for a joint investigation
- the need for a medical examination
- the need for a single agency intervention or support
- the need for a joint agency intervention through GIRFEC procedures
- referral to the reporter (children's hearing system)
- request for a child protection case conference
- request for single agency support/follow-up
- no further action is required.

Child protection – information sharing

In many recent child death inquiries, and serious case reviews, information sharing has been identified consistently as an area of concern. It is vital that in order to properly assess the level of risk to a child or young person, professionals are able to see the whole picture. This means that information known about the child or young person or the adults in the child or young person's life is shared between the people who need to know it. In some circumstances this may include sensitive information and a person's right to confidentiality would have to be put aside to act in the best interests of the child or young person.

In order to make decisions, each agency is required to share any relevant information that it has, which could inform part of the assessment for the child or young person. The Scottish Government and associated agencies are in full agreement with the agencies sharing information about children and young people.

Sharing appropriate information is an essential component of child protection to secure the best outcomes for children and young people. Anyone who has concerns about the safety of a child or young person should, without delay, contact one of the core agencies.

The safety, welfare and wellbeing of a child or young person are of central importance when making decisions to lawfully share information with or about them[1.]

Public Protection Committee

Orkney has a Public Protection Committee, made up of statutory, public and voluntary agency representatives who hold strategic responsibility for the protection of children, young people and adults.

The role the committee, in relation to child protection, includes:

- delivering on a collaborative approach to protect children and young people through robust communication and co-operation
- providing public information about the protection of children and young people across the local area
- listening to and gathering the views of children, young people and their families
- developing local multi-agency policies, procedures and protocols
- gathering and reviewing performance data, including the relationship between national, regional and local statistical trends
- providing a quality assurance approach to the delivery of services
- sharing and promoting good practice
- developing, delivering and evaluating training – multi-agency and single agency
- identifying, commissioning and evaluating audits, significant case reviews, for example using findings from local and national audits and reviews to improvement service delivery

Transition arrangements

The National Guidance for Child Protection in Scotland[1] notes that:-

Section 22. The individual young person's circumstances and age will dictate what legal measures can be applied. For example, the Adult Support and Protection (Scotland) Act (2007)[9] can be applied to over-16s where the criteria are met. This further heightens the need for local areas to establish very clear links between their Child and Adult Protection Committees and to put clear guidelines in place for the transition from child to adult services. Young people aged between 16 and 18 are potentially vulnerable to falling 'between the gaps' and local services must ensure that processes are in place to enable staff to offer ongoing support and protection as needed, via continuous single planning for the young person. The GIRFEC framework and provision of the Named Person service for 16 - 18 year olds will be key to ensuring that wellbeing needs can be identified and addressed.

Section 23. Where a young person between the age of 16 and 18 requires protection, services will need to consider which legislation or policy, if any, can be applied. This will depend on the young person's individual circumstances as well as on the particular legislation or policy framework. On commencement of the Children and Young People (Scotland) Act 2014[6], similar to child protection interventions, all adult protection interventions for 16 and 17 year olds will be managed through the statutory single Child's Plan. Special consideration will need to be given to the issue of consent and whether an intervention can be undertaken where a young person has withheld their consent. The priority is to ensure that a vulnerable young person who is, or may be, at risk of significant harm is offered support and protection.

As detailed above, the national guidance identifies that child protection and adult protection committees should jointly develop robust procedures to ensure ongoing support for any child and

young person about whom there are child protection concerns at the point where they move from children and young people into adult services. This will include determining if the child or young person is potentially an adult at risk of harm or requires other statutory measures to be put in place.

Each local authority area should have systems in place to ensure transitioning starts at a suitable time for the child or young person. This would normally start between 14 and 16 years of age with plans being put in place to move, if necessary, into the adult protection system – making this transition may require some legal steps. In Orkney, looked after young people transition to the Throughcare / Aftercare Service, situated within Children and families services. The Orkney Transition Planning Guidance and Procedures has more information and can be found here

There is a responsibility to ensure that staff who are working within child protection and adult support and protection are clear about their responsibilities in ensuring that transition is robustly considered and progress as required.

Section 3: Adult support and protection

In this section, we consider the key elements of national guidance that will help and support you understand what make an adult at risk of harm and abuse. It explains the national approach, which is based in legislation and codes of practice making reference to the Adult support and protection (Scotland) Act 2007[9] and our duty to comply with the Act. It explains our role and responsibilities, how to share information and make a referral when you have a concern about an adult at risk of harm. It provides an overview of the remit of the adult protection committees who provide strategic oversight and leadership to all child protection activity within each local authority area across Scotland.

Identifying adults at risk of harm and abuse

We are all responsible for ensuring that adults who may be at risk of harm in our communities are safe, respected and included. There needs to be clear communication routes for adults who may be at risk of harm and these adults need to be fully involved in all decision making. Our aspiration, for all adults who may be at risk of harm in our communities across Scotland, is that they are empowered, through support from the responsible public agencies, to be free from harm and enabled to make decisions and choices about their lives, and to live as independently as possible in relation to their personal circumstances.

The changing landscape of care and service provision for adults who need it requires greater choice and flexibility through the use of statutory, voluntary and private providers. It is essential that good lines of communication and joint working are achieved across care and service provision to ensure that these adults receive safe and effective care.

It is important to ensure that people who are involved with the support and protection of adults at risk of harm have a clear sense of what signifies harm and what should happen when harm is suspected or discovered. Most people with illness, infirmity, disability or other care needs manage to live their lives independently or with assistance. For some, this may affect their ability to protect themselves from harmful situations such as neglect, abuse or exploitation.

The following three-point test will help you consider if an adult is at risk of harm in line with the Adult Support and Protection (Scotland) Act 2007[9]. Adults at risk of harm are aged 16 years of age and over who:

1. are unable to safeguard their own wellbeing, property, rights or other interests
2. are at risk of harm
3. because they are affected by disability, mental disorder, illness, physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected

What does ‘at risk of harm’ mean?

An adult at risk of harm is when another person’s conduct is causing, or likely to cause, the adult to be harmed or the adult is engaged in, or likely to engage in, conduct that causes, or is likely to cause, self-harm.

What is harm?

In the Adult Support and Protection (Scotland) Act 2007[9], harm "includes all harmful conduct" and, in particular, includes:

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

Who is a carer?

There can be both paid and unpaid caring arrangements. A paid carer or care worker is employed by an employer, or by the adult themselves, through self-directed support (SDS) direct payment, for example:

- home care/personal care workers
- care homes
- sitters
- people employed within NHS day hospitals
- people employed within day centres
- support workers

An unpaid carer is a person of any age who provides, or intends to provide, unpaid help and support to a relative, friend or neighbour, who cannot live independently without the carer's help, due to frailty, illness, disability or addiction.

All subsequent references to "carer" in these guidelines refer to both paid and unpaid carers.

Who may cause harm?

Adults at risk of harm 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
- people who deliberately exploit adults at risk of harm

Evidence and research suggest that in most cases the adult will know the person who causes them harm.

There is a particular concern when the harm is caused by someone in a position of trust, power or authority who uses their position to the detriment of the health, safety, welfare and general wellbeing of the adult at risk of harm.

Agencies not only have a responsibility to all adults at risk of harm but may also have a responsibility towards organisations with whom the alleged perpetrator is employed or works as a volunteer, where other adults may be at risk of harm.

The roles, powers and duties of the various agencies in relation to the alleged perpetrator will vary depending on whether they are:

- a member of staff, proprietor or services manager
- a member of a recognised professional group
- a volunteer or member of a community group such as a place of worship or social club
- another service user
- a spouse/partner, relative or member of the person's social network
- a paid or unpaid carer
- a neighbour, member of the public or stranger
- a person who deliberately targets adults at risk of harm in order to exploit them, for example grooming behavior
- a person whose mental health difficulties affect their behaviour in a way that may cause harm to themselves or others

Patterns of harm

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

The following are forms of harm that have been identified. There may be other forms of harmful conduct not listed here.

Physical harm

This involves physical contact intended to cause feelings of:

- pain
- injury
- intimidation
- other physical suffering

Examples of physical harm include:

- hitting
- slapping
- pushing or pulling
- kicking
- misuse of medication
- restraint or inappropriate sanctions

Sexual harm

This includes sexual behaviour such as:

- intimidation of a sexual nature
- rape
- sexual assault or sexual acts to which the adult at risk of harm has not fully consented, could not consent or was pressured into consenting

The possible indicators you should be alert to include:

- unexplained difficulty walking/sitting
- stained undergarments/bed linen
- changes in behaviour/mental state (for example, fearful, anxious, withdrawn, seeking attention and/or protection from others, sleep disturbance, nightmares, poor eye contact, anger and verbal or physical outbursts)
- bruising/injury to genital/rectal area or inner thighs
- infections (for example, urinary tract infections or sexually transmitted infections)
- complaints of pain/discomfort from genital/rectal areas

- fearful of or retreating from any form of physical touch or contact
- inappropriate attachments (for example, if an adult is being 'groomed' they may want to spend time with perpetrator)
- attempts to avoid contact with perpetrator
- perpetrator engineering time alone with the adult
- enforced pregnancy/withdrawal of contraception
- signs of grooming
- grooming

Grooming

Grooming is when a perpetrator tries to set up and prepare another person to be the victim of harm, often sexual harm; with adults this may also include financial harm. Grooming can be used by those known to a person or by strangers. A grooming process can last for months or even years. It can be very subtle; those who are being groomed often do not realise that they are being manipulated, nor do their relatives or carers.

A perpetrator of sexual harm may use many techniques to groom a person for abuse such as:

- giving an inappropriate level of attention to the person
- telling them that they are special
- giving them special treatment
- favours or privileges
- offering, promising and/or giving gifts
- offering to help family/carers to gain access to the victim
- using threats or coercion
- exposing the person to sexualised material
- sexualising physical contact
- overstepping appropriate boundaries in relationships

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

Harm caused by financial, material or property abuse

Examples include:

- theft
- fraud
- exploitation
- “bogus caller” activity involving the above
- pressure in connection with wills, property, inheritance, financial transactions
- exploitation
- misuse or misappropriation of property, possessions or benefits

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

Harm through discrimination

Actions or omissions of action and/or remarks of a prejudicial or discriminatory nature based on a person’s:

- age
- gender/transgender
- 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

Harm through information misuse

Examples include:

- failure to adhere to the relevant Data Protection Act (2016)[10] guidance
- failure to provide accurate information
- mis-use of personal information

Institutional harm

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 an 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.

Harm through denial of human rights

Denying an individual access to the basic rights and freedoms to which all human beings are entitled.

Self-harm

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

The definition of self-harm adopted by these guidelines is "intentional self-poisoning or injury, irrespective of the apparent purpose of the act." Self-harm includes poisoning, asphyxiation, cutting, burning and other self-inflicted injuries.

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

Serious harm

The Adult Support and Protection (Scotland) Act 2007[9] introduced both duties and powers. Duties include the duty to inquire, investigate and co-operate where it is known or suspected that an adult may be at risk of harm.

Powers, introduced by the legislation, include three protection orders. Applications enacting these statutory powers require to be made through the Sheriff Court but will only be considered where there is evidence that an adult is at risk of serious harm.

Serious harm is not defined under the Act.

There are no absolute criteria on which to rely when assessing what might constitute serious harm.

Consideration of the severity of the ill treatment may include:

- the nature, degree and extent of physical harm

- the duration and frequency of the harm and neglect
- the degree of threat and coercion
- the impact on the person and the risk of repeated or increasingly serious acts involving them or other adults at risk of harm
- the impact on the person concerned
- sometimes a single traumatic event may constitute serious harm

More often, serious harm is an accumulation of events, both acute and long-standing, which cause the impairment of, or an avoidable deterioration in, physical or mental health and the impairment of physical, intellectual, emotional, social or behavioural development.

Signs of potential harm

Suspicions of harm to adults at risk of harm 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, 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.

There are many other factors and circumstances that can indicate harm. These may include:

- unusual or suspicious injuries
- unexplained or concerning behaviour of carers – 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 of harm
- an adult at risk of harm 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 (many agencies such as NHS A&E departments have a flagging system that assists in identifying frequent attenders)
- a prolonged interval between illness/injury and presentation for medical care
- if the adult at risk of harm lives with another member of the household who is known to any of the statutory agencies in circumstances which suggest possible risk to the wellbeing of that adult
- misuse of medication, for example not administered as prescribed
- over-medication resulting in apathy, drowsiness and slurring of speech
- under-medication, for example resulting in lack of sleep, continual pain
- unexplained physical deterioration in the adult at risk of harm, for example loss of weight
- sudden increase in confusion, for example dehydration can lead to confusion
- the adult demonstrates a fear of going home
- difficulty in interviewing the adult at risk of harm, for example another adult unreasonably insists on being present
- anxious/disturbed behaviour on the part of the adult at risk of harm

- hostile/rejecting behaviour by the carer towards the adult at risk of harm
- serious or persistent failure to meet the needs of the adult at risk of harm
- financial/material/property abuse for example a change in the ability of the adult at risk of harm to pay for services, unexplained debts or reduction in assets
- carer as well as the adult at risk of harm 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 or professional to have someone admitted to or discharged from a care setting
- adult at risk of harm's behavior, or ability to function independently, deteriorates
- pressure exerted by family or carer or professional to agree to care arrangements which are not appropriate

Dilemmas in adult support and protection

The support and protection of adults at risk of harm can raise a variety of complex issues. There may be a number of dilemmas which must be considered. Some of these are discussed in more detail below.

Rights/self-determination/undue pressure

All adults at risk of harm are individuals in their own right and, if they are able/are assessed as having capacity, must be allowed to exercise their right to choose the way in which they live their life. This can mean that some people may choose to remain in a situation which others may consider to be inappropriate or harmful. If an adult at risk of harm is choosing to remain in such a situation, every effort should be made to inform the adult at risk of harm the possible consequences of the choices they may be making.

Adults at risk of harm also have the right to be protected. The assessment of an adult's capacity is a complex task and is the responsibility of trained health and social care staff.

The Adult Support and Protection (Scotland) Act 2007[9] introduced new powers and duties for the local authority that encourages practitioners to assess whether an adult identified as an adult at risk of harm, and who has been assessed as having capacity, might be being "unduly pressurised" not to co-operate with any support and/or protection being offered to them. In these situations and where there is evidence of serious harm it may be that council officers can/should seek to override the adults consent by intervening under the Adult Support and Protection (Scotland) Act 2007.

The measures laid out in the Adult Support and Protection (Scotland) Act 2007[9] are compliant with human rights legislation. It is essential that the principles of the Act are kept central to all such activities and intervention.

Concerns about adults

You have a duty to refer when you know or believe an adult is at risk of harm.

- Does the concern fit with the three-point test? (see page 22)
- The purpose of the Adult Support and Protection (Scotland) Act 2007[9] is to provide ways in which support and protection can be offered to adults at risk of harm. If the adult at risk of harm is a parent, their ability to protect their children from harmful situations or their ability to provide adequate and safe care may also be affected. If this is the case, a child protection referral should also be considered (see Section 2).

Duty to report

NHS Orkney staff have a duty to report all concerns about an adult at risk of harm, whether suspected, witnessed or disclosed. Under the Adult Support and Protection (Scotland) Act 2007[9], the local authority is required to make inquiries about and/or investigate a person's wellbeing, property or financial affairs if it knows or believes that:

- the person is an adult at risk of harm
- it might need to intervene in order to protect the person's wellbeing, property or financial affairs

How to make an adult support and protection referral

- Consider what it is that is making you concerned - considering the three-point test will help to shape your thinking.
- Where possible discuss suspicions or concerns with your line manager or public protection lead as soon as possible they will support you in taking further action However, if you are unable to contact them do not delay in making the referral.
- Take a few minutes to write down exactly what has been said and/or what you have seen.
- Telephone Orkney Islands Council on 873535. Tell the call handler that you want to make an adult support and protection referral and ask to be put through to the duty social worker on call for adult support and protection. If your call is urgent and you consider that the adult is in immediate danger call the police on 999. Again, explain you have an adult support and protection concern.
- Further information is available here

On the phone

- Clearly state your name and your role.
- Ask the name and role of the person you are speaking to.
- Clearly state what your concerns are.
- Share all relevant information.
- Where the adult is now (if you know).
- Tell them what you have observed, heard and what sense you have made of the information. Be clear about what is factual and what is your opinion.

- Ask the social worker or police officer what action they plan to take as a result of your concerns and when you are likely to know the outcome.
- Record the date, time of call, discussion that took place and the name of the social worker or police officer.
- Follow up the referral in writing by secure email to the local authority social work department or police office, where the adult resides, for attention of the social worker/police officer you spoke to.
- Send a copy of the written referral to the Director of Nursing, Midwives and AHPs for quality assurance purposes.
- If you are unhappy with the outcome of the discussion you can ask to speak to a more senior person and seek support from your own line manager or public protection lead.

Capacity and consent

Informed consent is usually required to progress inquiries and investigations but there are a range of reasons why an adult at risk of harm might not wish to give consent. For example, a sense of loyalty where family members are involved, cultural backgrounds which don't make complaints, fear of going into care and not being in control of their own actions and, of course, undue pressure.

Capacity means the ability to use and understand information to make a decision. The adult at risk of harm should be given appropriate information provided in a way that they can understand and can make a decision based on this information. That understanding should include the possible implications and consequences of their decisions.

They should understand the purpose of the proposed inquiries and why these are necessary. They need to be able to retain information long enough to use it to weigh up the possible outcomes in order to arrive at a decision.

They must be able to hold this decision consistently. This includes occasions when a person has difficulty in remembering a decision but, given the same information at another time, they make a consistent decision. This makes their decision valid.

Consideration may need to be given to the many other factors that can influence capacity. These factors, such as undue pressure, can potentially affect and compromise people's capacity to make decisions.

Confidentiality/disclosure

All staff who have contact with adults who may be at risk of harm have a responsibility to refer concerns or any disclosures made to them to an appropriate person or agency. At times, this may pose a dilemma for staff who may feel that by doing so this could alienate the adult at risk of harm and/or the family, carer or others and damage the potential for further work. However:

- to do nothing is not acceptable
- to promise confidentiality is not acceptable

Relevant information

In an adult support and protection situation, relevant information will have to be shared.

Staff should explain to the individual their responsibility to report the concerns they have with social work and advise the individual what is likely to happen as a result.

Risks

Health and social care services will have policies and procedures in place to assist in determining a balance between an adult's right to independence and choice, and the duty of care to avoid unacceptable hazards and risks. Risk-averse cultures can stifle and constrain which could lead to an inappropriate restriction of the individual's rights. Life is never risk free. Some degree of risk taking is an essential part of good care[11].

Whistle-blowing/raising concerns

Organisations should have policies and procedures in place to deal with employee concerns about unprofessional, dangerous or illegal activities which they become aware of through their work.

An essential element of such policies is the underpinning principle that staff who raise concerns reasonably, responsibly and in good faith will not be penalised or victimised in any way.

Well-publicised cases of adults at risk of harm being harmed when the matter has been brought to the attention of the authorities through whistleblowing are a stark reminder of why such policies need to be in place.

Organisations need to do more than have whistleblowing policies. They should also reinforce these policies through induction training, refresher training and informing their workforces of cases where whistleblowing has been the catalyst for positive resolution of cases.

Whistleblowing can allow organisations on receipt of information, to take swift and effective action. Whistleblowing can prevent further harm and its influence should not be under estimated.

Behaviour which challenges staff, restraint and limits to freedom

Some adults at risk of harm display behaviour which can present as a challenge either as a risk to themselves or to others. This behaviour may have to be managed by staff, whether the service is being provided in the person's home, a day care setting, care home or other. This brings with it a number of dilemmas, including the use of restraint and issues such as the disguising of medication in food and drink.

Any decision to invoke any form of restraint should not be made by a single individual. Consultation and collaboration with all relevant professionals involved in the care of the adult at risk of harm and with family and carers must be undertaken. The principles of the Adult Support and Protection (Scotland) Act 2007[9] and/or Adults with Incapacity (Scotland) Act 2000[12] should be applied to any intervention considered and a care plan should be identified which assists those working with the person to determine the least restrictive way to work with an individual whose behaviour poses a risk to themselves or to others. The care plan must be regularly monitored and reviewed.

It is not possible to cover this degree of complexity in these guidelines, however in some cases it may be appropriate for this type of situation to be managed through the local adult support and protection procedures.

Action which is overly restrictive or restraint which is unnecessary is harmful and possibly unlawful.

Service providers should have policies and procedures for any actions that may restrict or restrain an adult. These should be based on good practice guidance such as Rights, Risks and Limits to Freedom[11] and should also be in line with the standards and requirements of the Care Inspectorate and compliant with Human Rights legislation.

Allegations of harm against staff members

Allegations or suspicions of harm may be made against staff in a variety of ways, for example by letter, telephone, social media or in person. Organisations will have a range of procedures under which such allegations should be addressed, for example complaints and disciplinary procedures. Any disciplinary or complaints process must accord with parallel investigations into the alleged harm of an adult(s) at risk of harm by agencies such as the police, the local authority or the Care Inspectorate.

Duty to inquire

Under the Adult Support and Protection (Scotland) Act 2007[9], the local authority (or the delegated agency in terms of health and social care integration) has a duty to make inquiries about a person's wellbeing, property or financial affairs if they 'know or believe' that the person is an adult at risk of harm and that they might need to intervene to take protective action. The local authority also has a duty to consider the provision of appropriate support services to the adult, including, independent advocacy.

Duty to co-operate

This duty must be fulfilled by specific public bodies and their office-holders: local authority, NHS boards, police, Care Inspectorate, HIS, Mental Welfare Commission and the Office of Public Guardian. Members and staff of all of these bodies have a duty to:

- report the facts and circumstances to the local authority when they know or believe that someone is an adult at risk of harm and that action is needed to protect that adult from harm, and
- co-operate with the local authority and each other to enable or assist the local authority in making inquiries.

This means that all staff must refer concerns to the local authority's social work services (or delegated agency in terms of health and social care integration) following local adult protection procedures and must work with the local authority, health services, police and care inspectorate in assessment and decision making about adults at risk of harm who may need support and protection.

The adult support and protection code of practice[13] states that the multi-agency nature of adult support and protection work is crucial and much of the work concerning individual adults will overlap with the work of for example registration and inspection bodies. What one person, or public body may know, may only be part of a wider picture. Good practice should be that all relevant stakeholders would co-operate with assisting inquiries and investigations. The public body or office-holder who knows or believes an adult is at risk of harm has a legal duty to make a referral to the local authority, taking into account the principles of the Adult Support and Protection Act 2007[9] . Even in doubt the referral should be made. The local authority must then make inquiries and may take such investigative

steps as considered necessary to establish whether the adult is an adult at risk of harm and what action should be taken.

Alternative ways NHS Orkney staff can become involved in an Adult Support and Protection (Scotland) Act 2007[9] inquiry

A request from the local authority may come to NHS Orkney to support the inquiry process that could be to provide expert health advice, support to provide or interpreted health information. This is often referred to as an Adult Support and Protection (Scotland) Act 2007[9] Section 10 request. This empowers council officers to require someone to provide health, financial or other records.

It is an offence under Section 49 of the Adult Support and Protection (Scotland) Act 2007[9] for a person to fail to comply with a Section 10 request, except with reasonable excuse. You would not be expected to respond to this request in isolation. NHS Orkney would expect such a request to come in to the organisation in writing and staff would be supported by their manager in these cases.

What happens next?

After reporting your concerns the local authority will carry out an inquiry to seek more information, which in turn may lead to an investigation. In some areas you may be asked to take part in an IRD or where an investigation leads to an Adult Support and Protection (Scotland) Act 2007[9] case conference, you may be invited to represent NHS Orkney.

A case conference is a multi-agency meeting to share information and to consider the risks to the adult. The purpose is to identify actions that need to be taken to support and protect the adult at risk of harm. These actions are then compiled into an Adult Support and Protection (Scotland) Act 2007[9] plan. The adult at risk of harm and their representative, carer or relative will usually be invited to this meeting. Staff who have raised a concern are asked to attend the case conference. Staff may request support from their line manager/public protection lead. But when considering attending, discuss who the most appropriate person to attend is in the context of the impact on the service user/patient where a large number of people attend.

If you are involved in discussions or a case conference it will be guided by the following principles:

- provide benefit to the adult which could not reasonably be provided without intervening in the adult's affairs
- facilitate the maximum participation of the adult (including information)
- the option chosen is the least restrictive to the adult's freedom
- take account of the adult's wishes and feelings (past and present)
- take account of the views of those with an interest in the adult's wellbeing or property
- ensuring that the adult is not, without justification, treated less favourably than any other adult
- ensuring the adult's abilities, background and characteristics are considered

Possible outcomes of investigations

Protection Orders – because any protection order under the Adult Support and Protection (Scotland) Act 2007[9] represents a serious intervention in an adult's life, a Sheriff must be satisfied that the local

authority has reasonable cause to suspect the person in respect of whom the order is sought is an adult at risk of harm who is being, or is likely to be, at risk of serious harm. Where the adult has the capacity to make decisions, the application cannot be granted by the Sheriff if the adult does not consent to the order unless it can be proved that the adult has been subject to undue pressure to refuse consent.

Assessment Orders – the council officer can apply to the Sheriff for an assessment order which authorises the local authority, if necessary, to take the adult from a place being visited under the order to allow:

- the interview to be conducted in private, and/or
- a private medical examination by a health professional nominated by the local authority.

An assessment order does not contain powers of detention. An assessment order can be enacted for up to seven days after the date specified in the order (this may not be the date on which order is granted). An assessment order does not contain powers of detention. The adult can refuse to be interviewed or examined despite the assessment order.

Removal Orders – the council officer can make application to the Sheriff (or Justice of the Peace in certain circumstances) for a removal order, which would allow the removal of the adult to another place primarily for the purposes of protection.

A removal order must be effected within 72 hours of being granted and can then last for a maximum of seven days. A removal order does not contain powers of detention. The adult can refuse to be interviewed or examined despite the removal order.

Banning Orders or Temporary Banning Orders – banning of the person causing, or likely to cause, the harm from being in a specified place. Application can also be made by any person, including the adult at risk of harm, to the Sheriff for a banning order in respect of a person/s considered to be placing, or likely to place, an adult at risk of serious harm. Conditions can be placed on banning orders by the Sheriff, which includes the length of time of the order (up to six months) and contact. The Sheriff can also attach a power of arrest. There is an appeals mechanism.

Adult Protection Committees (APCs) – the 2007 Act[9] creates an obligation on local authority to establish multi-agency APCs. In Orkney there is a combined Public Protection Committee. The functions of the committee in relation to the support and protection for adults, includes:

- to keep under review the procedures and practices of the public bodies
- to give information or advice to any public body in relation to the safeguarding of adults at risk of harm within a local authority area
- to make, or assist in the making of, arrangements for improving the skills and knowledge of employees of the public bodies

In performing these functions, APCs must have regard to the promotion and support of co-operation between each of the public bodies. The public bodies involved are the relevant local authority, the Care Inspectorate, the relevant NHS board, the chief constable of the police force in the local authority area,

and any other public body as may be specified by Scottish Ministers. The Mental Welfare Commission and Office of the Public Guardian also have the right to attend and must be informed of APC meetings.

Significant Case Review – the Act does not require APCs to become involved in individual case reviews. APCs have a strategic and monitoring function rather than an operational role and routine case reviews may well be seen as inappropriate. However, joint consideration of individual cases may help APC members to develop greater joint understanding of service user concerns and professional practice. While there is no duty to do so, APCs are encouraged to evaluate and learn from critical incidents. To ensure that APCs are carrying out the designated functions, it is important that the agencies represented on the committee and who are subject to statutory duties under the adult protection legislation, give consideration to notifying the independent chair of any significant incident or event.

Committees may wish to develop procedures which would set out the agreed criteria for reporting any significant incident or event which would assist and support agencies in determining whether a specific incident or event should be notified to the APC and chief officers' group.

The guidance for APC advises that they require to be given the authority by local agencies to be able to carry out their functions effectively. The guidance also indicates that lines of accountability between the APCs and local authority, NHS boards and police will require to be identified. It is expected that direct lines of communication between APCs and local chief officers' groups will be established in each area.

APCs have a role in ensuring co-ordination in public protection activities and social work services need to develop referral systems that link child, adult and criminal justice services. This should help ensure a robust public protection service for children and adults at risk of harm. Agencies with concerns that relate both to children and adults should refer to their local social work service for guidance on the most appropriate way forward.

Section 4: NHS Orkney

In this section, we highlight the current systems and process that have been established to support you in your duty to comply with public protection legislation and guidance. There are a range of materials to help you achieve this. In particular, there is:

- this guidance
- an information leaflet (available here)
- a flow chart which helps you ensure you consider each step of the process and blank referral forms templates
- additional information about the general principle of how and what information to share when making a referral, and
- information on how to access training, support and supervision suitable to your needs.

Public protection responsibilities – an information leaflet for staff has been produced. This handout should be readily available and familiar for all staff. It is a brief summary of our public protection responsibilities, recognition, referral process, training support and supervision. It can be accessed here

Public protection referral flowchart – this step-by-step process of making a referral should be used by staff and managers when deciding to make a referral to police or social work about a child protection or adult support and protection referral. ***It can be viewed in the information leaflet, highlighted above***.

Information sharing – healthcare staff have a duty to share information when a child, young person or adult may be at risk of significant harm. This will always override a professional or agency requirement to keep information confidential. Information should be disclosed only for the purpose of protecting children, young people or adults and therefore should be **relevant and proportionate and shared promptly and effectively** when necessary.

NHS Orkney staff should seek advice if they are not confident about sharing information. This advice can be obtained from line managers, public protection lead or Caldicott Guardian. Healthcare staff should seek their professional body's guidance if unsure.

Information sharing for public protection – general principles

- The safety, welfare and wellbeing of a vulnerable child/adult at risk of harm are of central importance when making decisions to lawfully share information with or about them.
- Children/adults have a right to express their views and have these views taken into account when decisions are made about what should happen to them.
- The reasons why information needs to be shared and particular actions taken should be communicated openly and honestly with the child/adult, and where appropriate with families when it is deemed safe to do so.

- Information will normally only be shared with the consent of the child/adult (depending on age and maturity). Where there are concerns that seeking consent would increase the risk to a child/adult or others, or prejudice any subsequent investigation; information may need to be shared without consent.
- At all times, information shared should be relevant, necessary and proportionate to the circumstances of the child/adult, and limited to those who need to know.
- When gathering information about possible risks to a child/adult, information should be sought from all relevant sources, including services that may be involved with other family members. Relevant historical information should also be taken into account.
- When information is shared, a record should be made of when it was shared, with whom, for what purpose, in what form and whether it was disclosed with or without informed consent. Similarly, any decision not to share information should be recorded.
- Staff should be confident about sharing information. This could include sharing information about adults who may pose a risk to child/adult, dealing with disputes over information-sharing and clear policies on whistle-blowing.

Record keeping – any public protection referral must be followed up in writing via secure email and a copy of the written referral sent to the Director of Nursing, Midwifery and AHPs for quality assurance purposes.

The Caldicott Guardian: a senior role

A Caldicott Guardian is a senior person within a health or social care organisation who makes sure that the personal information about those who use its services is used legally, ethically and appropriately, and that confidentiality is maintained. Caldicott Guardians should be able to provide leadership and informed guidance on complex matters involving confidentiality and information sharing.

Education, learning and development for healthcare staff

NHS Orkney will support all staff to fulfil their duties by providing clear guidance, training, and develop a quality assurance process to monitor activity.

- All staff must have access to the public protection responsibilities handout.
- All staff must know how to access and be familiar with content of public protection guidance.
- All staff must access public protection training.
- All managers and staff with a clinical role, once they have completed training, must access face-to-face training provided appropriate to role
- For staff requiring additional training in public protection, the public protection lead will support staff to source and access suitable training.

Support and supervision

NHS Orkney has a responsibility to provide staff access to supervision and support. Research and significant case reviews have demonstrated the need and benefits of supervision and support for professionals involved in the care of vulnerable people[14]. Staff involved in a public protection case can access support from their line manager or supervision from the public protection lead as required.

Supervision facilitates discussion and reflection on cases and enables staff to be more objective about their involvement and to seek advice on the approaches that they need to take. Staff working with complex public protection cases must seek and have access to supervision. This process will be supported by their line managers to ensure they have protected time if they have specific responsibilities for public protection cases.

Supervision provides an opportunity to reflect on individual and collaborative practice. It promotes a good standard of practice and supports individual staff members to make appropriate decisions to keep vulnerable people safe. It should also help to identify the training and development needs of practitioners, ensuring that they have the skills to provide an effective service.

When a member of staff requires formal supervision a contract of supervision will be drawn up which allows both parties to agree confidentiality, boundaries and escalation process as required. Each supervision session will be recorded and signed off by both parties.

To access supervision and support contact the department of the Director of Nursing, Midwifery and Allied Health Professionals.

Email : directorof.nursing@nhs.net

Quality assurance process within NHS Orkney

NHS Orkney is committed to delivering a robust public protection service in line with national guidance and legislation. To achieve this the Director of Nursing, Midwifery and AHPs will ensure the provision of leadership and guidance to drive forward this service. This will include the development, delivery and collection all public protection activity, and the monitoring, reviewing and reporting through the clinical and care governance group on a regular basis (quarterly). Regular briefings will take place to keep each directorate involved and informed about this service. An annual report will be produced and circulated across the organisation.

Advice on court proceedings

Receiving a citation to appear in court is rare, however when this happens staff will be supported.

A citation demands attendance at court on a given date, at a given time. If the person cited does not appear they may be held in contempt of court. There are acceptable exceptions, including personal illness or the death of a close relative. If you are unable to attend court you should immediately contact the person issuing the citation to indicate this.

When you receive your citation, you should inform your line manager who will ensure you are helped to prepare and are supported during and after your attendance in court.

Please note the following if you receive a citation to attend court following involvement through your work in a public protection case.

- Health staff may be cited to appear as a witness in public protection cases through their involvement with a family or following an incident they have observed.
- Any health professional may receive a citation to attend court. Failure to attend court when cited is a criminal offence.
- Criminal proceedings are those where there is a prosecution in connection with the alleged commission of a criminal offence and these proceedings are generally initiated by the Procurator Fiscal acting in the public interest after investigations by the police.
- Civil cases are likely to relate to matters such as divorce, contact and residence orders.
- You may also be approached by the Scottish children's reporter administration to be a witness when there is a hearing before a Sheriff following allegations of child abuse when the parents or relevant persons are denying the allegations.
- You are required to inform your line manager that your attendance in court is required.
- You are required to contact the Director of Nursing, Midwifery and AHPs for support, advice and guidance on receiving a citation to appear in court.
- When a court report/statement is required, the Director of Nursing, Midwifery and AHPs will ensure you are assisted to prepare it.
- A statement previously given to the police can be used as evidence in court.
- A statement which has been taken by an agent for either the Procurator Fiscal or the defense may be put to you in court. This allows the defense the opportunity to assess the value in calling you as a witness in court. The Executive Lead will ensure you are offered support in the form of debriefing where appropriate.
- There are exceptional circumstances where non-attendance will be accepted, for example if the person cited is abroad on annual leave or unable to attend due to ill health. The person who issued the citation must be informed. The public protection lead can facilitate this if required.

Section 5: Other services linking to public protection

This section covers general information about other services or arrangements between agencies that may be a factor in public protection.

Alcohol and drug partnerships (ADPs)

ADPs were established in 2009[15]. They are made up of strategic and operational leaders of all multi-agency services to provide clarity of roles and co-ordinated approaches to tackling alcohol and drug abuse.

Key developments that have been supported by ADPs include the following.

- Introduction of the Alcohol Brief Intervention (ABI) Standard[16]. ABIs contribute to the Scottish Government's overall objective of reducing alcohol-related harm by helping individuals to cut down their drinking to within sensible guidelines. Through priority (primary care, antenatal and A&E) and wider settings, over 80,575 ABIs delivered across Scotland in 2018/19.
- Guidance for ABI delivery in 2017-18[16] has been updated. For further information on the ABI programme, including training needs, data collection and the sharing of local delivery and practice throughout Scotland, please visit the NHS Health Scotland website.
- The Quality Alcohol Treatment and Support (QATS) report (2011)[17] features 14 recommendations which will help to ensure people accessing treatment receive appropriate support to enable them to recover from their alcohol problem. Publication of national strategies to support the delivery of effective alcohol and drug treatment and support services – 'Rights, Respect and Recovery' and 'Changing Scotland's Relationship with Alcohol'. Mental health strategy (2017–2027)[18]

Mental illness is one of the major public health challenges in Scotland. Around one in three people are estimated to be affected by mental illness in any one year. Improving mental health is a priority for the Scottish Government.

The term mental health is used in many different ways. It applies to a continuum from emotional wellbeing like happiness and sadness, to mental disorder like the acute reaction that can happen to stress, to mental illness like schizophrenia.

Environmental, social and individual factors help to determine mental wellbeing. Genetic and environmental factors affect the prevalence and level of severity of mental illness in a population. These interactions are complex, but they offer different ways to influence mental health at an individual and population level.

The Scottish Government's 2020 Vision[19] for health and social care delivery emphasises integrated care and prevention, anticipation and supported self-management (in the context of the Scottish Government's Health and Social Care Delivery Plan). It reinforces the equal importance of mental and physical health and the need to address the underlying conditions that affect health.

Inequality related to disabilities, age, sex, gender, sexual orientation, ethnicity and background can all affect mental wellbeing and incidence of mental illness. Some groups are more likely than others in our society to experience mental ill-health and poorer mental wellbeing, for example people who have experienced trauma or adverse childhood events, people who have substance use problems, people who are experiencing homelessness, people who are experiencing loneliness or social isolation, veterans, refugees and asylum seekers. There may also be specific issues around access to services and support for those living in remote and rural communities.

Legislation that underpins the current arrangements for the NHS in Scotland already includes a parity of approach in relation to mental and physical health. It also places a duty on local authorities to provide services for those who have or have had a mental health problem. It promotes their wellbeing and social development, and a duty to minimise the effect of mental disorder and give people the opportunity to lead lives that are as normal as possible.

Key focus of national strategy to tackle mental health include:

- prevention and early intervention
- access to treatment, and joined up accessible services
- the physical wellbeing of people with mental health problems
- rights, information use and planning

Human trafficking[20]

Human trafficking is about the illegal trade and exploitation of human beings. The offence has two constituent parts.

1. The Act (what is done) recruitment, transport, harbour, receipt, exchange, or the arrangement or facilitation of these.
2. For the purpose of exploitation, or in the knowledge that the person will likely be exploited, including prostitution of others or other forms of sexual exploitation, forced labour, domestic servitude/slavery, removal of organs or for the purposes of committing criminal acts such as benefit fraud or cannabis cultivation or any combination of the above.

The two parts combined constitute trafficking. These acts do not have to be carried out by one person and can be carried out by a number of different individuals, however they must be carried out with the purpose or knowledge that the person will be exploited at some point. For the purposes of trafficking a child is any person under 18 years of age. A trafficking victim does not have to cross international boundaries but merely being moved from one place to another within Scotland or the UK for the purpose of exploitation is sufficient.

Trafficking in human beings is a hidden crime. Trafficking victims are likely to be discovered when dealing with other matters as they are often reluctant to engage with police and support services to declare what has happened to them. They are often coerced into committing crime on behalf of their controllers, however the following indicators can help you establish if a person is a potential victim of trafficking.

General trafficking indicators:

- passport or documents held by someone else
- others speaking for people you are talking to
- expression of fear or anxiety
- excessive working hours
- highly distrustful of law enforcement or authorities
- person has false documents
- found in/connected to a location likely to be used for exploitation
- not knowing address of where they work or live
- poor or sub-standard living accommodation
- injuries apparently as a result of an assault
- injuries apparently from restraint measures
- lack of access to earnings
- any evidence of control over movement either as an individual or a group
- the person acts as if instructed by another
- afraid of saying what their immigration status is

Multi-Agency Public Protection Arrangements

Multi-Agency Public Protection Arrangements (MAPPA)[21] is the framework which joins up the agencies responsible for the assessment and management of risk from sex offenders and, from 31 March 2016, a certain category of violent offenders. This framework also includes the effective sharing of information.

The fundamental purpose of MAPPA is public safety and the reduction of serious harm. MAPPA was introduced across Scotland in April 2007 and sits within the legal framework for the Management of Offenders etc. (Scotland) Act 2005[22]. There is a duty to co-operate between agencies involved with offender management in Scotland, including health services.

Sex offender (SO): is a term which covers many different people who present different risks to society. Nearly all are already in our communities where the risks are managed within the MAPPA process. A registered SO is someone who is required to register with the police in terms of the Sexual Offences Act 2009[23].

It is important to bear in mind that a significant proportion of sexual crimes go unreported and therefore there are SOs who are not known to the authorities. The public needs to continue taking sensible safety precautions to minimise the risk from such individuals.

Gender Based Violence

Gender Based Violence (GBV) is an umbrella term covering the spectrum of abuse aimed at individuals and groups based on their specific gender role in society. It is experienced disproportionately by women and perpetrated predominantly by men. GBV may manifest in many ways. It includes:

- domestic abuse

- commercial sexual exploitation and trafficking
- harmful traditional practices such as female genital mutilation
- forced marriage and so-called 'honour' crimes
- sexual harassment
- stalking
- childhood sexual abuse
- domestic abuse in same sex relationships

Abuse of power is the cornerstone of GBV. It reflects and reinforces inequities between men and women, and compromises the health, dignity, security and autonomy of its victims. However, it is important to remember that many of these harmful forms of violence can also affect men and people in same sex relationships.

Prevent

The Scottish Government Health and Social Care Directorates and NHS SCOTLAND have a key role to play in supporting the delivery of 'Prevent', which is about recognising when individuals, particularly those who are vulnerable, are being exploited for terrorist-related purposes, and responding effectively in partnership with other statutory agencies when concerns arise.

The UK Government assesses Britain as a high priority target for terrorism. This means that there is a serious and persistent threat to the UK from a range of terrorist groups and organisations that aspire to campaigns of violence against individuals, families and particular communities. If left unchecked, these campaigns may provide a catalyst for alienation and disaffection within some communities and increase the risk of individuals becoming radicalised.

The Prevent strategy, published by the UK Government[24], is part of our overall counter-terrorism strategy, CONTEST. The aim of the Prevent strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. In the legislation developed in 2015 states this has simply been expressed as "prevent people from being drawn into terrorism".

The Prevent strategy has three objectives:

1. challenge the ideology that supports terrorism and those who promote it
2. prevent vulnerable people from being drawn into terrorism and ensure they are provided with appropriate advice and support to stop them
3. work across sectors and institutions to raise awareness of prevent related issues, identify and address risks of radicalisation

What is radicalisation?

- Radicalisation is a process. It has no single route or pathway.
- It is generally more common for susceptible individuals to become involved in terrorist-related activity through the influence of others. Vulnerable individuals may be exploited in many ways by radicalisers who target their vulnerability.

- Radicalisers often use a persuasive rationale or narrative and are usually charismatic individuals who are able to attract people to their cause based on a particular interpretation or distortion of history, politics or religion.
- Initial contact may be through:
  - peers, siblings, other family members or acquaintances with the process of radicalisation often being a social one
  - a range of unsupervised environments, such as gyms or cafés
  - in private in individuals' homes
  - the internet and social media
- Contact with radicalisers is also variable and may be direct, for example face to face, or indirect through the internet, social networking or other forms of media. More commonly it will be through a combination of the above.

What is exploitation?

The factors surrounding vulnerability are many and they are unique to each person. It is increasingly recognised that the personal experiences of vulnerable people affect the way in which they relate to their external environment.

- **Susceptibility to exploitation** – in terms of personal vulnerability, there are various factors which may make individuals susceptible to exploitation. Examples include young people, marginalised groups, mental health, learning disabilities, young offenders, criminals or people on the edge of criminal activity. While none of these are conclusive in themselves or exclusive of each other. Therefore they should not be considered in isolation but in conjunction with the particular circumstances of the individual and any other signs of radicalisation.
- **Identity crisis** – young adults exploring issues of identity can feel distant from their parents/family, cultural and religious heritage and uncomfortable with their place in society around them. Radicalisers exploit this by providing a sense of purpose or feelings of belonging. Where this occurs, it can often manifest itself in a change in a person's behaviour, their circle of friends, the way they interact with others and the way they spend their time.
- **Personal crisis** – this may for example, include significant tensions within the family that produce a sense of injustice within the vulnerable individual and alienation from the traditional certainties of family life.
- **Personal circumstances** – the experience of migration, local tensions or events affecting families in countries of origin may contribute to alienation from UK values and a decision to cause harm to symbols of the community or state.
- **Adults at risk of harm** – adults who may be 'at risk', as defined by the Adult Support and Protection (Scotland) Act 2007[9] and who are:
  - unable to safeguard their own wellbeing, property, rights or other interests
  - at risk of harm
  - affected by disability, mental disorder, illness or physical or mental infirmity
  - more vulnerable to being harmed than adults who are not so affected

What is terrorism?

Terrorism is defined as an act that endangers or causes serious violence to a person/people and/or damage to property; or seriously interferes with or disrupts an electronic system.

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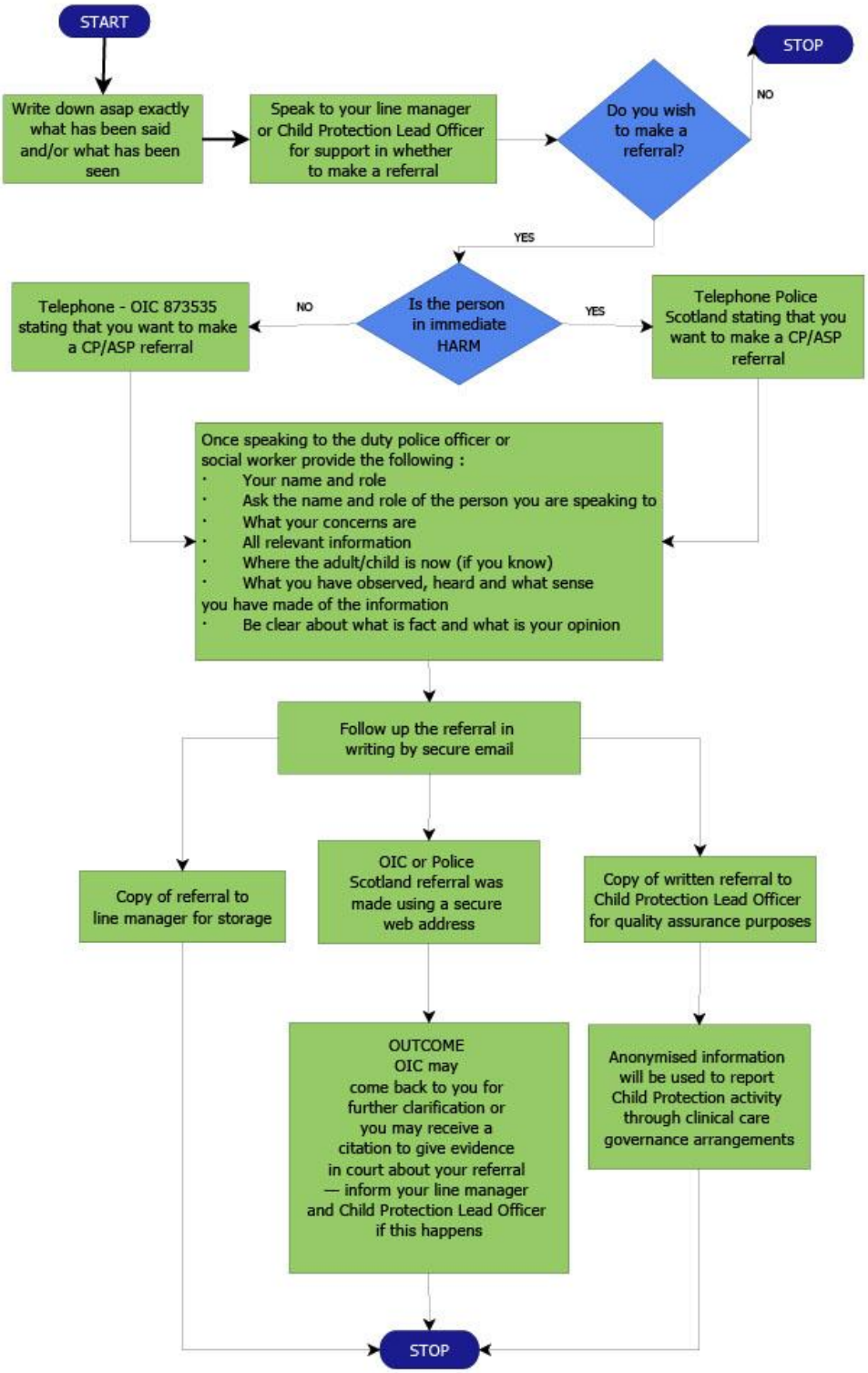
Flowchart Referral Process



How do I know if I need to make a child / adult protection referral?

*If a child, young person or adult is at immediate risk of significant harm, you **MUST** make an immediate referral, as per the flowchart on the above page. Your line manager can support you.*

When a child, young person or adult is in your care, ask yourself if the story / history of the injury matches up to what you see, ie the presentation before you.

For example, a dad attends the Emergency Department with his 8 month old baby, who has scalds on both hands. Dad says that he spilt a cup of tea over the baby, while the baby was sitting on his lap. On examining the baby's scalds, you note that both hands are scalded, the scald marks are regular and symmetrical. This might cause you to wonder if this is accidental. Intentional burns (as opposed to accidental burns) have clear demarcation of burn margins. If you think about a cup of tea spilling over you, the burn marks wouldn't be regular, due to the nature of the splash. The story doesn't match what you see presented to you in relation to the injury. You decide that you need to speak with your line manager or the Designated Officer for Child Protection as you feel this needs to be referred.

Another example is a community nurse needing to visit an elderly lady, who requires dressings, following a procedure in hospital. The nurse has been unable to contact the lady via telephone so she visits the home. The lady answers the door but is clear that she doesn't want the nurse to come in, nor does she want her wound attended to. The nurse tried to explain that the wound needs attention but the lady becomes quite distressed and angry. The nurse goes back to her base and tries to find more information. The lady does not appear to have any other services provided and the nurse is worried that the lady's health will deteriorate if she doesn't get the treatment she requires. The nurse speaks with her line manager and decides that this needs to be referred.

NHS Orkney – Equality and Diversity Impact Assessment **Rapid Impact Checklist: Summary Sheet** **Document title: NHS Orkney Public Protection Guidelines**	
Positive Impacts **(Note the groups affected)** The document is in a sans serif font size 12 which is easier for people with sight problems to read. The PPG is a well written document and reflects the hard work and careful consideration that has gone into writing it. All groups and individuals have been considered and it is a very informative document for staff	**Negative Impacts (Note the groups affected)** It may be worth considering, as in a policy that there is an offer, on the second page, of making the document available in other formats. I have added an example at the end of this summary sheet Underlining shouldn't be used as this can make the text appear as one block. There is minimal example of this on page 37 which I believe is more likely to be a tracked change
Additional Information and Evidence Required I have made an assumption based on the author is the expert in their field that all references are correct and current	
Recommendations You should consider if the diagrams should be references if they have been taken from another document or other person's work. Page numbers only start at page 4 which would be useful to amend. I have made a couple of minor typo corrections that I noticed	
From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not? There was no requirement	
Name(s) and Signature(s) of Level One Impact Assessor	
Signature:	Rose Rendall
Date:	30/07/2020