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Executive Summary

Public Protection is fundamentally about preventing harm to vulnerable people within society and is a key responsibility for NHS Borders. The term '**Public Protection**' is now being used across NHS Borders to describe what has previously been known as the separate areas of Adult Support & Protection and Child Protection.

There are clear links to be made across a broad range of services that relate to public protection and include:

- Child Protection
- Adult Support and Protection
- Violence Against Women and Girls
- Alcohol, Drugs and Substance Use
- Justice Services
- MAPPA (Multi Agency Public Protection Arrangements for the management of sexual and/or violent offenders)

Public Protection covers everything that assists a child, young person or adult at risk to live a life that is free from abuse and neglect and which enables them to retain independence, well-being, dignity and choice. It is about preventing abuse and neglect, as well as promoting good practice for responding to concerns on a multi -agency basis.

NHS Borders is committed to promoting the wellbeing of everyone who uses services and strives to act proactively to prevent and reduce the risk of harm, abuse or neglect and respond effectively if concerns are raised.

People, who use NHS services, by virtue of their circumstances and needs, may be more vulnerable to a range of possible harm and NHS staff may be the first to become aware of circumstances that may place them at risk of harm.

NHS Borders firmly believes that a whole organisational approach is required to protect and promote the welfare of children, young people and adults at risk.

It is the responsibility of all staff to be alert to issues that may place a person at risk and to know what action they need to take if they have a concern that someone is at risk of harm. There is a commitment to ensuring that all staff are confident and competent to undertake their role in identifying and responding appropriately to safeguarding concerns.

All Child or Adult Protection referrals should be made in accordance with local procedures.

Information about how to make a referral is accessible on the NHS Borders Intranet:

<http://intranet/microsites/index.asp?siteid=106&uid=6>

<http://intranet/microsites/index.asp?siteid=472&uid=1>

If there is an immediate risk to the child or adults safety then the police should be contacted.

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1.0 Purpose

The policy aims to make clear the roles and responsibilities of all staff working across NHS Borders, in playing their part to observe the organisation's duties to support and protect children, young people and adults at risk of harm.

2.0 Policy Statement

To support NHS Borders to achieve its responsibilities and duties for keeping children, young people and adults at risk safe from harm and abuse and comply with relevant procedures and legislation.

3.0 Scope

This policy applies to all staff across NHS Borders; whether they provide direct patient care or not, and should be embedded across all areas and services provided by NHS Borders.

4.0 Key Legislation and Associated Procedures and Guidance

4.1 Legislation

- [Adults with Incapacity \(Scotland\) Act 2000](#)
- [Adult Support and Protection \(Scotland\) Act 2007](#)
- [Adult Support and Protection \(Scotland\) Act- Code of Practice](#)
- [Children and Young People \(Scotland\) Act 2014](#)
- [Domestic Abuse \(Scotland\) Act 2018](#)
- [Mental Health\(Care and Treatment\) Scotland Act 2003](#)
- [The Age of Legal Capacity \(Scotland\) Act 1991 \(section 2\(4\) \)](#)
- [The Children's Hearings \(Scotland\) Act 2011](#)
- [The Human Trafficking and Exploitation \(Scotland\) Act 2015](#)
- [The Sexual Offences \(Scotland\) Act 2009](#)

4.2 Guidance

- [CONTEST-The UK's Strategy for Countering Terrorism](#)
- [Equally Safe/Health Guidance Gender Based Violence \(GBV\)](#)
- [Multiagency Public Protection Arrangements\(MAPPA\) National Guidance 2016](#)
- [National Guidance for Child Protection in Scotland 2020](#)
- [The United Nations Convention on the Rights of the Child \(UNCRC\)](#)
- [The Universal Declaration of Human Rights](#)

4.3 Procedures

- Scottish Borders Multi-Agency Child Protection procedures
- Scottish Borders Multi-Agency Adult Support and Protection procedures
- Keeping Scottish Borders Children Safe and Well Tool
<http://intranet/resource.asp?uid=30749>
- Vulnerable Young Persons (VYP) Protocol <http://www.sb-cpc-procedures.org.uk/contents/7-children-young-people-who-place-themselves-at-risk/>

5.0 Think Family Approach

Effective Public Protection responses require agencies to work together, at all levels, to raise awareness and understanding and promote a collaborative response to ensure that those identified as being at risk of harm are protected.

The Scottish Borders Public Protection Committee supports a **Think family** approach which means building the family dimension into every aspect of Public Protection with the aim of achieving better outcomes for adults, children and families. This includes staff in adult services being able to identify children's needs, and staff in children's services being able to recognise adult's needs.

Strengthening communication between different agencies, relating to risk, to enhance and improve processes and coordinate the support and delivery of services is an essential component of this approach.

6.0 Definitions

6.1 Child Protection

Child protection refers to the processes involved in consideration, assessment and planning of required action, together with the actions themselves, where there are concerns that a child may be at risk of harm.

The protection of children and young people includes unborn babies, and children and young people under the age of 18 years. While child protection procedures may be considered for a person up to the age of 18, the legal boundaries of childhood and adulthood are variously defined. There is overlap.

Child protection is part of a continuum of collaborative duties upon agencies working with children. The Getting it right for every child (GIRFEC) approach promotes and supports planning for such services to be provided in the way which best safeguards, supports and promotes the wellbeing of children, and ensures that any action to meet needs is taken at the earliest appropriate time to prevent acute needs arising

6.2 Adult Support and Protection

An Adult at Risk is a person aged sixteen years or over who:

- a) Is unable to safeguard their own wellbeing, property, rights or other interest;
- b) Is at risk of harm, and
- c) Because they are affected by disability, mental disorder, illness or physical or mental infirmity, is more vulnerable to being harmed than adult who are not so affected.

An adult is at risk of harm if another person is causing (or is likely to cause) the adult to be harmed, or the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self harm. The entirety of a person's particular circumstances can combine to make them more vulnerable to harm than others.

The Adult Support and Protection (Scotland) Act 2007 primarily places an emphasis on support but also provides a framework for intervention if someone requires protection.

The Adult Support and Protection (Scotland) Act 2007 introduced both duties and powers. Duties include duty to inquire, investigate and co-operate where it is known or suspected that an adult may be at risk of harm. Powers include three protection orders that can be applied for, through the Sheriff Court, if there is evidence that an adult is at risk of serious harm.

6.3 Capacity

It is important to note that at the point of referral to social services capacity does not need to be evidenced and consent is not required.

An adult at risk of harm may or may not have capacity. Having capacity does not necessarily mean that an adult is able to safeguard their own well-being, property, rights and other interests. The code of conduct (2014) refers to 'unable' as 'lacking the skill, means or opportunity to do something'. As such, a distinction should be made between an adult who lacks these skills and is unable to safeguard themselves and one who is deemed to have the skill, means and opportunity to keep themselves safe, but chooses not to do so. An individual's inability to safeguard themselves is not the same as an adult not having capacity. Also, an adult may also be considered unwilling rather than unable to safeguard themselves and so may not be considered an adult at risk.

It is important to remember that all three elements of the 'Adult at Risk of Harm' definition must be met; the presence of a particular condition does not automatically mean they are an 'Adult at Risk of Harm'. It is the whole of an adult's circumstances, which can contribute to make them more vulnerable to harm than others; an individual's vulnerabilities, medical conditions and abilities can fluctuate and change overtime.

Capacity is not an all or nothing concept. It can fluctuate from day to day and can be partial or full. An adult is assumed to have capacity unless assessed as having impaired capacity. Further information can be found in the Mental Capacity Act 2005, <https://www.legislation.gov.uk/ukpga/2005/9/contents>.

6.4 MAPP (Multi Agency Public Protection Arrangements)

The purpose of MAPP is public protection. MAPP requires police and criminal justice services to work together with other agencies (including NHS) to assess and manage the risk posed by certain categories of offender:

- Sex offenders who are subject to notification requirements under the Sexual Offences Act 2003.
- Mentally disordered restricted patients.
- Other offenders who are assessed by the Responsible Authorities as posing a risk of serious harm by reason of their conviction.

6.5 PREVENT

The Prevent agenda requires healthcare organisations to work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals who may be at greater risk of radicalisation and making safety a shared endeavour.

The Government's national counter terrorism strategy is called **CONTEST**. CONTEST aims to reduce the risks from any/all types of terrorism, so that people can go about their lives freely and with confidence.

CONTEST has four national work streams:

- Pursue: to stop terrorist attacks
- Protect: to strengthen our protection against terrorist attack
- Prepare: where an attack cannot be stopped, to mitigate its impact
- Prevent: to stop people becoming terrorists or supporting terrorism.

Prevent is the main strand of concern to local authorities and NHS staff and it is required that all frontline staff have an awareness of Prevent and how it will affect their service area. Staff are required to complete the Prevent e-learning module.

6.6 Duties and Responsibilities

NHS Borders has a duty and responsibility to report issues and cooperate with the Local Authority and Police Scotland in respect to inquiries and investigations for child protection and adults at risk.

It is the responsibility of all staff who are employed by NHS Borders to work in a way that will help prevent abuse.

6.7 Significant Harm

Protecting children and adults involves preventing harm and/or the risk of harm from abuse or neglect. Child and Adult protection investigation is triggered when the impact of harm is deemed to be significant. This can be the consequence from a specific incident, a series of incidents or a cumulative impact over a period of time.

Abuse and neglect are forms of maltreatment. Abuse or neglect may involve inflicting harm or failing to act to prevent harm. Children could be harmed at home, within a family or peer network, in care placements, institutions or community settings. Those responsible may be previously unknown or familiar, or in positions of trust, they may be family members. Children may be harmed pre-birth, for instance by domestic abuse against a mother or through parental alcohol and drug use.

Clarity on the definitions of harm in respect to Adult Protection can be found here

<http://www.actagainstharm.org/what-is-harm/>

6.8 Chronology

A chronology sets out details of key events in a child's or adult's life in sequential date order using a specified format and is used to inform assessment, analysis, decision making and planning.

6.9 MARAC

A Multi-Agency Risk Assessment Conference (MARAC) is a local meeting where representatives from statutory and non-statutory agencies meet to discuss individuals at high risk of serious harm or murder as a result of domestic abuse.

6.10 MATAC

Multi Agency Tasking and Coordination (MATAC) is a Police **Scotland** initiative to identify and manage the most harmful domestic abuse perpetrators.

7.0 Roles and Responsibilities

7.1 Scottish Borders Public Protection Committee

The Scottish Borders Public Protection model recognises the broad and diverse range of Public Protection responsibilities.

The aim of the committee is to shape the effective governance and delivery of the broad and diverse range of public protection services, through strategic oversight and close collaboration with partner agencies, service users and communities across Scottish Borders.

There are five delivery groups that support the work of the Public Protection Committee, each of which have a responsibility for audit, performance, assessment of risk, quality assurance and service improvement.

The delivery groups are as follows:

- Child Protection Delivery Group
- Adult Protection Delivery Group
- Violence Against Women and Girls Delivery Group
- Justice Delivery Group
- Public Protection Training, Development and Communications Delivery Group

7.2 NHS Borders

The Scottish Government requires Chief Executives of Health Boards to have a responsibility for the delivery of high quality services to support Public Protection in accordance with statutory, national and local guidance. This includes the overall strategic direction for public protection and strategic management of all adult and child protection health services delivered by the Health Board.

The core functions for NHS Borders that support the development and delivery of this are detailed below and should be delivered across acute and community services:

Within NHS Borders the Chief Officer role is deputised, from the Chief executive, to the Director of Nursing and Midwifery. The Nurse Consultant for Public Protection is responsible for leadership, co-ordination and management of NHS Borders Public Protection services. Duties include:

- Ensure robust governance and accountability reporting frameworks in place
- Ensure up-to-date procedures, guidance and policies are in place to support staff
- Ensure that staff are trained and competent to be alert to the potential indicators of child and adult abuse and neglect and particularly and to know how to act on those concerns in accordance with local and national guidance.

The Nurse Consultant Public Protection works alongside;

- The Child Protection/Looked After Childrens Nurses and Public Protection Nurse who have delegated duties and responsibilities to support the delivery of the Public Protection Service.
- Senior managers across the organisation may also have delegated duties and responsibilities for some aspects of Public Protection work streams such as MAPPA and PREVENT.

NHS Borders has committed to ensuring the following:

- Provision of designated Lead Paediatrician for Child Protection
- Provision of designated Specialist Child Protection Nurses and Public Protection Nurse (Adult)
- Provide access to expert advice, consultation and training in relation to Child and Adult Protection for NHS Borders staff to enable them to fulfil their roles and responsibilities.
- Participation as a partner agency in the Tripartite Initial Referral Discussions (IRD) for Child and Adult Protection.
- Provision of service for Child Protection comprehensive medical examinations and Child welfare medical assessments.
- Provision of Child Protection Supervision for health staff involved in child or adult protection cases
- Provision of medical examination including any physical, psychological or psychiatric assessment or examination, of any adult believed to be at risk of harm
- NHS Borders is represented at various multi Agency forums including Public Protection Delivery Groups, National forums, MARAC, MATAAC, PREVENT, MAPPA
- Provision of MAPPA strategic lead to fulfill responsibility for restricted patients.
- Part 1 of the Adult Support and Protection (Scotland) Act 2007 introduces measures to identify and protect adults at risk of harm. Those relevant to NHS Borders are:
 - a) Report the facts and circumstances of the case to the council, where they know or believe that a person is an adult at risk, and that protective action is needed; Section 5(3).
 - b) Co-operate with a council making inquiries and with each other where that would assist the council; Section 5(2).
 - c) Provide information and records as requested; Section 10.

7.3 All NHS Borders staff have a professional duty to recognise and respond to concerns about children and adults in accordance with the Scottish Borders Multi-Agency Child and Adult procedures where:

- they know or believe that an unborn baby, child or young person is known or believed to be at risk of significant harm or
- they know or believe that an Adult is at Risk of Harm and may be in need of care and/or protection.

Referrals should be made to Scottish Borders Social Services in line with procedure. If the child or adult is at immediate risk the police should be called.

7.4 All NHS Borders staff are responsible for:

- Ensuring that they listen to children and adults, considering their views and keep them informed of planned actions.
- Being alert to the potential indicators of abuse or neglect of children and adults and know how to act on those concerns in accordance with local and national guidance.
- Being aware of parental conditions such as drug and alcohol use, domestic violence and mental ill health that may indicate that a child is at risk and that may impact on the child.
- Staff who work with adults are equally responsible to act upon child protection concerns about children with whom their client has contact. Practitioners should contact professionals working with the children to share information when necessary to do so, or where the threshold is met, make a child protection referral.
- Staff who work with Children and families are equally responsible to act upon adult protection concerns about adults with whom a child has contact. Practitioners should contact professionals working with the adult to share information when necessary to do so, or where the threshold is met, make an adult protection referral.
- Taking part in relevant training so that they maintain their skills and are familiar with procedures aimed at protecting children and adults.
- Understanding the principles of confidentiality and information sharing in accordance with local and national guidance.
- Contributing when requested to do so, to the multi-agency meetings established to protect/reduce risk to children and adults.
- Seeking advice and guidance from the Public Protection Team if unsure about how to act upon a concern about a child or parent/ carer or adult at risk.
- Escalating issues to relevant operational and senior managers when professional disagreements arise in relation to the management of a child and/or adult protection concern, either within NHS Borders or with other partner agencies with reference to multiagency escalation procedures.
- Ensuring that concerns are accurately recorded in patient records; should reflect what was said and done by the people involved. Including what the person at risk said using their own words (their account), any injuries, witnesses, appearance and behavior of person at risk.
- Copies of all referrals into children's and adult social care from NHS Borders MUST be copied to the Public Protection Health team via secure email and a copy retained within adult or child's clinical record (public.protection@borders.scot.nhs.uk).

7.5 All operational managers and service leads are responsible for ensuring that:

- Each team member is made aware of the Public Protection Policy.
- A culture exists that enables adult and child protection issues to be addressed.
- Is aware of the key procedures and guidance to be followed in the event they may be concerned a child or adult is at risk of abuse and neglect.
- Each team member is up-to-date with mandatory public protection training and other education and training appropriate to role and level of responsibility as per the NHS Borders Public Protection Training Strategy.
- Relevant staff have access to regular Child Protection supervision as per NHS Borders Child protection Supervision Policy.

7.6 All staff have a responsibility to ensure they comply with any:

- Public Protection mandatory/bespoke training.
- A responsibility to identify any public protection learning needs as part of their continuous professional development.
- Contact the Public Protection team for any advice/support around public protection that is required.
- Request supervision in relation to public protection if required.

8 Consideration of Public Protection Concerns

Harm is not always easy to spot but there are situations to be aware of. Above all, trust your instincts – if something feels wrong, say something.

The following questions will help articulate why you are concerned about a child or adult:

1. Why do I think this person is not safe?
2. What is getting in the way of this person being safe?
3. What have I observed, heard or identified from the individual's history that causes concern?
4. Are there factors that indicate risk of significant harm is present, and in my view, is the severity of factors enough to warrant immediate action?
5. What can my agency do to help this child/young person or adult?

8.1 Recognising and Responding to a Child Protection Concern

Reasons which may alert staff to a child protection concern can include:

- Disclosure from child/young person
- Suspected non accidental injury
- Physical, emotional/psychological, neglect or sexual abuse
- Not brought to health appointments/delay in seeking medical attention
- Abuse (physical, psychological or sexual) or neglect of a child
- Parental or carer behaviours that place a child or unborn baby at risk, e.g. drug or alcohol use, parental mental health concerns
- Domestic Abuse identified during pregnancy or in families where there are children, even if the child is not present
- Disclosure by child, parent or third party of abuse or neglect of a child
- A child who is self-harming
- Known history of child protection / child welfare concerns e.g. child's name on Child Protection Register
- Suspicion of fabricated illness
- Suspicion of Radicalisation
- Disclosure of contact with a known schedule one offender (someone who has been charged with offence against a child under 16)
- Suspicion that a child may be a victim of trafficking, Child Sexual Exploitation (CSE), or Female Genital Mutilation (FGM)

NB: This list is not exhaustive.

8.2 Recognising and Responding to an Adult Support and Protection Concern

A person can be subjected to harm anywhere: In their home, where they work, in a hospital or care setting.

Harm can take the following forms:

- Financial
- Physical
- Psychological
- Sexual
- Neglect

Reasons which may alert staff to an adult support and protection concern may include:

- Disclosure from adult or family member/carer or other person
- Overly frequent / inappropriate contact to the service
- Is persistently having friends or strangers 'hanging out' at their house
- Delay in seeking medical treatment
- Medication and/or treatment not administered as prescribed
- Neglect and self neglect
- Misuse of medication such as not administering prescribed medication or over medicating
- Indications during assessment of dehydration/malnutrition
- Sudden increase in confusion
- Demonstration of fear, alarm or distress while around certain people or situations.
- Unexplained or suspicious injuries/hiding injuries
- Unexplained or concerning behaviour of relative/carer/friends
- Concerns over money; giving it to another/unexplained debt
- Trafficked person or Sexual Exploitation
- Evidence of unlawful conduct, which appropriates or adversely affects property, rights or interests e.g. theft, fraud, embezzlement, extortion or exploitation
- Known history of adult protection related concerns e.g. previous Adult Support and Protection referral process initiated
- Victim of domestic violence/assault /coercive control /Modern Day Slavery.

NB: This list is not exhaustive.

9 Information Sharing

Information Sharing Guidance recognises that information sharing between NHS services and partner agencies is essential to keeping children and adults safe from harm. Staff should understand when and how they can share information and should act in accordance with NHS Borders Information Governance and General Data Protection Regulations (GDPR):

- Remember that General Data Protection Regulations are not a barrier for sharing relevant, appropriate and proportionate information.
- The Caldicott Guardian provides leadership and informed guidance on complex matters involving confidentiality and information sharing and can support to ensure that information is processed legally, ethically and appropriately.
- If there is evidence that a child of adult is at risk of harm, relevant information can be shared with a statutory agency without delay. Consent is not required or appropriate

because the information must be shared in order to protect the child or adult. Consent should only be sought when the individual has a real choice over the matter. However, it is good practice to inform the parents/child/adult that you plan to share the information, to support them to understand and engage with the process, if it is considered safe to do so and does not increase risk to the person and/or others.

- Professional judgment must always be applied to the available evidence about each specific emerging concern, and about what is relevant, proportionate, and appropriate to share.
- Decision as to whether and what information you share or decide not to share information should be recorded in patient record.

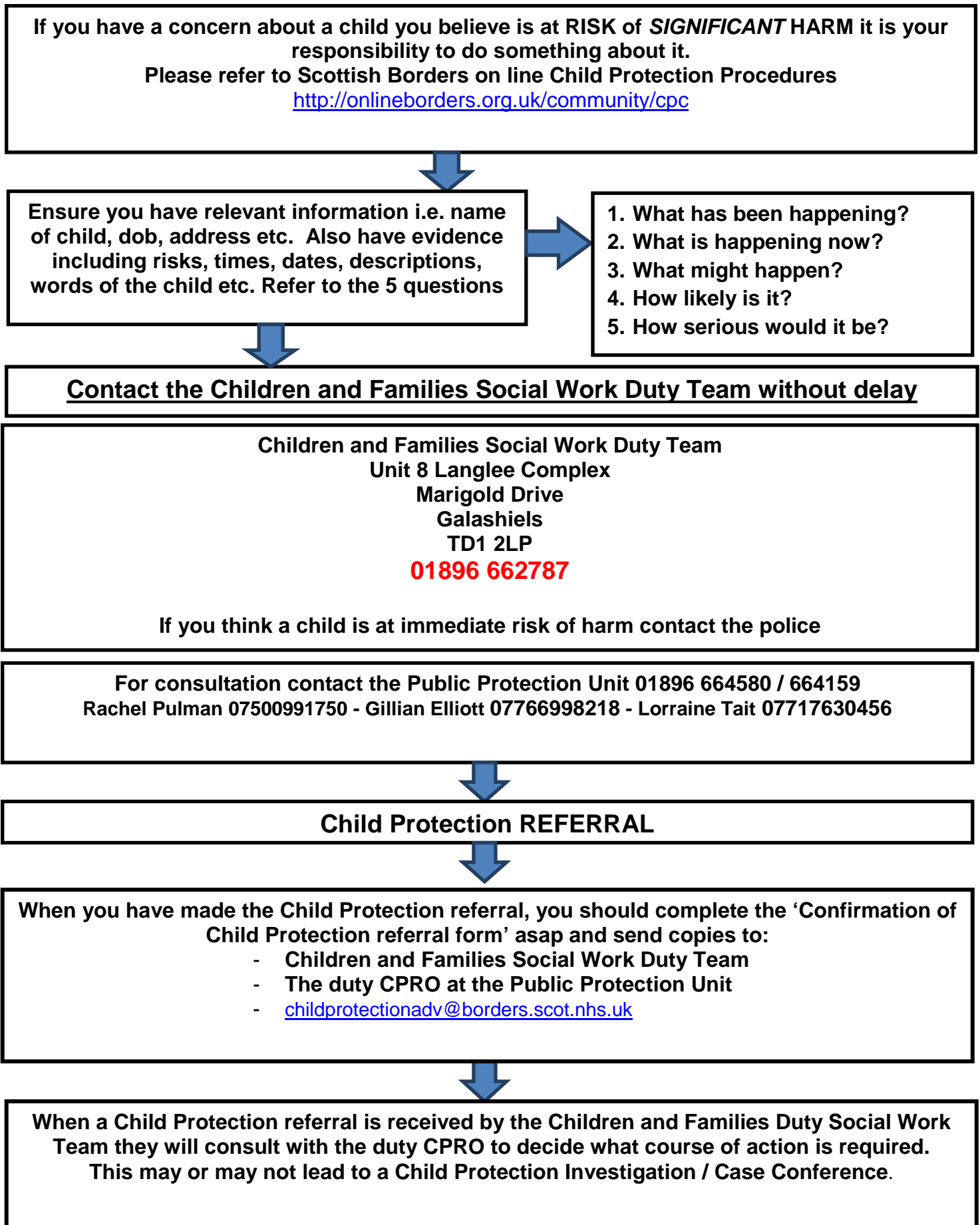
10 Monitoring and Review

The policy will be reviewed biannually or as required to reflect material changes in other related policy, procedures or guidance and/or changes in legislation.

11 References

- Adults with Incapacity (Scotland) Act 2000
<https://www.legislation.gov.uk/asp/2000/4/contents>
- Adult Support and Protection (Scotland) Act 2007
<https://www.legislation.gov.uk/asp/2007/10/contents>
- Adult Support and Protection (Scotland) Act 2007- code of practice
<https://www.gov.scot/publications/adult-support-and-protection-revised-code-of-practice/>
- Children and Young People (Scotland) Act 2014
<https://www.legislation.gov.uk/asp/2014/8/contents/enacted>
- Counter Terrorism and Security Act 2015 (PREVENT)
- Domestic Abuse (Scotland) Act 2018
<https://www.legislation.gov.uk/asp/2018/5/contents/enacted>
- Equally Safe/Health Guidance Gender Based Violence (GBV)
<https://www.gov.scot/publications/equally-safe/>
- [Guide to Data Protection- Information Commissioners Officer 2019](#)
- Multiagency Public protection Arrangement (MAPPA) National Guidance 2016
<https://www.gov.scot/publications/multi-agency-public-protection-arrangements-mappa-national-guidance-2016/>
- Mental Health (Care and Treatment) (Scotland) Act 2003
<https://www.legislation.gov.uk/asp/2003/13/contents>
- National Guidance for Child Protection in Scotland 2020
<https://www.gov.scot/publications/national-guidance-child-protection-scotland/>
- NHS Borders Information Governance Code of Conduct
<http://intranet/resource.asp?uid=8476>
- Sexual Offences (Scotland) Act 2009 <https://www.legislation.gov.uk/asp/2009/9/section/42>
- The Age of Legal Capacity (Scotland) Act 1991 (section2 (4)
<https://www.legislation.gov.uk/ukpga/1991/50/section/2>
- The Children's Hearings(Scotland) Act 2011
<https://www.legislation.gov.uk/asp/2011/1/contents>
- The Human and Exploitation (Scotland) Act 2015
<https://www.legislation.gov.uk/asp/2015/12/contents#>
- The United Nations Convention on the Rights of the Child (UNCRC)
<https://www.gov.scot/policies/human-rights/childrens-rights/>

Child Protection Referral Flowchart



Adult Protection Referral Flowchart

If you know or believe that an adult is at 'Risk of Harm' and that action is required to protect the adult NHS Borders Staff have a legal duty to report the concern to Social Work.

Under the Adult Support and Protection (Scotland) Act 2007, an Adult is considered at risk if they meet all the 3 points of the 3 point test;

- They are unable to safeguard their own wellbeing, property, rights or interests
- They are at risk of harm; and
- They are affected by a disability, mental disorder, illness or physical or mental infirmity which makes them more vulnerable to harm than adults not affected in this way.

If you are unsure whether a person is an 'Adult at Risk' Consultation is available from the Public Protection Unit: 01896 664159 (Adult Protection Officers) or 01896 664580 (Public Protection Nurses).

Ensure you have relevant information i.e. name of adult, DOB, address, times, dates, descriptions of incident/risks. Refer to the 5 risk questions

6. What has been happening?
7. What is happening now?
8. What might happen?
9. How likely is it?
10. How serious would it be?

Make an Adult Protection REFERRAL

Contact Customer Advice and Support Service on 0300 100 1800

Emergency Duty Team 01896 752111 (out of hours)

If the risk of harm is immediate or a crime has been committed you should contact the Police

When you have made the Adult Protection referral, you should complete the '[Adult Protection Confirmation of Referral form](#)' as soon as possible and send copies to:

sw.apu@scotborders.gov.uk – for attention of Adult Protection Officers

Public.Protection@borders.scot.nhs.uk – for attention of Public Protection Nurse - Adult

When an Adult Protection referral is received the Social Worker Team Leader will consult with the Duty Adult Protection Officer to consider if action is required under Adult Support and Protection.

This may or may not lead to a Adult Protection Investigation / Case Conference.

Key Definitions: Abuse and Neglect

Types of Abuse	Behaviours include
Physical	<p>Hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.</p> <p>Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.</p>
Sexual	<p>Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, sharing of intimate images without consent, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting. Including sexual exploitation.</p> <p>Sexual abuse may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, indecent images, or in watching sexual activities, using sexual language towards a child, or encouraging children to behave in sexually inappropriate ways. Children who experience sexual abuse may experience multiple forms of abuse and neglect within and beyond the family.</p>
Child Sexual Exploitation (CSE)	<p>Child sexual exploitation (CSE) is a form of child sexual abuse in which a person or persons of any age take advantage of a power imbalance to force or entice a child into engaging in sexual activity, in return for something received by the child and/or those perpetrating or facilitating the abuse. As with other forms of child sexual abuse, the presence of perceived consent does not excuse or mitigate the abusive nature of the act.</p> <p>'Child' in this context means child or young person up to age 18.</p>
Financial	<p>Theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.</p>
Neglect	<p>Ignoring medical or physical care needs, failing to provide access to appropriate health, social care, welfare benefits or educational services, withholding the necessities of life such as medication, adequate nutrition and heating.</p> <p>Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within a adult's own home or in an institution. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.</p> <p>Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. 'Persistent' means there is a pattern which may be continuous or intermittent which has caused, or is likely to cause significant harm.</p> <p>However, single instances of neglectful behaviour by a person in a position of responsibility can be significantly harmful. Early signs of neglect indicate the need for support to prevent harm.</p>

Self Neglect	Self-neglect entails neglecting to care for one's personal hygiene, health or surroundings and includes behavior such as hoarding. It is also defined as the inability (intentional or unintentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and wellbeing of the individual and sometimes to their community.
Emotional/ Psychological	<p>Emotional abuse is persistent emotional ill treatment that has severe and persistent adverse effects on a child's emotional development. 'Persistent' means there is a continuous or intermittent pattern which has caused, or is likely to cause, significant harm. Emotional abuse is present to some extent in all types of ill treatment of a child, but it can also occur independently of other forms of abuse.</p> <p>Psychological abuse includes 'emotional abuse' and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting or swearing), cyber bullying, isolation or withdrawal from services or support networks.</p> <p>Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation.</p> <p>It includes preventing an adult from using services that would otherwise support them and enhance their lives. It also includes the intentional and/or unintentional withholding of information.</p>
Institutional Harm	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.
Domestic Abuse	<p>Domestic abuse is any form of physical, verbal, sexual, psychological or financial abuse which might amount to criminal conduct and which takes place within the context of a relationship.</p> <p>The relationship may be between partners (married, cohabiting, in a civil partnership or otherwise), or ex-partners. The abuse may be committed in the home or elsewhere, including online.</p> <p>Domestic abuse includes degrading, threatening and humiliating behaviour predominantly by men and predominantly towards women. It is a gendered crime and is underpinned by attitudes and inequalities between men and women that continue to be prevalent in society.</p> <p>It may be committed in the home or elsewhere; and may include online activity.</p> <p>Coercive Behaviour is defined as an act or a pattern of acts of assaults, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.</p> <p>There is significant evidence of links between domestic abuse and emotional, physical and sexual abuse of children, and children themselves can experience domestic abuse as 'coercive control' of the whole family environment, not just of their mother.</p>
Female Genital Mutilation (FGM)	<p>Female Genital Mutilation (FGM) is child abuse. This traditional practice is an extreme form of gender-based abuse, causing significant and lifelong physical and emotional harm. Cultural considerations and sensitivities should not override the need for professionals to take action to protect a child at risk.</p> <p>Definition: The legal definition of FGM is to excise, infibulate or otherwise mutilate the whole, or any part, of the labia majora, labia</p>

	<p>minora, prepuce of the clitoris, clitoris or vagina (section 1 of the Prohibition of Female Genital Mutilation (Scotland) Act 2005).</p> <p>The World Health Organisation defines four types of FGM. However, it should be noted that the term FGM is often not recognised by FGM practicing communities, and practitioners should use terms such as cutting or female circumcision instead.</p>
Forced Marriage	<p>A forced marriage is a marriage conducted without the full and free consent of both parties and where duress is a factor. Duress can include physical, psychological, financial, sexual, and emotional abuse. Forced marriage is both a child protection and adult protection matter.</p> <p>This is different from arranged marriage where both parties give their full and free consent.</p>
Honor Based Violence	<p>Honour based violence (HBV) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.</p>
Human Trafficking and Exploitation/ Modern Slavery	<p>Human trafficking and exploitation are crimes that involve trading human beings as commodities and exploiting them for profit or personal benefit.</p> <p>Child trafficking involves the recruitment, transportation, transfer, harbouring or receipt, exchange or transfer of control of a child under the age of 18 years for the purposes of exploitation. Transfer or movement can be within an area and does not have to be across borders.</p> <p>Forms of exploitation include; Sexual, Labour, Domestic Servitude, Criminal and Organ Removal.</p>
County Lines	<p>County Lines refers to drug dealers from large cities who expand their operations into smaller towns. They endeavor to exploit young and vulnerable people to sell drugs, carry cash and weapons – bringing violence, coercion and abuse. They may also take over a vulnerable person's house – known as cuckooing'.</p>
Radicalisation	<p>Radicalisation is the process through which a person comes to support or be involved in extremist ideologies. It can result in a person becoming drawn into terrorism and is in itself a form of harm.</p>