Pregnancy Counselling and Care (Scotland) Safeguarding Policies

Our Safeguarding Policies are made up of a number of documents, that are all laid out in the following order in this document:

Contents: **Page Number**

1. PCCS Child Protection Policy 1
2. PCCS Child Protection Procedure 10
3. PCCS Adult Protection Policy 20
4. PCCS Adult Protection Procedure 27

Additional Safeguarding Documentation

Our Safeguarding Policies & Procedures also further strengthened by the following documents that are used by staff and counsellors as required:

1. PCCS Adult Protection – Extended Guidance for Counsellors
2. PCCS Adult Protection Recording Form
3. PCCS Child Protection Recording Form
4. PCCS Adult Protection Risk Assessment
5. PCCS Child Protection Risk Assessment

If you would like to see copies of any of these documents, please contact the Organisational Safeguarding Lead.

Safeguarding Leads:

Organisational Safeguarding Lead	
Name & Position	Lucy Aitchison, CEO
Contact details	Lucy.aitchison@counsellingandcare.co.uk
Trustee Safeguarding Lead	
Name & Position	Theresa Sutherland, Chair
Contact details	theresa@counsellingandcare.co.uk

Reviewed July 2025

Pregnancy Counselling and Care (Scotland) Child Protection Policy

Introduction

Pregnancy Counselling and Care (Scotland), hereafter referred to as PCCS, is committed to promoting the wellbeing and rights of children and young people. This policy sets out the beliefs, approach and actions we will take to keep children and young people safe.

PCCS upholds the values and principles contained within the UN Convention on the Rights of the Child. We support children and young people's rights not only to be protected from harm and abuse, but to be offered the conditions to thrive, and to have their thoughts and wishes listened to and taken seriously in decision making. We believe that the welfare of children and young people should always be the most important consideration in decisions that affect them.

We are expected to, and are committed to, identifying and considering children's needs, and where appropriate sharing relevant information and concerns with other agencies (as well as the child and their family where appropriate) to secure safer outcomes for the child or young person.

PCCS has a responsibility to recognise and actively consider potential risks to a child, irrespective of whether the child is the main focus of our involvement. We also have a responsibility to protect children from both intentional and unintentional harm. The GIRFEC (Getting it Right for Every Child) practice model reminds us to always consider a child's world, and what may be inhibiting their wellbeing, even when working with adults in the child's life.

The Getting it Right for Every Child Approach

We are committed to these principles taken from the GIRFEC approach to child protection:

- **Promoting the wellbeing of individual children and young people** – and addressing their needs at the earliest possible time
- **Keeping children and young people safe –** Taking into account physical *and* emotional wellbeing
- **Putting the child at the centre -** Children and young people should have their views listened to and be involved in decisions that affect them
- **Taking a whole child approach –** Recognising that one area of a child's life can afffect other areas of their life and wellbeing
- **Building on Strengths and Promoting Resilience** – Drawing on existing networks and supports

- **Provide Benefit** – We should believe there is significant likelihood the intervention will benefit the child or young person in question
- **Wellbeing** – What is best for the child or young person will sit at the very heart of our decision making
- **Views and wishes -** of the child or young person in question will be taken into account as much as is possible in our decision making
- **Equality and diversity** – all children and young people will be shown equal care and consideration and their background and culture will be valued and respected.
- **Dignity & Respect –** Treat and consider children and young people we work with or hear about with dignity and respect.
- **Providing appropriate, proportionate and timely help –** recognising that harm can develop quickly, providing help as early as possible, and considering long term and short term needs
- **Supporting informed choice** – supporting children, young people and families understanding what options and choices are available in terms of support
- **Working in Partnership with families** – supporting wherever possible those who know the child or young person well, and who know what might be helpful or less helpful to them
- **Respecting Confidentiality –** Sharing only information that is relevant and proportionate
- **Promoting Consistent Values** – of respect, patience, honesty, reliability, resilience and integrity across all working relationships with children, young people and their families
- **Coordinating help –** Recognising that practitioners need to work together with each other, and with families and children to provide the best possible help

Purpose of This Policy

This policy has been produced by PCCS to ensure that at every level of our organisation we are working to minimise the risk of harm and abuse to children and young people, by outlining clear procedures and ensuring all staff members, volunteers and trustees are clear about their responsibilities. Having read the policy staff and volunteers should:

- Understand their personal responsibility for protecting children and young people from harm. This includes children they come into contact with, and those about whom they have information
- Be clear as to the roles and guidelines in relation to protection of children and young people from harm and abuse
- Know the limits of confidentiality as far as the protection of children and young people is concerned
- Be able to take appropriate action if there is information to suggest that there is a child or young person at risk of harm

- Offer support to children and / or their families about whom a report is being made to statutory organisations (where appropriate and safe to do so)
- Be able to communicate clearly and compassionately with anyone we work with about our policy and the reason for our actions
- Be enabled to raise concerns about poor and dangerous practice (whistleblowing)

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The Organisational Safeguarding Lead is the contact point for incident investigation and reporting. The Trustee Safeguarding Lead provides additional oversight of safeguarding.

Defining Children and Young People

A "child" is defined differently across different pieces of legislation. A child is defined under the UN Convention on the Rights of the Child (1989) and the Children and Young People (Scotland) Act 2014 as someone up to the age of 18 years.

For the purposes of PCCS' Child Protection Policy and associated Procedures, a child or young person will be understood by this definition, as someone under the age of 18 years.

Child protection and pregnancy

In Scotland, babies gain rights when they are born and do not have rights whilst in the womb. However, child protection policies and procedures still apply with their aim being to keep the baby safe if / when they are born. Risk to an unborn baby should still be considered, and should be reported if it meets the criteria for Child Protection. The focus of any action during pregnancy would be on working with and supporting the pregnant person to keep their baby safe, and planning for if / when the child is born.

Types of Harm

Harm, as defined in the National Guidance for Child Protection 2021, refers to the ill treatment or the impairment of the health or development of the child. A child's development is understood holistically, and can mean physical, intellectual, emotional, social or behavioural development. "Health" can mean physical or mental health. Forming a view on the significance of harm involves considering each of these areas of a child or young person's world.

Child Abuse

Child abuse takes many forms, and may take place in the home, the wider family, in institutions (such as education or healthcare settings), in wider community or elsewhere. Some examples of what constitutes child abuse are given below. This is not an exhaustive list.

Physical abuse
Physical abuse may involve hitting, slapping, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child, known as Fabricated, Factitious or Induced Illness.

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

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening.

This may involve forcing or enticing a child to take part in sexual activities, which may involve physical contact. They may include non- contact activities, such as involving children in looking at, or in the production of, pornographic material or in watching sexual activities, grooming, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways.

Emotional abuse
Emotional abuse is the persistent emotional neglect or ill treatment of a child such that it causes severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person.

Neglect
Neglect is the persistent failure to meet a child's basic physical and / or psychological needs, likely to result in the serious impairment of the child's health or development. This may involve failing to provide adequate food, clothing and shelter, ensure adequate supervision, ensure access to appropriate medical care or treatment, or respond to a child's basic emotional needs.

Domestic abuse
Children and young people living with domestic abuse are at increased risk of significant harm through experiencing direct and indirect abuse, and witnessing frightening and violent behaviour. Domestic abuse can profoundly disrupt a child's environment, stability and physical, mental and emotional health. Harm caused to a child through domestic abuse is

understood as a consequence of the perpetrator's abuse and not the non-abusing parent/carer's failure to protect.

Responsibilities

PCCS is responsible for:

- Respecting and promoting the children's rights, as outlined in the UNCRC
- Keeping informed of current developments in child protection legislation and frameworks. Including information about data protection, confidentiality, information sharing and other legal issues that impact on child protection.
- Maintaining and implementing appropriate procedures to safeguard and protect children from abuse, including historical abuse
- Introducing all partner agencies involved in supporting PCCS's work, to PCCS' child protection and confidentiality policies
- Recruiting, training, supporting and supervising staff and volunteers to safeguard and protect children from abuse and minimise risk to or harm
- Making sure that staff and volunteers in relevant roles have appropriate disclosure checks in place
- Maintain a confidential record of children cared for by PCCS clients / service users
- Requiring PCCS' staff and volunteers to adopt and abide by the PCCS Child Protection Policy
- Monitoring and reviewing the PCCS Child Protection Policy

PCCS workers and volunteers are responsible for:

- Respecting and promoting children's rights, as outlined in the UNCRC
- Recognising and being alert to the signs that children may need protection, including when working with adults in a child's life
- Taking appropriate actions to protect children who are at risk
- Working with other agencies to provide support to children and young people at risk, Maintaining an accurate written record of any child protection concerns, filed in a secure place according to PCCS' procedures
- Sharing information with other agencies when a child is in need of protection
- Attending appropriate training in relation to child protection
- Gathering facts (e.g. name, address, concern), where appropriate, if they are advised of a child being at risk of harm.
- Responding without delay to any allegations or information suggesting that a child or young person has been or is likely to be abused or neglected, or at risk of harm, by discussing with a line manager who will be responsible for deciding what action, if any, is to be taken

- Considering risk of harm to any other child in the household or family group where there are child protection concerns

Confidentiality

Confidentiality is a hugely important value in our work at PCCS. It is our policy that all support remains confidential except with a short list of exceptions which are made with the express intention of keeping people safe. No PCCS staff member or volunteer should promise absolute confidentiality and these exceptions should be clearly outlined to people using our services both in writing and verbally.

One of these exceptions is: When there are concerns that a child or young person (up to the age of 18) is at risk of experiencing harm or abuse

Child protection legislation and procedures supersede Data Protection legislation, where there is reason to suspect that there is a child or young person at risk of harm.

Counselling and Confidentiality

The requirements of this policy in relation to confidentiality (and its limits) are in keeping with the recommendations of COSCA, the professional counselling body of which PCC(S) is a registered member. Confidentiality is a hugely important value within counselling and the COSCA Statement of Ethics requires that *"members respect privacy and preserve the confidentiality of information acquired in the course of their work."* However, the COSCA Code of Practice also states that *"exceptionally, a member may disclose information obtained during the working relationship with their client in the interests of the safety of the client and/or others. In advance of this disclosure, wherever practicable, the client's permission will be sought and the client-work supervisor consulted."*

Engaging With Statutory Investigations

We have no general legal duty to answer questions as part of a police or social work investigation in relation to a client or another person unless required to do so under court order. If a staff member or volunteer is asked for information by the police or social work services, this should immediately be discussed with a line manager and:

- No information should be provided without organisational agreement.
- The identity of the representatives of statutory services should first be verified
- The situation and reason for the investigation should be established and information should only be provided if the situation meets one or more of the criteria for breaking confidentiality outlined above **OR** if a court order is in place
- If information sharing must take place, clients should be kept informed and be subsequently supported *only where it does not increase risk to a child or young person to do so.*

Recruitment

PCCS will ensure that we recruit carefully and effectively train and supervise all staff and volunteers. Recruitment processes for any staff and volunteers includes completing an

application form, interviewing each person to assess their suitability and for all positions (other than Baby Bank and Marketing Volunteers) request two references.

Workers and volunteers whose primary duties involve contact with vulnerable adults are required to complete a PVG scheme membership update prior to full acceptance of appointment.

Training & Induction

Staff, volunteers and trustees will receive induction training on all aspects of the safeguarding policies and procedures on commencing work with PCCS. Counsellor training includes in depth extensive training on safeguarding and on the understanding and application of the additional safeguarding documentation:

1. PCCS Adult Protection – Extended Guidance for Counsellors
2. PCCS Adult Protection Recording Form
3. PCCS Adult Protection Risk Assessment

Refresher training will be provided every two years, as well as ongoing support as required. PCCS will ensure that staff members who are training volunteers have the qualifications to do so.

Monitor and Review

PCCS will monitor and review this policy annually and when there are relevant changes in legislation or circumstances.

Legislative Framework

The **UN Convention on the Rights of the Child (1989)** and **Children Scotland Act (1995)** sets out children's legal right to be protected from abuse, neglect and exploitation.

The **Protection of Vulnerable Groups (Scotland) Act 2007** (PVG Act) sets out the legislative framework by which staff and volunteers are vetted, and where appropriate are listed as barred from work with children and young people.

The **Children and Young People (Scotland) Act 2014** brought the UNCRC into Scottish legislation. It introduced a legal duty for a wide range of public bodies and those commissioned or contracted to them to share wellbeing concerns with a child's Named Person.

This policy has been created in the context of the wider **Getting it right for every child (GIRFEC) National Practice Framework, Edinburgh and the Lothians Multi-agency Child Protection Procedures** and **National Guidance for Child Protection in Scotland 2021 - updated 2023**.

Revised: July 2025

Signed:

Lucy Aitchison, CEO

Organisational Safeguarding Lead

Date: 14/07/25

Theresa Sutherland, Trustee

Trustee Safeguarding Lead

Pregnancy Counselling and Care (Scotland)

Child Protection Procedure

Purpose of this Document

This document sets out how Pregnancy Counselling and Care (Scotland) puts into practice the values, principles and commitments made in the organisation's Child Protection Policy.

These procedures set out the action that workers (staff, counsellors and volunteers) should take when they are concerned about the welfare of a child. This is a working document that will be updated by PCCS as the organisation, legislation and guidance develop. Staff and volunteers should review the procedure regularly to maintain knowledge and understanding of PCCS' practices.

The first part of this document sets out in more detail some of the principles we are putting into action here:

- Our limits on confidentiality
- The benefits of not acting alone with a child protection concern
- Recognising the complexity of safeguarding concerns
- Being alert to the signs of abuse

The second part of the document sets out some more practical information on:

- How to listen to a child protection disclosure
- A breakdown of each of the 4 Rs: Recognise, Report, Raise and Record
- Information about making a referral to Social Care Direct

Safeguarding Leads

Organisational Safeguarding Lead	
Name & Position	Lucy Aitchison, CEO
Contact details	Lucy.aitchison@counsellingandcare.co.uk
Trustee Safeguarding Lead	
Name & Position	Theresa Sutherland, Chair
Contact details	theresa@counsellingandcare.co.uk

The Organisational Safeguarding Lead is the contact point for incident investigation and reporting. The Trustee Safeguarding Lead provides additional oversight of safeguarding.

Confidentiality and consent

Confidentiality is an important value in the work of our services, it's something that draws people to our services, and we strive to uphold the huge majority of the time.

One exception to this is: **When there are concerns that a child or young person (up to the age of 18) is at risk of experiencing harm or abuse**

All staff and volunteers coming into contact with clients and service users should make sure they are able to explain the limits to confidentiality. This includes if we hear of someone else at risk, including children and young people. Counsellors should verbally summarise this at the start of any counselling work.

In the event that we must break confidentiality in the interests of child protection, we will make every effort to discuss our concern, the actions we are planning to take, and where possible to gain their consent.

- **If a disclosure is made by a child or young person directly**, then we would speak with them directly about our concern, our actions and to try and gain consent.
- **It is more likely that we hear of a child at risk through our work with adults in their life.** Where appropriate we would detail our concern with the adult we are working with, outlining the steps we plan to take and seek their consent. *If doing this would create additional risk to a child or young person, then we would not seek to discuss our actions with the adult we are working with. If you are concerned about this, discuss any potential course of action with a manager before speaking with the adult involved.*

If we do not receive consent from the child / young person or the adult through whom we have heard about the concern, we may still have to act in the interests of safety – absolute confidentiality should never be promised.

No one should act alone:

No PCCS worker or volunteer should act alone when it comes to safeguarding work. All concerns (whether they feel concrete or not) should be reported to a line manager to allow for:

- **Another perspective:** When we are supporting adults but hearing about the lives of children, it is tempting to centre the adults in our decision making. Exploring the situation with a line manager gives greater opportunities to centre the life and experience of the child we are hearing about.
- **Organisational monitoring / overview:** meaning that one concern might not be a basis for action, but a picture of harm could build up from several different records.
- **Emotional support:** Hearing child protection concerns can be heavy work and open up the potential for vicarious trauma. Line managers can also provide support and should check on volunteers' / workers' practical and emotional needs in the situation.

Counsellors should also make use of their Clinical Supervision to discuss safeguarding concerns. This should be additional to and not at the expense of alerting a line manager to any concerns.

Complexities of Safeguarding Children and Young People

Some disclosures represent a clear, immediate, serious risk of harm where action must be taken. But it is important to recognise that it may not always feel immediately clear whether someone is at risk.

This is especially the case when we are hearing about a child's experience via an adult in their life. The adult may not realise there is harm, and a disclosure may be unintentional. The person making a disclosure might want something to happen / change in the situation or they may not want there to be any action. Even where a concern starts with a gut feeling, this can be important and should be explored with a line manager.

Harm to a child can be active such as physical abuse, but can also involve the absence of something which can be more subtle, such as: not having their emotional needs met. The possibility of harm can also be considered in the context of protective factors and risk factors in the child's life. Where there are fewer protective factors, the risk from a potential harm increases.

Being alert to signs of harm / abuse

Action staff and volunteers should take in response to the complexities outlined above are:

- Keep an up to date understanding of types of harm and abuse that can affect children and young people
- Use the GIRFEC wellbeing wheel to consider whether harm is taking place and what their wishes may be (this may not be known)
- Use the Risk Matrix tool to put the risk in context in the child's life.
- Where working with an adult directly, use line management (and additionally clinical supervision for counsellors) to explore concerns from the child / young person's perspective

Listening to a disclosure about harm

If a child or young person discloses someone is being abusive to them, these are the ways in which PCCS workers and volunteers should listen to them:

- React calmly
- Listen carefully to the child or young person
- Reassure the child or young person – tell them they have done the right thing in speaking about things which concern or distress them
- Acknowledge the information is received
- Clarify any information needed by using open-ended neutral questions that are kept to a minimum

- Inform the child or young people that the child protection procedure is being followed and explain in age-appropriate language what that means

If you are working with an adult third party and you become concerned about the possibility of abuse toward a child or young person, you should:

- React calmly and listen carefully
- Acknowledge the information is received and acknowledge the emotions of the adult, whilst keeping in mind the world of the child
- Clarify any information needed by using open-ended neutral questions that are kept to a minimum
- Sensitively express your concern to the person you are working with (if appropriate) and discuss steps to minimise the risk, increase the child's safety
- If relevant, be clear that you may need to break confidentiality to keep the child or young person safe. *Only do this if appropriate and will not generate further risk for the child / young person. If in doubt speak with a manager first and the follow up with the adult if appropriate.*
- Allow space for the emotional impact of this without promising confidentiality.
- Agree next steps on how you will update them *(if appropriate and wouldn't generate further risk as above)*

Things to Record:

Using the Child Protection Monitoring Form, it is useful to note down the following information, recognising that we can only record the information we have, especially when working with an adult in a child's life rather than the child / young person themself:

- The child's name, age, D.O.B., address, current whereabouts, and who they live with
- Do they have any disabilities or special needs?
- Are there any cultural or religious factors, which need to be considered?
- Are any other agencies currently involved with this child or young person
- Details of the harm that is taking place: who, what, when, where

A Child's Named Person

In Scotland, as part of the Getting It Right For Every Child (GIRFEC) approach, all children have a Named Person who carries out several roles, one of which is to act as a single point of contact for any concerns about the child or young person's wellbeing.

- For babies, this is their midwife until they are discharged from midwife care
- From this point to pre-school it will be a child's health visitor
- For school aged children it will usually be a principal, depute or head teacher

Dealing with Child Protection Concerns in Practice

If a Volunteer or member of the public has concerns about a child or young person, they should contact the Organisational Safeguarding Lead (lucy.aitchison@counsellingandcare.co.uk), who will follow up the concern using the procedures laid out in the following section.

If a PCCS Counsellor or staff member has concerns about a child or young person, there are 4 stages to work through: Recognise, Report, Raise and Record. These are the four Rs.

1.) Recognise – that there is concern through your contact with someone

2.) Report – If an emergency response is required, call 999. Or report to your line manager / a manager if working in the same building. If working remotely, after you've called emergency services, call the relevant number on the on call rota to speak with a manager.

3.) Raise – If action is needed, a concern will be raised with statutory services (if not already done so via emergency services). It will be decided between you and a manager who will do this.

4.) Record – All concerns should be recorded (using Child Protection Recording Form) and will be held securely by the CEO. Email reports to lucy.aitchison@counsellingandcare.co.uk from your PCC(S) email address and copy in your line manager.

1 & 2: Recognise and Report

Steps one and two: Recognising and Reporting a child protection concern are taken together in this section. Use the Green, Amber, Red risk assessment model to recognise and establish the level of risk. This model also lets you know when and who to report to. Where there is immediate risk to life, this should be immediately reported to emergency services by calling 999.

Green:
An interaction / client session with no concerns or potential risks in regards to child protection. **OR the risk of harm is NOT imminent or likely AND** there are sufficient protective factors identified to alleviate any immediate concerns. Protective factors include but are not limited to: • The child / young person has other support in place (friends, family, other agencies) • Statutory services are aware of the situation and involved

ACTION:

Make a note in securely held case notes / records

(though if you are not sure you are encouraged to discuss this with a supervisor / line manager)

Amber:

An interaction with some concerns in regards to Child Protection **OR** Uncertainty in regards to level of risk and protective factors

ACTION:

- **Start a Child Protection Risk Assessment**
- **Worker / volunteer to then contact the relevant number on the on call rota straight away** for managerial support to decide whether further action is needed.
- Complete further paperwork and make onward referral if necessary as decided in conjunction with manager
- Follow up with the person we are working with to let them know what action is being taken and offer support (if appropriate, as decided with manager)

Red:

An interaction indicating risk that is likely, imminent OR severe to a child / young person at risk, often with no protective factors.

ACTION:

- **Worker / volunteer to contact the relevant number on the on call rota immediately to decide whether further action is needed.**
- Make onward referral if necessary (you will decide between you who should make referral)
- Complete paperwork as necessary and decided with on call manager.
- Follow up with the person we are working with to let them know steps being taken and offer support (if appropriate, discussed with manager)

Imminent Risk to Life
If someone's life is in **imminent** danger
ACTION: • **Encourage them to call 999** • **If not possible, call 999 yourself and ask for relevant emergency service** • **If you don't know someone's location, call emergency services anyway and give the details you have** • **If the person is with you and it is safe to stay with them, support them** • **If your are on a video call, stay on the call and provide support** • **Immediately afterwards, speak with your line manager or call On Call manager for support and next steps**

Child Protection Risk Assessment

In an Amber concern, a worker / volunteer should start a Child Protection Risk Assessment and then contact the on call manager and they can complete this together. This is where there is uncertainty about the type, imminence, likelihood and severity of harm, or the number of protective factors in a situation.

The Risk Assessment includes the GIRFEC wellbeing wheel and Risk Matrix which should be used to help clarify the situation and whether any further action is needed. A worker / volunteer should fill this out to the extent that they can, and then speak with their line manager (if in person) or the on call number if working remotely. The manager will be able to help you complete it if you need additional guidance to work through the risk assessment and decide next steps.

Contacting a Manager

At PCCS, we operate an On Call Rota to provide support at all times that work is taking place within the organisation. This system is in place to offer managerial support to anyone doing work within the organisation who needs time limited support:

- With a safeguarding concern or other urgent practical issue
- With their own emotional wellbeing
- To report their own illness / inability to work at short notice

If someone has an Amber or Red concern, they should speak with their line manager if they are working in the same building. If working remotely, they should contact the relevant number from the On Call Rota. All workers / volunteers should have easy access to this.

What if On Call doesn't answer?

If for any reason your call to the On Call manager does not work (eg: technological failure) then leave a voicemail, send a text and an email.
The worker / volunteer should try and contact another manager in the organisation.
If no one from PCCS can be contacted within an hour, the volunteer / worker should contact Social Care Direct for advice:
Office Hours: 0131 200 2324
Out of Hours: 0800 731 6969

3.) Raise

- If there is a child or young person in immediate physical danger the appropriate emergency service should already have been contacted.
- Where there is a child or young person at risk of harm, we are most likely to contact the child's Named Person if known, and if not known: Social Care Direct.

It would be decided between the manager contacted and the worker / volunteer who should take forward a referral / report to statutory services. If it was a worker / volunteer – they would be offered managerial support in making this referral.

4.) Record

After discussion with a line manager / supervisor, workers and volunteers must immediately record the concern. Recording should be factual and record what was said / observed. Your own opinions can be included *only where relevant* (eg: if you drew certain conclusions from their behaviour) but it should be clearly noted what was said / observed and what is your personal opinion. It is not the a worker / volunteer's role to assign blame or decide on truthfulness of statements.

- A Child Protection Reporting form should be completed. Where no action is being taken, but the situation is being recorded, this can be noted. Where it is decided in conjunction with a manager that further action is necessary, action should be noted.
- Completed Child Protection Risk Assessments and Child Protection Recording Forms should then be sent to the CEO to be stored at: lucy.aitchison@counsellingandcare.co.uk (and also CC in your line manager). It

should be sent via your @counsellingandcare.co.uk email address and deleted afterwards (including from deleted items). Any local copies of this form should be deleted from your computer (including from deleted items).

Follow Up

After any action has been taken it is important that follow up support is offered either to the child / young person at risk or more likely the adult we are working with (through whom we heard about the child). This should also be discussed and planned for with a manager.

Contacting Social Care Direct: For advice or to make a referral

By Phone:
0131 200 2324

Opening hours
Monday to Thursday 8.30am to 5pm
Friday 8.30am to 3.55pm

At all other times, please contact their out of hours emergency service (0800 731 6969)

If providing information, also follow up with an email giving the information clearly in writing (also save your own copy): socialcaredirect@edinburgh.gov.uk

Clearly state your reason for phoning. This should be clarified between worker and manager before any contact is made.
•Looking for advice
•Phoning to give information / update
•Phoning to get new information e.g. new case with limited knowledge
•Making a child protection referral

Information required:

- Referrer's details (ie: your details if you are making the call)
- Details of the child / young person at risk – Name, address, DOB
- Details of the concern. Be clear with factual answers to Who What Where When
- Are they aware you are making the referral / providing information?
- Whether there is imminent danger
- Is there anyone else who may be at risk
- Request details of person receiving referral (that you are speaking to)
- Follow up with written information by email

Updated: July 2025

Signed:

Lucy Aitchison, CEO

Organisational Safeguarding Lead

Date: 14/07/25

Theresa Sutherland, Trustee

Trustee Safeguarding Lead

Pregnancy Counselling and Care (Scotland)

Adult Protection Policy

Introduction

Pregnancy Counselling and Care (Scotland), hereafter referred to as PCCS, works to improve the lives of the people who use our services. This policy sets out the beliefs, approach and actions we will take to keep adults who we work with safe, and will also take in the safety of other adults we hear about through the course of our work.

Any decision or intervention we take in the interests of safeguarding will be underpinned by the following principles to:

- **Provide Benefit** – Any intervention should benefit the adult in question, and we should be satisfied that the benefit cannot reasonably be achieved without intervention
- **Take the Least Restrictive Option** – Any intervention must restrict the person's freedom as little as possible
- **Dignity and respect** – all vulnerable adults will be accorded the same respect and dignity as any other adult, by recognising their uniqueness and personal needs.
- **Equality and diversity** – all vulnerable adults will be shown equal care and consideration and their background and culture will be valued and respected.
- **Views and wishes -** of adults at risk will be taken into consideration

We aim to build an environment where adults at risk of harm are valued, respected and treated with dignity.

Purpose of This Policy

This policy has been produced by PCCS to ensure that at every level of our organisation we are working to minimise the risk to vulnerable adults of harm and abuse, by outlining clear procedures and ensuring all staff members, volunteers and trustees are clear about their responsibilities. Having read the policy staff and volunteers should:

- Understand their personal responsibility for protecting adults at risk with whom they come into contact or about whom they have information
- Be clear as to the roles and guidelines in relation to protection of adults at risk
- Know the limits of confidentiality as far as the protection of adults at risk is concerned
- Be able to take appropriate action if there is information to suggest that there is an adult at risk of harm
- Offer support to adults about whom a report is being made to statutory organisations

- Be able to communicate clearly and compassionately with adults we work with about our policy and the reason for our actions
- Be enabled to raise concerns about poor and dangerous practice (whistleblowing)

Safeguarding Leads

Organisational Safeguarding Lead	
Name & Position	Lucy Aitchison, CEO
Contact details	Lucy.aitchison@counsellingandcare.co.uk
Trustee Safeguarding Lead	
Name & Position	Theresa Sutherland, Chair
Contact details	theresa@counsellingandcare.co.uk

The Organisational Safeguarding Lead is the contact point for incident investigation and reporting. The Trustee Safeguarding Lead provides additional oversight of safeguarding.

Defining Adults at Risk

For the purposes of this policy, adults at risk are defined as people who are over the age of 16* and who:

1) Are unable to safeguard their own well-being, property, rights or other interests;

2) Are at risk of harm, **and**

3) This is **because** they are affected by disability, mental disorder, illness or physical or mental infirmity, and are more vulnerable to being harmed than adults who are not so affected.

*Although the legal definition for Adults at Risk refers to people aged 16+, our Child Protection policy applies up to the age of 18 and would supersede the Adult Protection policy when considering risk to 16 or 17 year olds we hear about or are in contact with.

Defining Risk of Harm

For the purposes of this Adult Protection Procedure, an adult is at risk of harm if:

- Another person's conduct is causing, or is likely to cause the adult to be harmed

or,

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

Types of Harm

Domestic Abuse - Where an abuser exerts power, control or coercion over an intimate partner or family member. This could take the form of many of the following forms of abuse.

Physical Abuse- involving actual or attempted injury to an adult defined as at risk. For example:

- by punching, pushing, slapping, inappropriate use of restraint, giving food or medication forcibly, or denial of medication

Emotional/Psychological Abuse- resulting in mental distress to the adult at risk. For example:

- Excessive shouting, bullying, humiliation, denigration of culture or religion
- Manipulation of, prevention of access to services that would be of benefit to the adult, isolation or sensory deprivation

Financial or Material Abuse- involving the exploitation of resources and property belonging to the adult at risk. For example:

- Theft or fraud, misuse of money, property or resources without the informed consent of the adult at risk

Sexual Abuse- involving activity of a sexual nature where the adult at risk cannot or does not give consent. For example:

- Rape, Incest, acts of gross indecency, inappropriate touching or verbal or physical sexual harassment

Neglect and acts of omission - by others charged with the care of the adult, including ignoring medical or physical care needs. For example:

- Failure to provide access to appropriate health, social care or educational services
- Withholding of the necessities of life such as nutrition, appropriate heating, etc.

Exploitation- the deliberate targeting of vulnerable adults for personal benefit.

Discriminatory abuse- for example, treating one service user less favourably than another.

Information abuse- deliberately giving erroneous information or withholding information.

Human rights abuse- for example deprivation of a right to family life or to a fair hearing

It is important to note that the presence of one of these types of harm will not necessarily lead to a referral to statutory services. The key factor in relation to activating adult protection procedures is that they must be an adult at risk of harm as defined by the three criteria outlined above under Defining Adults at Risk.

Rights of Adults at Risk of Harm

- To be made aware of this policy
- To have alleged incidents recognised and taken seriously
- To be made aware of the limitations of confidentiality
- To receive fair and respectful treatment
- To be involved in any process and have their wishes considered where this is possible
- To receive information about the outcome of any discussion or action

Responsibilities

PCCS is responsible for:

- Respecting and promoting the rights, wishes and feelings of vulnerable adults
- Keeping informed of current developments and understanding information about data protection, confidentiality, and other legal issues that impact on adults
- Maintaining and implementing appropriate procedures to safeguard and protect vulnerable adults from abuse
- Recruiting, training, supporting and supervising staff and volunteers to safeguard and protect vulnerable adults and minimise risk to or harm
- Ensure that each worker is clear about their roles, responsibilities and accountability
- Ensure all workers and volunteers have access to this policy
- Ensure PCCS works in a consistent way with statutory organisations and other partners to protect adults at risk of harm
- Monitoring and reviewing the PCCS Adult Protection Policy.

PCCS workers and volunteers are responsible for:

- **Responding without delay to any allegations or information suggesting that an adult at risk of harm has been or is likely to be abused or neglected, or at risk of significant harm, by discussing with a line manager**
- To know and to follow PCCS' policy and procedures relating to Adult Protection
- To be aware of the definition of Adults at Risk
- Respecting and promoting the rights, wishes and feelings of vulnerable adults
- Recognising and being alert to the signs that adults at risk of harm may need protection
- Gathering information, listening fully, but avoiding interrogation where there is an allegation or concern
- Taking appropriate actions to protect adults who are at risk

- Maintaining an accurate written record of any Adult Protection concerns, filed in a secure place
- Attending training and reading updates from PCCS about data protection, confidentiality, and other legal issues that impact on adult protection
- Actively managing the sharing of information with other agencies when an adult at risk of harm is in need of protection
- Considering risk of harm to any other person in the household or family group where there are Adult Protection concerns
- To report any suspicion of misconduct within PCCS by reporting it to their line manager. If the allegations involve their line manager then it should be reported to the CEO, or a Board member. See the Complaints Policy available on the PCCS website (counsellingandcare.co.uk) for contact details and further information.

Confidentiality

Confidentiality is a hugely important value in our work at PCCS. It is our policy that all support remains confidential except with the following exceptions which are made with the express intention of keeping people safe. No PCCS staff member or volunteer should promise absolute confidentiality and these exceptions should be clearly outlined to people using our services both in writing and verbally. The exceptions where we must act to keep people safe are:

- When there are concerns that a child or young person (up to the age of 18) is at risk of experiencing harm or abuse
- Where someone is making **active steps** to take their own life through suicide
- Where it is reasonable to believe that there is an Adult at Risk of harm – meeting the three point definition above, and where we are reasonably satisfied that the intervention will provide benefit
- Where it is reasonable to believe that a serious crime or harm to the public may have been committed and that a danger is still present AND / OR that this is imminently likely
- Where it is reasonable to believe that information has been shared relates to specific crimes of drug money laundering, acts of terrorism or identifying the driver in a motor vehicle accident where there is a legal duty to report.

Counselling and Confidentiality

The requirements of this policy in relation to confidentiality (and its limits) are in keeping with the recommendations of COSCA, the professional counselling body of which PCC(S) is a registered member. Confidentiality is a hugely important value within counselling and the COSCA Statement of Ethics requires that *"members respect privacy and preserve the confidentiality of information acquired in the course of their work."* However, the COSCA Code of Practice also states that *"exceptionally, a member may disclose information obtained during the working relationship with their client in the interests of the safety of the*

client and/or others. In advance of this disclosure, wherever practicable, the client's permission will be sought and the client-work supervisor consulted."

Engaging With Statutory Investigations

We have no general legal duty to answer questions as part of a police or social work investigation in relation to a client or another person unless required to do so under court order. If a staff member or volunteer is asked for information by the police or social work services, this should immediately be discussed with a line manager and:

- No information should be provided without organisational agreement
- The identity of the representatives of statutory services should first be verified
- The situation and reason for the investigation should be established and information should be provided if the situation meets one or more of the criteria for breaking confidentiality outlined above **OR** if a court order is in place
- If appropriate, the client / service user's consent should be sought before information is shared.
- If it is agreed that information sharing will take place, clients should still be kept informed and be subsequently supported, where it does not increase risk of harm to do so.

Recruitment

PCCS will ensure that we recruit carefully and effectively train and supervise all staff and volunteers. Recruitment processes for any staff and volunteers includes completing an application form, interviewing each person to assess their suitability and for all positions (other than Baby Bank and Marketing Volunteers) request two references.

Workers and volunteers whose primary duties involve contact with vulnerable adults are required to complete a PVG scheme membership update prior to full acceptance of appointment.

Training & Induction

Staff, volunteers and trustees will receive induction training on all aspects of the safeguarding policies and procedures on commencing work with PCCS. Counsellor training includes in depth extensive training on safeguarding and on the understanding and application of the additional safeguarding documentation:

1. PCCS Adult Protection – Extended Guidance for Counsellors
2. PCCS Adult Protection Recording Form
3. PCCS Adult Protection Risk Assessment

Refresher training will be provided every two years, as well as ongoing support as required. PCCS will ensure that staff members who are training volunteers have the qualifications to do so.

Monitor and Review

PCCS will monitor and review this policy annually and when there are relevant changes in legislation or circumstances.

Legislative Framework

Human Rights Act 1998: Incorporates the European Convention on Human Rights (ECHR) meaning that most of the ECHR principles are directly enforceable within the UK. This includes the Right to a Private and Family Life, and also the Right to Life – meaning that public bodies must protect the lives of service users.

Adults with Incapacity (Scotland) Act 2000: This act defines adults who are 'incapax' (incapable of making decisions, communicating decisions, understanding decisions). It provides a means to protect adults at risk due to lack of capacity to make a decision & to intervene re property, finances or welfare of adult.

Mental Health (Care & Treatment) (Scotland) Act 2003: This Act provides a means to protect people who have a mental illness, learning disability or related condition.

The Regulation of Care (Scotland) Act 2001: Regulates care service in Scotland.

Protection of Vulnerable Groups (Scotland Act) (2007): This is a scheme to register people to work with vulnerable adults/children (vetting).

Equality Act 2010: Legally protects people from discrimination in the workplace and in wider society.

The Forced Marriage etc. (Protection and Jurisdiction) (Scotland) Act 2011: Protects those threatened with forced marriage and those already in such a marriage.

The Social Work (Scotland) Act 1968 and the NHS and Community Care Act 1990: Give local authorities legislative power to become responsible, in collaboration with other agencies, for the assessment of needs of an individual for whom they are likely to provide a community care service.

Adult Support and Protection (Scotland) Act 2007: This Act establishes Statutory Committees, operating on a multi-agency basis.

Revised: July 2025

Signed:

Lucy Aitchison, CEO

Organisational Safeguarding Lead

Theresa Sutherland, Trustee

Trustee Safeguarding Lead

Date: 14/07/25

Pregnancy Counselling and Care (Scotland)

Adult Protection Procedure

Purpose of this Document

This document sets out how Pregnancy Counselling and Care (Scotland) puts into practice the values, principles and commitments made in the organisation's Adult Protection Policy. It is vitally important that all workers (staff, counsellors and volunteers) understand and work to the contents of both documents to forward our commitment to keep adults safe. This is a living, working document and PCCS is responsible for regularly updating the contents to reflect current practice and legislation.

The first part of this document sets out in more detail some of the principles we are putting into action here:

- How we approach confidentiality in practice
- That no one should act alone in relation to safeguarding
- Recognising the complexity of safeguarding concerns and the need for collaboration
- Being alert to the signs of abuse

The second part of the document sets out some more practical information on:

- How to listen to an adult protection disclosure
- A breakdown of each of the 4 Rs: Recognise, Report, Raise and Record
- How to include Adults at Risk in our processes
- Information on capacity, and assessing whether someone has this in their decision making
- Information about making a referral to Social Care Direct

Safeguarding Leads

Organisational Safeguarding Lead	
Name & Position	Lucy Aitchison, CEO
Contact details	Lucy.aitchison@counsellingandcare.co.uk
Trustee Safeguarding Lead	
Name & Position	Theresa Sutherland, Chair
Contact details	theresa@counsellingandcare.co.uk

The Organisational Safeguarding Lead is the contact point for incident investigation and reporting. The Trustee Safeguarding Lead provides additional oversight of safeguarding.

Confidentiality and consent

Confidentiality is an important value in the work of our services, it's something that draws people to our services, and we strive to uphold the huge majority of the time. The only exceptions to this are:

- When there are concerns that a child or young person (up to the age of 18) is at risk of experiencing harm or abuse
- Where someone is making **active steps** to take their own life through suicide
- Where it is reasonable to believe that there is an Adult at Risk of harm – (meeting the three point definition) and where we are reasonably satisfied the intervention will provide benefit
- Where it is reasonable to believe that a serious crime or harm to the public may have been committed and that a danger is still present AND / OR that this is imminently likely
- Where it is reasonable to believe that information has been shared relates to specific crimes of drug money laundering, acts of terrorism or identifying the driver in a motor vehicle accident where there is a legal duty to report.

The way we work with this in practice, is to make it clear to people using our services in writing and verbally that these limits exist and why. All staff and volunteers coming into contact with clients and service users should make sure they are able to explain these limits. Counsellors should verbally summarise this at the start of any counselling work.

In the event that we must break confidentiality in the interests of safety or where required by law, we will make every effort to discuss adult protection concerns with the individual involved, the actions that we plan to take and will wherever possible seek the consent of those involved before instigating any adult protection procedures or sharing information with another organisation.

There may be instances where this is not feasible, where a person is not willing to give consent, or where failure to act immediately could further endanger the individual. In these instances, if any of the criteria for breaking confidentiality are met (the bullet points above), we may need to act to keep people safe without client consent. We would always endeavour to follow up with information on the actions taken and support for our clients / service users.

No one should act alone:

No PCCS worker or volunteer should act alone when it comes to safeguarding work. All concerns (whether they feel concrete or not) should be reported to a line manager to allow for:

- **Organisational monitoring / overview:** meaning that one concern might not be a basis for action, but a picture of harm could build up from several different records.
- **Better decision making:** A situation can be explored from different perspectives with another
- **Emotional support:** Hearing child or adult protection concerns can be heavy work and open up the potential for vicarious trauma. Line managers can also provide support and should check on volunteers' / workers' practical and emotional needs in the situation.

Counsellors should also make use of their Clinical Supervision to discuss safeguarding concerns. This should be additional to and not at the expense of alerting a line manager to any concerns.

Acknowledging the Complexities of Safeguarding

Some disclosures represent a clear, immediate, serious risk of harm where action must be taken. But it is important to recognise that it may not always feel immediately clear whether someone is at risk.

Some factors that affect this are: A disclosure may be intentional or unintentional – they may not realise they are receiving / causing harm. The person disclosing the information may themself be the person causing harm, or they may be the recipient of harm from someone else (or both). Alternatively, they may pose a risk of harm to themself. The person making a disclosure might want something to happen / change in the situation or they may not want there to be any action. Each of these different situations will affect how information is presented, and it will not always take the form of "I have something I need to tell someone..."

For this reason, it is important that all workers are volunteers keep an up to date understanding of the definitions of an Adult at Risk, types of harm, and the organisation's limits on confidentiality.

A worker or volunteer may experience a gut feeling of unease when hearing something, or have a concern which they are not yet sure amounts to someone being at risk. Workers and volunteers should bring these concerns to a line manager for discussion and further exploration as it may be that monitoring or further action are needed.

Being alert to signs of harm / abuse

Indicators of harm can come in many different forms, and it's important to look out for changes, if working with someone on a regular basis. The following signs could be signs that that harm is taking place, but they may not be and could be indicators of other things (eg:

depression). However, this non-exhaustive list, indicates the need for vigilance and gentle curiosity when it comes to the possibility of harm:

- Physical signs: Bruising, injuries etc.
- Lack of personal cleanliness / hygiene
- Financial issues, and potential defensiveness around these
- Emotional withdrawal
- Other changes in presentation

Listening to a disclosure about harm

If an individual discloses someone is being abusive to them, or if you are worried that someone is at risk of harm, these are the ways in which PCCS workers and volunteers should listen to the person:

- React calmly
- Listen carefully to the person
- If you do not fully understand the situation, ask open-ended questions to assess risk and gather relevant information. Questions should help you to understand enough of the situation / allegation to support decision making on whether any action is needed, but should not feel like an interrogation or be motivated by your own curiosity.
- Try to find out: what has been happening, what is happening now, what the risk factors are, which services are involved, and if there are any protective factors. It can be helpful to ask the person to reflect on the risk and the potential consequences as well.
- It is not a worker or volunteer's duty to make a decision about the truth of an allegation or concern – do not interrogate the person by playing devils advocate, appearing suspicious of them or asking excessive questions.
- Do not contact anyone else related to the situation such as the alleged abuser
- Reassure the individual that they are welcome to speak about things which distress them, and you may need to reassure them that you are okay hearing distressing things as well.
- Do not promise absolute confidentiality, and be ready to explain PCCS' confidentiality policy if needed.
- Acknowledge the information you have been told
- If you know this is something you will need to take forward, inform the person that the adult protection procedure is being followed and explain in appropriate language what that means.

Things that it is useful to take note of:

- The adult name, age, D.O.B., address, contact number, current whereabouts, and who they live with
- Does the adult have any disabilities or special needs?
- Are there any cultural or religious factors, which need to be considered?
- Are any other agencies currently involved with this individual?
- The alleged abuser's name, age, D.O.B., address, and current whereabouts
- A safe way of contacting the person at risk, perhaps a code word

Dealing with an Adult Protection Concern in Practice

If a Volunteer or member of the public has any adult support or protection concern, they should contact the Organisational Safeguarding Lead (lucy.aitchison@counsellingandcare.co.uk), who will follow up the concern using the procedures laid out in the following section.

If a PCCS Counsellor or staff member raises an Adult Support and Protection concern, there are 4 stages to work through: Recognise, Report, Raise and Record. These are the four Rs.

1.) Recognise – that there is concern through your contact with someone

2.) Report – If an emergency response is required, call 999. Or report to your line manager / a manager if working in the same building. If working remotely, after you've called emergency services, call the relevant number on the on call rota to speak with a manager.

3.) Raise – If action is needed, a concern will be raised with statutory services (if not already done so via emergency services). It will be decided between you and a manager who will do this.

4.) Record – All concerns should be recorded and will be held securely by the CEO. Email reports to lucy.aitchison@counsellingandcare.co.uk from your PCC(S) email address and copy in your line manager.

1 & 2: Recognise and Report

Steps one and two: Recognising and Reporting that an adult is at risk are taken together in this section. Use the Green, Amber, Red risk assessment model to recognise and establish the level of risk. This model also lets you know when and who to report to. **Where there is immediate risk to life, this should be immediately reported to emergency services by calling 999.**

Green:

An interaction / client session with no concerns or potential risks in regards to child/adult protection. **OR the risk of harm is NOT imminent, likely or severe AND** there are sufficient protective factors identified to alleviate any immediate concerns. Protective factors include but are not limited to:

- The person has other support in place (friends, family, other agencies)
- Statutory services are aware of the situation
- The person has tools / strategies to help them cope with the difficulty

ACTION:

Make a note in securely held case notes / records

(though if you are not sure you are encouraged to discuss this with a supervisor / line manager)

Amber:

An interaction with some concerns in regards to Child and/or Adult Protection **OR** Uncertainty in regards to level of risk and protective factors

ACTION:

- **Start an Adult Protection Risk Assessment**
- **Worker / volunteer to then contact the relevant number on the on call rota straight away** for managerial support to decide whether further action is needed.
- Complete further paperwork and make onward referral if necessary as decided in conjunction with manager
- Follow up with the person to let them know what action is being taken and offer support (as decided with manager)

Red:

An interaction indicating risk that is likely, imminent OR severe to a child or adult at risk, often with no protective factors.

ACTION:

- **Worker / volunteer to contact the relevant number on the on call rota immediately to decide whether further action is needed.**
- Make onward referral if necessary (you will decide between you who should make referral)
- Complete paperwork as necessary and decided with on call manager.
- Follow up with the person to let them know steps being taken and offer support (as discussed with manager)

Imminent Risk to Life

If someone's life is in **imminent** danger

ACTION:

- **Encourage them to call 999**
- **If not possible, call 999 yourself and ask for relevant emergency service**
- **If you don't know someone's location, call emergency services anyway and give the details you have**
- **If the person is with you and it is safe to stay with them, support them**
- **If they are on a video call, stay on the call with them and support them**
- **Immediately afterwards, speak with your line manager or call On Call manager for support and next steps**

Adult Protection Risk Assessment

In an Amber concern, a worker / volunteer should start an Adult Protection Risk Assessment and then contact the on call manager and they can complete this together. This is where there is uncertainty about the type, imminence, likelihood and severity of harm, or the number of protective factors in a situation.

The Risk Assessment will help clarify the situation and whether any further action is needed. A worker / volunteer should fill this out to the extent that they can, and then speak with their line manager (if in person) or the on call number if working remotely. The manager (on call or in person) will be able to help you complete it if you need additional guidance to work through the risk assessment.

Contacting a Manager

At PCCS, we operate an on call system to provide support at all times that work is taking place within the organisation. This system is in place to offer managerial support to anyone doing work within the organisation who needs time limited support:

- With a safeguarding concern or other urgent practical issue
- With their own emotional wellbeing
- To report their own illness / inability to work at short notice

If someone has an Amber or Red concern, they should speak with their line manager if they are working in the same building. If working remotely, they should contact the relevant number from the On Call Rota. All workers / volunteers should have easy access to this.

What if On Call doesn't answer?

If for any reason your call to the On Call manager does not work (eg: technological failure) then leave a voicemail, send a text and an email.
The worker / volunteer should try and contact another manager in the organisation.
If no one from PCCS can be contacted within an hour, the volunteer / worker should contact Social Care Direct for advice:
Office Hours: 0131 200 2324
Out of Hours: 0800 731 6969

3.) Raise

- If the person is in immediate physical danger the appropriate emergency service should already have been contacted.
- Where there is an Adult at Risk, PCC(S) may contact Social Care Direct, or someone's GP or other healthcare professional or assigned social worker depending on the situation.
- Where imminent harm to the public is likely, we would report this to the police. There are also a small number of crimes we are required legally to report to the police (eg: money laundering, drug trafficking) this would be via calling 999 / 101 as appropriate.

It would be decided between the manager contacted and the worker / volunteer who should take forward a referral / report to statutory services. If it was a worker / volunteer – they would be offered managerial support in making this referral.

4.) Record

After discussion with a line manager / supervisor, workers and volunteers must immediately record the concern. Recording should be factual and record what was said / observed. Your

own opinions can be included *only where relevant* (eg: if you drew certain conclusions from their behaviour) but it should be clearly noted what was said / observed and what is your personal opinion. It is not the a worker / volunteer's role to assign blame or decide on truthfulness of statements.

- An Adult Protection Reporting form should be completed. Where no action is being taken, but the situation is being recorded, this can be noted. Where it is decided in conjunction with a manager that further action is necessary, action should be noted.
- Completed Adult Protection Risk Assessments and Adult Protection Recording Forms should then be sent to the CEO to be stored at: lucy.aitchison@counsellingandcare.co.uk (and also CC in your line manager). It should be sent via your @counsellingandcare.co.uk email address and deleted afterwards (including from deleted items). Any local copies of this form should be deleted from your computer (including from deleted items).

Follow Up

After any action has been taken it is important that follow up support is offered to the person at risk. This should also be discussed and planned for with a manager.

Including Adults at Risk in the Process

It is our policy that any action taken to safeguard adults should:

- **Take the Least Restrictive Option** – Any intervention must restrict the person's freedom as little as possible
- **Views and wishes** - of adults at risk will be taken into consideration

When working with someone where you have an adult protection concern, we will involve them in the process of keeping them safe. In a genuine emergency situation where there is risk of serious harm / risk to life, calling emergency services should take priority, but in other less urgent situations the person should be included in the conversation in the following ways:

- State what it is that's causing you concern for the person
- If you have an Amber or Red concern, check how the adult at risk feels about information being shared with other agencies. Give them space to say how they really feel, but we can't promise not to share information.

- If you know the concern is sufficiently serious that other agencies will need to be informed (and it is safe / possible to do so) tell them this, and let them explore how it feels. Communicate your care for the person and for their safety and wellbeing.
- Answer any questions they may have about our policy and process. Be honest if you are not sure and offer to check and agree a way of getting back to them safely.
- Or if you are not sure what the next steps will be, be clear about this as well. You could say something like *"I am not sure what our next steps will be, but I am really worried about [whatever is concerning you] and the danger that is putting you in. I will need to speak with my manager about this, and then get back in touch with you... "* and agree how you will tell them what steps we will take. Take note of the best way to get back to them on and check if there are any safety concerns. Consider agreeing a code word if this would be helpful. Be clear that we may still have to act without their consent.

It may be appropriate to discuss the option of the person themselves reporting the concern to Social Work (or the police) and signposting them to the local service. However, you should still discuss this with a manager first – and do not promise this option. You should agree a safe way to get back to them after speaking to the manager.

You should also explore what the person at risk may be able to do to reduce the level of risk:

- Offer appropriate information and signposting to support this.
- See if they are willing to complete a Safety Plan if appropriate
- Agree an additional check in between regular contacts if appropriate
- Share grounding techniques and coping strategies as appropriate

Capacity

Someone lacking capacity cannot do **one or more** of the following four things:

- Understand information given to them about a particular decision
- Retain that information long enough to be able to make the decision
- Weigh up the information available to make the decision
- Communicate their decision.

Issues with capacity to make decisions may be transient (e.g. due to fear, shock, injury, illness) or long term (e.g. due to physical disabilities, learning disabilities, dementia, mental illness).

We always assume that adults have the capacity to make their own decisions, unless there is evidence otherwise. Even if a decision seems ill advised, it does not mean that someone lacks the capacity to make that decision. You should consider their capacity in the moment,

in relation to the specific decision that needs to be made – The assumption that someone can lack total capacity to decide their own affairs does not exist within the law.

If someone is lacking the capacity to make decisions themselves, we may need to decide what to do based on what we believe will keep them safe **IF** they are an Adult at Risk. Most often, this relates to whether we should contact statutory services on their behalf.

How should I assess capacity?

Start from the assumption that they have capacity. Some possible indicators that someone may be lacking capacity to make their own decisions at that time could include:

- Telling you they don't understand the information
- Asking you clarifying questions and not understanding your answers
- Being unable to describe the information back to you using their own words
- Responding with answers that do not make sense in context
- Being unable to recall what you have spoken about earlier
- Questioning how you know information that they shared earlier in the call
- Appearing to become unconscious or unresponsive
- Their speech becoming too slurred or quiet to understand what they say
- They are too distressed to speak.

We can also support people to maximise their capacity:

Try to adapt to meet their needs, some examples are below.

- Speak in plain English using appropriate language
- Repeat yourself or rephrase when needed
- Speak louder or slower.
- Give them time to calm down if possible
- Talk them though a grounding activity

What should I do if I think someone lacks capacity to make a decision?

If you become concerned that someone is at risk of harm AND you're concerned about their capacity to make a decision about keeping themself safe in that situation, then this becomes an adult protection issue.

You should follow the relevant procedures outlined above, and include any information about your assessment of the person's capacity in your paperwork or discussion with your line manager or the manager on call.

Contacting Social Care Direct: For advice or to make a referral

By Phone:

0131 200 2324

Opening hours
Monday to Thursday 8.30am to 5pm
Friday 8.30am to 3.55pm

At all other times, please contact their out of hours emergency service (0800 731 6969)

If providing information, also follow up with an email giving the information clearly in writing (also save your own copy): socialcaredirect@edinburgh.gov.uk

Clearly state your reason for phoning. This should be clarified between worker and manager before any contact is made.
•Looking for advice
•Phoning to give information / update
•Phoning to get new information e.g. new case with limited knowledge
•Making an adult protection referral

Information required:

- Referrer's details (ie: your details if you are making the call)
- Details of the person at risk – Name, address, DOB
- Details of the concern. Be clear with factual answers to Who What Where When
- Are they aware you are making the referral / providing information?
- Whether there is imminent danger
- Is there anyone else who may be at risk
- Request details of person receiving referral (that you are speaking to)
- Follow up with written information by email

Contacting Someone's GP

If we are contacting someone's GP because we are concerned about their wellbeing, the guidance is similar. We would only do this with someone's explicit permission or when we are concerned they pose a **serious and imminent** risk to themself – and unless it is an emergency situation workers should always have spoken with a manager first to discuss and make a plan.

Contact their surgery and ask to speak with their GP and explain your reason for getting in touch.

Information required:

- Referrer's details (ie: your details if you are making the call)
- Details of the person at risk – Name, address, DOB
- Details of the concern. Be clear with factual answers to Who What Where When
- Are they aware you are making the referral / providing information?
- Request details of person receiving referral (that you are speaking to)
- What action do they agree to take
- Follow up with written information by email

Revised: July 2025

Signed:

Lucy Aitchison, CEO

Organisational Safeguarding Lead

Theresa Sutherland, Trustee

Trustee Safeguarding Lead

Date: 14/07/25