Safeguarding Policy

September 2026

Who is covered by this policy?

All staff, trustees, volunteers, sessional workers, students and anyone working on behalf of Break the Silence, and clients.

What is covered in this policy?

This Safeguarding Policy sets out Break the Silence's approach to preventing and reducing harm to children and vulnerable adults when they are in contact with our staff, workers, volunteers or students. It should be read in conjunction with the National Guidance for Child Protection in Scotland and the Code of Practice for Adult Support and Protection.

The purpose of this policy is:

- To protect children and young people, and vulnerable adults who receive Break the Silence services. This includes the children of adults who use our services;
- To provide staff and volunteers with the overarching principles that guide our approach to safeguarding.

Break the Silence believes that a child or young person should never experience abuse of any kind. We have a responsibility to promote the welfare of all children and young people and to keep them safe. We are committed to practice in a way that protects them.

The policy aims to:

- Promote and prioritise the safety and wellbeing of children and vulnerable adults;
- Provide assurance to parents, carers and other parties that Break the Silence takes reasonable steps to manage risks and keep children and vulnerable adults safe;
- Ensure that everyone understands their roles and responsibilities in respect of safeguarding and is provided with the necessary information, training and support on safeguarding matters;
- Prevent the employment of individuals in work with children and/or vulnerable adults where they have been barred from regulated work or are deemed by the Break the Silence to pose an unacceptable risk to vulnerable groups;

- Ensure that appropriate action is taken in the event of any allegations or suspicions regarding harm to children or vulnerable adults arising from contact with staff, students or volunteers, whether the harm has taken place on our premises or not.

The Break the Silence Safeguarding Policy also seeks to manage effectively the risks associated with activities and counselling involving children and vulnerable adults:

- Completing a risk assessment process which involves identifying risks at an early stage and means of reducing or eliminating these;
- Implementing the required actions identified by the risk assessment process and reviewing the effectiveness of these on a regular basis;
- Ensuring that the appropriate PVG or basic disclosure checks are conducted, depending on eligibility, for any individuals starting or moving into work which involves working with children or vulnerable adults;
- Requiring new employees and individuals involved in working with children or vulnerable adults to familiarise themselves with the content of this policy and the associated Code of Practice.

This policy requires that any concerns or allegations involving harm to children and vulnerable adults are referred to the **Safeguarding Officer (Sharon Belshaw, Chief Executive Officer Clinical)** to determine what action, if any, must be taken.

The Safeguarding Officer has the main responsibility for managing safeguarding issues within Break the Silence. The role and responsibilities of the Safeguarding Officer are detailed below. Specific responsibilities in relation to allegations against staff members and sessional staff are detailed in the Procedure for Managing Suspicions and Allegations of Abuse of a Child or Vulnerable Adult against a Break the Silence member of staff and volunteers.

Within Break the Silence the Safeguarding Officer will:

- Implement and promote Break the Silence's Safeguarding Policy and Procedures.
- Regularly report to the Management Committee.
- Act as the main contact within Break the Silence for the protection of children and vulnerable adults.
- Provide information and advice on the protection of children and vulnerable adults.
- Support and raise awareness of the protection of children and vulnerable adults.
- Communicate with staff members and associates on issues of child and vulnerable adult protection.

- Keep abreast of developments and understand the latest information on data protection, confidentiality and other legal issues that impact on the protection of children and vulnerable adults.
- Encourage good practice and support of procedures to protect children and vulnerable adults.
- Establish and maintain contact with local statutory agencies including the Police and Social Work Department.
- Take details of any allegation/suspicion/concern and ensure an accessible and coherent record is completed for Suspicions or Allegations of Abuse of a Child or Vulnerable Adult.
- Consult with the appropriate Child Protection professional (i.e. Social Worker or Police) if needed. Report cases, concerns and action taken to Break the Silence Safeguarding Officer within 48 hours of any disclosure.
- Attend training on the protection of children and vulnerable adults.
- Maintain confidential records of reported cases and action taken and liaise with the statutory agencies and ensure they have access to all necessary information.
- Organise training for staff members and associates.
- Regularly monitor and review Break the Silence's Safeguarding Policy
- Encourage good practice and support of procedures to protect children and vulnerable adults.

If the Safeguarding Officer (Chief Executive Officer Clinical) is unavailable, staff (and volunteers/students) should report to Clinical Leads in her absence. This will enable each situation to be assessed timeously (and in the case of an allegation ensuring that all parties involved are treated fairly and with sensitivity). It will also ensure that suitable steps are taken as a result, which may include contacting the police and/or fulfilling the legal duty to refer information to the DS as required.

This **Safeguarding Policy** should be used as the basis of our approach to preventing and reducing harm to children and vulnerable adults.

Our responsibilities:

- Safeguard and promote the interests and well-being of children and vulnerable adults with whom we are working;
- Take all reasonable practical steps to protect them from harm, discrimination, or degrading treatment; and
- Respect their rights, wishes and feelings.

The procedures:

- Offer safeguards to the children and vulnerable adults with whom we work, and to our members of staff and those in associated groups and
- Help us maintain high standards of professionalism and practice.

We will:

- Promote the health and welfare of children and vulnerable adults through our direct service provision.
- Respect and promote the rights, wishes and feelings of children and vulnerable adults.
- Promote and implement appropriate procedures to safeguard the well-being of children and vulnerable adults and protect them from abuse.
- Recruit, train, support and supervise our staff members and associates to adopt best practice to safeguard and protect children and vulnerable adults from abuse and to minimise risk to themselves.
- Require staff members and associates to adopt and abide by this safeguarding policy and associated procedures
- Respond to any allegations of misconduct or abuse of children or vulnerable adults in line with this Policy and these Procedures as well as implementing, where appropriate, the relevant disciplinary and appeals procedures.
- Review and evaluate this Policy and these procedures annually

Legal framework

This policy has been drawn up on the basis of law and guidance that seeks to protect children and vulnerable adults, however this is not an exhaustive list of legislation:

- Protection of Vulnerable Groups Act 2007
- Children (Scotland) Act 1995
- Children and Young People (Scotland) Act 2014
- Children Act 1989
- United Nations Convention of the Rights of the Child 1991
- Data Protection Act 2018 (and the general data protection legislation)
- Sexual Offences Act 2003
- Sexual Offences (Scotland) Act 2009
- Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005
- Children Act 2004
- Protection of Freedoms Act 2012

- Adult Support and Protection Act 2007
- Relevant government guidance on safeguarding children

We recognise that:

- The welfare of the child is paramount, as enshrined in the Children (Scotland) Act 1995

PART 1: SAFEGUARDING IN PRACTICE

1A. SAFER RECRUITMENT AND ASSOCIATED STEPS

Advertising

All forms of advertising used to recruit staff members and associates for positions involving regular contact with children or vulnerable adults will include the following:

- The aims of Break the Silence and, where appropriate, details of the particular work involved.
- The responsibilities of the role.
- The level of experience or qualifications required (e.g. experience of working with children is an advantage).
- Details of Break the Silence's open and positive stance on child protection and the protection of vulnerable adults.

Pre-application Information

Pre-application information for positions involving regular contact with children or vulnerable adults will be sent to applicants and will include:

- A job description including roles and responsibilities.
- A candidate specification (e.g. stating qualifications or experience of working with children or vulnerable adults required)
- An application form and self-declaration form.
- Information on Break the Silence and related topics.

References

References will be sought as required. Where possible at least one of these references will be from an employer or a voluntary organisation where the position required working with children or vulnerable adults in any of the following capacities: employee; volunteer; or work experience. If the person has no experience of working with children or vulnerable adults, specific training requirements will be agreed before appointment.

Checks

Break the Silence is registered with the Central Registered Body for Scotland and prior to appointment a PVG check or Basic Disclosure check and/or equivalent international check will be completed. This will require the prospective position holder to complete and submit a Disclosure Scotland form, with the results returning to the Administrative Officer. As recommended by Disclosure Scotland (Protecting the Vulnerable by Safer Recruitment, 2002) the following types of checks are to be requested for positions requiring contact with children and vulnerable adults:

PVG Checks and Disclosure Checks

PVG checks will be requested for all staff carrying out Regulated Work within Break the Silence. PVGs will be renewed every 3 years.

Basic Disclosure checks will be requested for all other positions. Disclosures will be renewed every 2 years.

Interview

For positions that require regular contact with children or vulnerable adults, interviews will be carried out. An interview will include requests for additional information to support the application.

Offer of Position

Once a decision has been made to appoint an individual, an offer letter will be presented to the applicant including the details of the position, any special requirements and the obligations e.g. agreement to the policies and procedures of the organisation, the probation period and responsibilities of the role.

Confirmation of the position being accepted will require the offer letter to be formally accepted and agreed to in writing e.g. by the individual signing and dating their agreement on the offer letter and returning it to the Organisation.

Induction

The induction process for the newly appointed member of staff will include the following:

- An assessment of training, individual aids and any other needs and aspirations.

- Clarification, agreement and signing up to the Child and Vulnerable Adult Protection Policy and Procedures.
- Clarification of the expectations, roles and responsibilities of the position.

Training

Newly appointed staff members and associates will complete the following training over an agreed period:

- Safeguarding Training covering child and adult protection.
- Working effectively with children and vulnerable adults (including developing child and vulnerable adult friendly resources and activities).
- Any other identified training needs.

Probation

Newly appointed staff members and affiliates will complete an agreed period of probation on commencement of their role.

Supervision and Appraisal

All staff members and associates who have contact with children or vulnerable adults will be supervised and their performance appraised. This will provide an opportunity to evaluate progress, set new goals, identify training needs and provide a forum for celebrating good practice and working alongside the worker to look at needs and support around poor practice.

1B. CODE OF CONDUCT FOR STAFF AND VOLUNTEERS

This code of conduct details the types of practice required when in contact with children or vulnerable adults. The types of practice are categorised into good practice, practice to be avoided, and practice never to be sanctioned. Suspicions or allegations of non-compliance with this Code by a staff member or volunteer will be dealt with through the Disciplinary Procedure for misconduct or through Responding to Suspected or Reported Harm or Abuse (see Part 2 of this document).

Good Practice

Break the Silence supports and requires the following good practice when in contact with children and vulnerable adults.

When working with children or vulnerable adults:

- Ensure safeguards such as lone working assessments and any required security such as alarms are in place for any direct contact work.
- When working in a private or unobserved situation always notify another member of staff and or admin when and where you are, how long you will be there and who you are working with.
- Do not work in isolation with a new client or a first appointment. This does not mean you cannot work alone - see above
- Treat all children and vulnerable adults equally, with respect and dignity.
- Put the welfare of each child or vulnerable adult first
- Give enthusiastic and constructive feedback rather than negative criticism.
- Ensure that if any form of manual or physical support is required for a child or vulnerable adult, it is provided openly, the child or vulnerable adult is informed of what is being done and their consent or parental consent (if appropriate) is obtained first.
- Deliver instructions first verbally; secondly role-modelled; and thirdly if working with issues such as bodywork (this must be delivered by a competent, qualified trainer with nationally recognised registration) and only if necessary, with hands on - which must be accompanied by telling the child or vulnerable adult where you are putting your hands and why it is necessary and obtaining their consent.
- Involve parents, guardians and carers wherever possible.
- Build balanced relationships based on mutual trust that empower children and vulnerable adults to share in the decision-making process.
- Recognize the developmental needs and capacity of children and vulnerable adults and avoid excessive or undue pressure on them. Work contractually with children and vulnerable adults and allow them to fully contribute to the contract procedure.

First Aid and Treatment of Injuries:

If a child or vulnerable adult requires first aid or any form of medical attention whilst in your care, then the following good practice must be followed:

- Be aware of any pre-existing medical conditions, medicines being taken by clients or existing injuries and treatment required.

- Where possible, ensure access to medical advice and/or assistance is available.
- Only those with a current, recognised First Aid qualification should respond to any injuries.
- Where possible any course of action should be discussed with the child/vulnerable adult, in language that they understand, and their permission sought before any action is taken.
- In more serious cases, assistance must be obtained from a medically qualified professional as soon as possible.
- The child's or vulnerable adult's parents/guardians/carers must be informed of any injury and any action taken as soon as possible, unless it is in the child's or vulnerable adult's interests and on professional advice not to do so.
- Complete a report and fill in the Accident/Incident Book

Do not take on the responsibility for tasks for which you are not appropriately trained.

Practice never to be sanctioned

The following practices should never be sanctioned:

- Never engage in sexually provocative games, including horseplay.
- Never engage in rough physical contact.
- Never form intimate emotional or physical relationships with children or vulnerable adults.
- Never allow or engage in touching a child or vulnerable adult in a sexually suggestive manner.
- Never allow children or vulnerable adults to swear or use sexualised language unchallenged.
- Never make sexually suggestive comments to a child or vulnerable adult, even in fun.
- Never reduce a child or vulnerable adult to tears as a form of control.
- Never allow allegations made by a child or vulnerable adult to go unchallenged, unrecorded or not acted upon.
- Never invite or allow children or vulnerable adults to stay with you at your home.

Reporting

If members of staff and volunteers have concerns about an incident involving a child or vulnerable adult they must report their concerns as soon as possible to the Safeguarding Officer.

Parents should also be informed of the incident as soon as possible unless it is not in the child's or vulnerable adult's interests to tell them (refer to: Concerns with Parents, Guardians or Carers).

Report, record and inform if the following occur:

- If you accidentally hurt a child or vulnerable adult.
- If a child or vulnerable adult seems distressed in any manner.
- If a child or vulnerable adult misunderstands or misinterprets something you have said or done.
- If a child or vulnerable adult appears to be sexually aroused by your actions.
- If a child or vulnerable adult needs to be restrained.

1C. PHOTOGRAPHY AND SOCIAL MEDIA GUIDELINES

Policy Statement

Break the Silence continually records its work. We have a duty to prepare an Annual Report and to prepare reports for funders. We use artwork, photographs and may use video of events we have organised or attended. This media may record staff, service users and volunteers. We hope to minimise risk and harm to anyone taking part in any Break the Silence function by following the procedures listed below.

Procedures

The following is required for Break the Silence activities or events where children or vulnerable adults are participating:

- Where possible consent from the parent/guardian for photographing, videoing and/or filming of a child or vulnerable adult must be obtained prior to the event or activity.
- Where possible anyone wishing to use photographic/film/video equipment at a venue must obtain approval.
- An activity or event specific identification badge/sticker must be provided to and clearly displayed at all times by accredited photographers, film and video operators on the day of the activity or event.
- Break the Silence reserves the right at all times to prohibit the use of photography, film or video at any event or activity with which it is associated.
- The requirements above are publicly promoted to ensure all people present at the event or activity understand the procedure and are aware of whom to contact if concerned.

Concerns about Photographers, Video or Film Operators

Any concerns with photographers or video or film operators are to be reported to Break the Silence's Safeguarding Officer and where relevant, the Police.

Social Media and Advertising

Policy Statement

Websites and publications provide excellent opportunities to publicise and broadcast our achievements of individuals to the world and to provide a showcase for the activities of Break the Silence and young people or vulnerable adults. In some cases, however, displaying certain information about children and vulnerable adults could place them at risk. The following procedure must be followed to ensure Break the Silence publications and Break the Silence information on the Internet do not place children and vulnerable adults at risk.

Procedures

Break the Silence information on the Internet and in all publications must adhere to the following:

- Publications or information on an Internet site must never include personal information that could identify a child or vulnerable adult e.g. home address, e-mail address, telephone number of a child or vulnerable adult. Any contact information must be directed to either Break the Silence or another relevant Organisation's address.
- Prior publishing any information about a child or vulnerable adult, written consent must be obtained from the child or vulnerable adult's parent/guardian. If the material is changed after consent obtained, the parents/guardians must be informed and consent provided for the changes.
- The content of photographs or videos must not depict a child or vulnerable adult in a provocative pose or in a state of partial undress. Children and vulnerable adults must never be portrayed in a demeaning or tasteless manner.
- All published events involving children or vulnerable adults must be reviewed to ensure the information will not put children or vulnerable adults at risk.
- Particular care must be taken in publishing photographs, film or videos of children or vulnerable adults who are considered particularly vulnerable e.g. the subject of a child or vulnerable adult protection issue or a custody dispute.
- Particular care is to be taken in publishing photographs, films or videos of children or vulnerable adults with physical, learning and/or communication or language disabilities, as they could be particularly vulnerable to abuse (Morgan, 1979; Watson, 1984).

Any concerns or enquiries about publications or Internet information should be reported to Break the Silence's Safeguarding Officer.

PART 2: RESPONDING TO SUSPECTED OR REPORTED HARM OR ABUSE

2A: Recognising and responding to concerns/disclosures

Policy Statement

A child or vulnerable adult may disclose a concern or an allegation against anyone.

It is not the responsibility of anyone from Break the Silence to decide whether or not a child or vulnerable adult has been abused. It is however everyone's responsibility to report concerns.

Due to the nature of our work and training Break the Silence members of staff and volunteers understand what is meant by the term 'abuse'. The different types of abuse are:

1. Emotional Abuse
2. Neglect
3. Physical Abuse
4. Sexual Abuse
5. Negative Discrimination (including racism)
6. Bullying (includes bullying by gangs; bullying by family members; physical bullying; verbal bullying; teasing; and harassment)

This is not an exhaustive list and staff/volunteers should refer to the National Guidance for Child Protection and Adult Support and Protection Code of Practice. The definitions of a child and vulnerable adult, and the types of abuse above are detailed in Appendix A. Please make yourself familiar with them and national guidance.

In relation to Bullying, Break the Silence seeks to create an atmosphere where bullying of children and vulnerable adults is unacceptable and to help members of staff and volunteers manage bullying issues, guidelines for identifying and managing bullying have been developed (see Appendix J).

Procedures

How to Listen to a Disclosure

It is important to listen carefully to the information a child or vulnerable adult discloses. When listening to a disclosure the following good practice is required:

- React calmly so as not to frighten the child/vulnerable adult.
- Listen to the child/vulnerable adult.
- Do not show disbelief.
- Tell the child/vulnerable adult that they are not to blame and that they were right to tell.
- Take what the child/vulnerable adult says seriously, recognising the difficulties inherent in interpreting what a child/vulnerable adult says, especially if they have a speech disability and/or differences in language.
- Do not pre-suppose that the experience was bad or painful - it may have been neutral or even pleasurable. Always avoid projecting your own reactions onto the child or vulnerable adult.
- If you need to clarify or the statement is ambiguous, keep questions to the absolute minimum to ensure a clear and accurate understanding of what has been said. Use open-ended, non-leading questions.
- Do not introduce personal information from either your own experiences or those of other children or vulnerable adults.
- Reassure the child or vulnerable adult.

Actions to Avoid

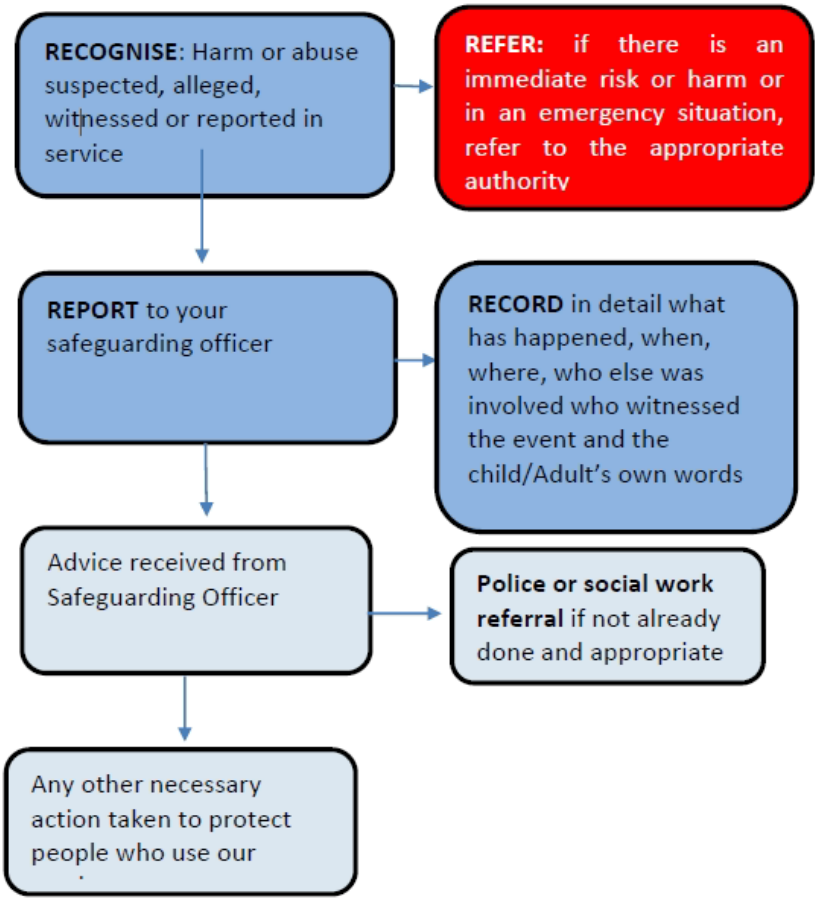
When receiving a disclosure:

- Avoid panic.
- Try to avoid showing intense shock or distaste.
- Avoid probing for more information than is offered.
- Avoid speculating or making assumptions.
- Avoid making negative comments about the person against whom the allegation has been made.
- Avoid approaching the individual against whom the allegation has been made.
- Avoid giving a guarantee of confidentiality.

Responding to a concern, disclosure or allegation: important actions to take

- In the case of a disclosure, listen to the child or vulnerable adult
- If there is an immediate risk or harm or it is an emergency situation, phone the relevant authority
- Pass your concerns to the Safeguarding officer and if appropriate with the parents/guardians/carers of the child or vulnerable adult (refer to: Concerns with Parents, Guardians or Carers) (PLEASE Seek advice from the Safeguarding Officer if in any doubt)
- After consultation with the Safeguarding Officer, pass any relevant information to the Social Work Department or the Police in the area where the abuse is alleged to have occurred (these are available 24 hours a day).
- Act on any advice given.
- Make a full written record of what you have seen, heard and/or told as soon as possible in the child/vulnerable adult's own words. The information must, where known, include the following:
    - Name of child/vulnerable adult.
    - Age, date of birth of child/vulnerable adult.
    - Home address and telephone number of the child/vulnerable adult.
    - The nature of the allegation in the child/vulnerable adult's own words.
    - Any times, dates or other relevant information.
    - Whether the person making the report is expressing their own concern or the concerns of another person.
    - The child/vulnerable adult's account, if it can be given, of what has happened and how any injuries occurred.
    - The nature of the allegation (include all of the information obtained during the initial account e.g. time, date, location of alleged incident).
    - A description of any visible (when normally dressed) injuries or bruising, behavioural signs, indirect signs (do not examine the child/vulnerable adult).
    - Details of any witnesses to the incident.
    - Whether the child/vulnerable adult's parents/guardians/carers have been contacted.
    - Details of anyone else who has been consulted and the information obtained.
    - If it is not the child/vulnerable adult making the report, whether the child/vulnerable adult has been spoken to, if so what was said.
    - Record, sign and date on the day what you have seen, heard or been told.
    - Electronic copies of the disclosure should be password protected and added to the client's record on CMS
    - Ensure the record is passed to the Safeguarding Officer

Reporting a concern: Quick Guide for staff or volunteers



Remember: Listen; Respond; Report and Record

2B: Responding to a Suspicion or Allegation of Abuse against a staff member or volunteer of Break the Silence

The feelings caused by the discovery of potential abuse by a member of staff/volunteer will raise different issues, e.g. disbelief that a member of staff and or volunteer would act in this way. It is not the responsibility of a member to take responsibility or to decide whether or not a child or vulnerable adult has been abused. However, as with allegations against non-members, it is the responsibility of the individual to act on any concerns.

Any information that raises concern about the behaviour of a member towards a child or vulnerable adult must be passed on as soon as possible that day, in accordance with these procedures. No member of staff and or volunteer in receipt of such information shall keep that information to themselves nor attempt to deal with the matter on their own.

These Procedures aim to ensure that all suspicions and/or allegations of abuse against a staff member are taken seriously and are dealt with in a timely and appropriate manner. They must be read in conjunction with the Break the Silence Disciplinary Procedures.

Important Note: Where there is a concern about the Safeguarding Officer it must be reported to the Chair of Break the Silence Management Committee and or Head of Social Work.

Actions for the Safeguarding Officer when concerns are reported about a staff member or volunteer

Before taking any action, the Safeguarding Officer must always seek advice from the Police or Social Work Department. Thereafter:

- Establish Basic Facts – the Safeguarding Officer must initially clarify the basic facts to establish whether there is reasonable cause to suspect or believe that a member of staff/volunteer may have abused a child and/or vulnerable adult, and if so the matter will be dealt with in accordance with the Break the Silence Disciplinary Procedure and national child and adult protection guidance
- Inform the Break the Silence Chairperson that concerns have been reported.

Important Note:

- This may necessitate the child(ren) or vulnerable adult(s) involved being asked some basic, open ended, non-leading questions solely with a view to clarifying the basic facts. It may also be necessary to ask similar basic questions of other

children, or other appropriate individuals e.g. supervisors, volunteers. After seeking advice from the Police and/or Social Work Department, the parents/guardians may be approached to provide consent to speak to a child/vulnerable adult.
- Advice must be sought from the Police and/or Social Work Department as to whether the member about whom the allegation has been made may be approached as part of the initial enquiry.
- This process will not form part of the disciplinary investigation.

Making a referral in cases of suspected and/or alleged abuse

If the basic facts support a suspicion or allegation of abuse:

- The Safeguarding Officer will refer the suspicion and/or allegation to the Social Work Department and the Police, as soon as is practicable – this will not be longer than 48 hours.
- Appropriate steps may be required to ensure the safety of the child(ren) or vulnerable adult(s) who may be at risk.
- A record should be made of the name and designation of the Social Work Department member of staff or the Police Officer to whom the concerns were passed, together with the time and date of the call, in case any follow up is required.
- Following advice from the Social Work Department and/or Police, the parent/guardian of the child or vulnerable adult should be contacted as soon as possible.

Important Note:

Reporting of the matter to the Police or Social Work Department must not be delayed by attempts to obtain more information. A referral record (who, what, where, when and associated safeguarding action taken) must be recorded and uploaded onto the CMS as soon as possible that day. Where possible, a copy of this form must be sent to the Police and Social Work Department within 24 hours.

Possible Outcomes following advice from Police

Where the initial enquiry reveals that there is reasonable cause to suspect or believe that a member of staff/volunteer has abused a child and/or vulnerable adult there will be an investigation. There are three types of investigation that can result:

- A disciplinary investigation

- A child protection investigation
- A criminal investigation

Following advice from the Police, disciplinary action may be taken in cases where a criminal investigation is ongoing provided sufficient information is available to enable a decision to be made and doing so does not jeopardise the criminal investigation.

Managing the staff member or affiliate against whom the allegation has been made

Following advice from the Police, if the decision is made that the member of staff/volunteer against whom the allegation has been made is to be informed, the member of staff/volunteer should be told an allegation has been made which suggests abuse. It is essential to preserve evidence for any criminal proceedings while at the same time safeguarding the rights of the member of staff/volunteer.

Suspension

Suspension is not a form of disciplinary action. The member may be suspended whilst an investigation is carried out.

- Suspension will be carried out by Break the Silence in accordance with Disciplinary and Appeals Procedures (2003).
- At the suspension interview the member will be informed of the reason suspension is taking place and given the opportunity to give a statement should they wish. Notification of the suspension and the reasons will be conveyed in writing to the member in accordance with the Break the Silence Judicial, Disciplinary and Appeals Procedures.

Managing False or Malicious Allegations

Where after investigation, the allegation is found to be false or malicious the staff member or volunteer will receive an account of the circumstances and/or investigation and a letter confirming the conclusion of the matter. The person involved may wish to seek legal advice.

- All records pertaining to the circumstances and investigation will be destroyed.
- The staff member or volunteer will be advised of the appropriate counselling services available.

Managing Allegations of Non- Recent Abuse

- Allegations of abuse may be made some time after the event e.g. an adult who was abused as a child by a member who is still currently working with children. Where such an allegation is made the procedures for managing allegations of abuse must be followed.

Protection of Vulnerable Groups (Scotland) Act 2007 and Duty to Refer

The PVG Act places duties on organisations to refer employees to Disclosure Scotland when certain conditions have been met.

Under the Act, organisations have a duty to make a referral (within three months of taking a final decision to dismiss an individual or move them permanently from regulated work) to Disclosure Scotland when they are satisfied that an individual's conduct meets the following criteria (referral ground):

- Harmed a child or protected adult
- Placed a child or protected adult at risk of harm
- Engaged in inappropriate conduct involving pornography
- Engaged in inappropriate conduct of a sexual nature involving a child or protected adult
- Given inappropriate medical treatment to a child or protected adult

Organisations may only make a referral when they have dismissed an individual or moved them permanently from regulated work with the group concerned or where they would or might have dismissed had the individual had they not left their employment before the decision was made, or had they known the information at the time the individual worked for them.

2C: SHARING CONCERNS WITH PARENTS, GUARDIANS OR CARERS

Where it is Not Abuse

There is always a commitment to work in partnership with parents/guardians/carers where there are concerns about a child/vulnerable adult. Therefore, in most situations, not involving the possibility of the abuse of a child or vulnerable adult, it would be important to talk to parents/guardians/carers to help clarify any initial concerns. For example, if a child or vulnerable adult seems withdrawn, they may have experienced an upset in the family, such as a parental separation, divorce or bereavement. Common sense is advised is these situations, however advice should be sought primarily from the Safeguarding Officer about the appropriate course of action.

Allegations of Abuse

There are circumstances in which a child or vulnerable adult might be placed at even greater risk if concerns are shared e.g. where a parent/guardian/carer may be responsible for the abuse or not able to respond to the situation appropriately. **In all reported cases of suspected or alleged abuse, advice and guidance must first be sought from the local Social Work Department or the Police as to who contacts the parents. N.B. this will be co-ordinated through Break the Silence's Safeguarding Officer.**

Key Message: If in doubt, or you have any concern speak to the Safeguarding Officer

Policy approved: June 2026

Appendix A

Definition of Terms

Child:

A child is defined as anyone under 16 years of age.

16 to 18 years old: Young people aged 16 to 18 years are sometimes classified as children in Scotland. In terms of the

Children and Young People (Scotland)Act 2014 a 16 to 18 years old will be regarded as a child if they are subject to a supervision requirement through a Children's Hearing.

For the purposes of Part V of the Police Act 1997 a child is defined as anyone under the age of 18 years.

Vulnerable Adults:

There is no legal definition of a vulnerable adult in Scotland. For the purposes of this policy we are referring to a working definition being a person over the age of 16 that you suspect or know is being harmed or exploited by another person, or is harming themselves, and is unable to protect themselves

The legal definition in Scotland is in relation to an 'adult at risk'. The Adult Support and Protection Act 2007 defines an adult at risk as people aged 16 years or over who:

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

Vulnerable Adults may require health or social support services and may be unable to take care of themselves and to protect themselves from harm or exploitation. A number of studies suggest that children and vulnerable adults are at increased risk of abuse. Various factors contribute to this such as stereotyping, prejudice, discrimination, isolation and a powerlessness to protect themselves or adequately communicate that abuse has occurred.

Types of Abuse

It is generally accepted that there are four forms of abuse. However, in some cases negative discrimination and bullying can have severe and adverse effects on a child or vulnerable adult. Break the Silence is committed to protecting children and vulnerable adults from all forms of abuse. It is not staff or volunteer's responsibility to decide whether or not a child or vulnerable adult has been abused. It is a member's responsibility to pass on any concerns and for the Police and/or Social Work Department to investigate.

The signs of abuse listed are not definitive or exhaustive. The list is designed to help Break the Silence staff and volunteers to be more alert to the signs of possible abuse.

Children and vulnerable adults may display some of the indicators at some time; the presence of one or more should not be taken as proof that abuse is occurring. Any of these signs or behaviours must be seen in the context of the child/vulnerable adult's whole situation and in combination with other information related to the child/vulnerable adult and his/her circumstances. There can also be overlap between different forms of abuse.

Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child or vulnerable adult such as to cause severe and adverse effects on their emotional development. It may involve conveying that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children or vulnerable adults. It may also involve causing a child or vulnerable adult to frequently feel frightened or in danger, or the corruption or exploitation of a child or vulnerable adult.

Emotional Abuse in Break the Silence

This may include the persistent failure to show self-respect, build self-esteem and confidence by children or vulnerable adults that may be caused by:

- Exposure to humiliating or aggressive behaviour or tone
- Failure to intervene where self-confidence and worth are challenged or undermined

Signs of possible emotional abuse:

- Low self esteem
- Continual self-deprecation
- Aggression
- Sudden speech disorder or sight disorder
- Significant decline in concentration
- Immaturity
- Rocking or other repeated self-soothing
- Self-harm, including drug and alcohol used to excess
- Compulsive stealing
- Extremes of passivity or aggression
- Running away
- Indiscriminate friendliness
- Attachment or relationship difficulties
- Sexual dysfunction

Neglect

Neglect is the persistent failure to meet a child or vulnerable adult's basic physical and/or psychological need. It may involve a parent or carer failing to provide adequate food, shelter, warmth, clothing and cleanliness. It may also include leaving a child home alone, exposure in a manner likely to cause unnecessary suffering or injury or the failure to ensure that appropriate medical care or treatment is received.

Neglect, as well as being the result of a deliberate act, can also be caused through the omission or the failure to act or protect.

Signs of possible neglect:

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Frequent lateness or unexplained non-attendance at school
- Untreated medical problems
- Low self esteem
- Poor peer relationships
- Stealing

Physical Abuse

Physical Abuse may involve the actual or attempted physical injury to a child or vulnerable adult including hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise harming them.

Physical Abuse may also be caused when a parent or carer feigns the symptoms of or deliberately causes ill health to a child whom they are looking after. This situation is described as Munchausen's Syndrome. A person may do this because they need or enjoy the attention they receive through having a sick child.

Physical abuse may also be a deliberate act, omission or failure to protect.

Physical Abuse in Break the Silence

This may include bodily harm caused by lack of care, attention or knowledge that may be caused by:

- Failure to do a risk assessment of physical limits or pre-existing medical conditions
- Condoning or failure to intervene in drug use

Please note: Self Harm/self-harming behaviour is not permitted on Break the Silence premises

Signs of possible physical abuse:

Most children will sustain cuts and bruises throughout childhood. These are likely to occur in bony parts of the body like elbows, shins and knees. In most cases injuries or bruising will be genuinely accidental. An important indicator of physical abuse is where bruises or injuries are unexplained, or the explanation does not fit the injury or the injury appears on parts of the body where accidental injuries are unlikely e.g. on the cheeks or thighs. The age of the child must also be considered.

Signs of possible physical abuse include:

- Unexplained injuries or burns, particularly if they are recurrent
- Improbable excuses given to explain injuries
- Refusal to discuss injuries
- Fear of parents being approached for an explanation

- Untreated injuries, or delays in reporting them
- Excessive physical punishment to themselves
- Arms and legs kept covered in hot weather
- Avoidance of swimming, physical education etc.
- Fear of returning home
- Aggression towards others
- Running away

When considering the possibility of non-accidental injury, it is important to remember that injuries may have occurred for other reasons e.g. skin disorders, rare bone diseases.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or vulnerable adult to take part in sexual activities whether or not they are aware of or consent to what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. This may include non-contact activities such as forcing children or vulnerable adults to look at or be involved in the production of pornographic material, to watch sexual activities or encouraging them to behave in sexually inappropriate ways. Boys and girls can be sexually abused by males and/or females, including persons to whom they are not related and by other young people. This includes people from all walks of life.

Sexual Abuse in Break the Silence

This could include contact and non-contact activities and may be caused by:

- Exposure to sexually explicit inappropriate language, jokes or pornographic material
- Inappropriate touching
- Having any sexual activity or relationship
- Creating opportunities to access children's or vulnerable adult's bodies

Not all children or vulnerable adults are able to tell that they have been sexually assaulted. Changes in their behaviour may be a signal that something has happened. It is important to note that there may be no physical or behavioural signs to suggest that a child or vulnerable adult has been sexually assaulted.

A child or vulnerable adult who is distressed may display some of the following physical, behavioural or medical signs that should alert you to a problem. It is the combination and frequency of these that may indicate sexual abuse. Always seek advice.

Signs of possible sexual abuse

Behavioural:

- Lack of trust in adults or over familiarity with adults
- Fear of a particular adult
- Social isolation -withdrawn or introversion
- Sleep disturbance (nightmares, bed-wetting, fear of sleeping alone, needing a night light)
- Running away from home
- Girls taking over the mothering role
- Sudden school problems e.g. falling standards, truancy
- Reluctance or refusal to participate in physical activity or to change clothes for games
- Low self-esteem
- Drug, alcohol or solvent abuse
- Display of sexual knowledge beyond child ‘s age
- Unusual interest in the genitals of adults, children or animals
- Fear of bathrooms, showers, closed doors
- Abnormal sexual drawings
- Fear of medical examinations
- Developmental regression
- Poor peer relationships
- Over sexualised behaviour
- Compulsive masturbation
- Stealing
- Irrational fears
- Psychosomatic factors e.g. recurrent abdominal or headache pain
- Sexual promiscuity
- Eating disorders

Physical or Medical signs:

- Sleeping problems, nightmares, fear of the dark
- Bruises, scratches, bite marks to the thighs or genital areas
- Anxiety, depression
- Eating disorder e.g. anorexia nervosa or bulimia
- Discomfort/difficulty in walking or sitting
- Pregnancy -particularly when reluctant to name the father

- Pain on passing urine, recurring urinary tract problem, vaginal infections or genital damage
- Venereal disease/sexually transmitted diseases
- Soiling or wetting in children who have been trained
- Self-mutilation, suicide attempts
- Itchiness, soreness, discharge, unexplained bleeding from the rectum, vagina or penis
- Stained underwear
- Unusual genital odour

Negative Discrimination (including racism, homophobia and transphobia)

Children and vulnerable adults may experience harassment or negative discrimination because of their race or ethnic origin, socio-economic status, culture, age, disability, gender, sexuality or religious beliefs. Although not in itself a category of abuse, it may be necessary for the purposes of the Child and Vulnerable Adult Protection Policy and Procedures, for negative discriminatory behaviour to be categorised as emotional abuse.

Important Note: All Organisations working with children and vulnerable adults including those operating where black and ethnic communities are numerically small, should address institutional racism, defined in the MacPherson Inquiry report on Stephen Lawrence as:

“The collective failure by an Organisation to provide appropriate and professional service to people on account of their race, culture and/or religion”.

Bullying

It is important to recognise that in some cases of abuse, it may not always be an adult abusing a young person or vulnerable adult. It can occur that the abuser may be a young person, for example in the case of bullying.

Appendix D

PVG Form (Refer to Safeguarding Officer for a copy)

Disclosure form (Refer to Safeguarding Officer for a copy)

Children - who can give consent?

The child

The Age of Legal Capacity (Scotland) Act 1991 allows children under the age of 16 to give their own consent in certain circumstances. Section 2(4) states:

"A person under the age of 16 shall have legal capacity to consent on his own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending him, he is capable of understanding the nature and possible consequences of the procedure or treatment."

The decision about competence is entirely one for the doctor or other medical practitioner to make. This means where a child is assessed as being capable of providing consent, the consent of a parent/guardian is not required.

The Scottish Executive recommend that efforts should always be made to discuss with the child informing his/her parents/guardians or carers, except where it is clearly not in the child's best interests to do so. If a child refuses to allow parents/guardians or carers to be informed, then this must be respected.

Consent from the following categories would only be required where the child is assessed as incapable of providing consent.

Person with Parental Responsibilities in relation to the child

A person who has parental responsibility of the child would normally be requested to provide consent, as under the Children (Scotland) Act 1995 they have responsibilities that include a duty to safeguard and promote the child's health, development and welfare.

If a child's parents are or have been married to each other, both have parental responsibility and either can give consent. If the parents have not been married to each other, normally only the mother has automatic parental responsibility including the right to consent. The father will have the right to consent if either:

- He has obtained an order from the court awarding him parental responsibilities.
- He and the child's mother have a registered parental responsibilities agreement.

Where a parent is required to provide consent they should, so far as practicable, consider the views of the child.

Person who has care and control of the child

Section 5 of the Children (Scotland) Act 1995 also allows consent to be given by those who have care or control of a child but who do not have either parental responsibilities or parental rights in respect of the child e.g. a grandparent who is the child's main carer. These people have a duty to do what is reasonable in all the circumstances to safeguard the child's health, development, and welfare. This includes giving consent to treatment or procedures.

Such consent would not be effective however, where

- The child is capable of consenting
- The person knew that the parent would not consent e.g. a parent who is a Jehovah Witness
- The medical examination was for the purpose of establishing child abuse

If the child is looked after by the Local Authority, the authority can give consent only if it has obtained a Parental Responsibilities Order from the court or consent is authorised by conditions attached to an order or warrant issued by a Court or Children's Hearing.

Vulnerable Adults - who can give consent?

As with children, where a vulnerable adult is capable of consenting to medical treatment, consent will not be required from any other individual such as parent/guardian or carer. Again, it is for the medical profession to determine whether the vulnerable adult is capable of understanding the proposed treatment and consequences.

There are safeguards where a vulnerable adult may not be capable of consenting to medical treatment. This is dealt with in Part 5 of the Adults with Incapacity (Scotland) Act 2000. A medical practitioner must certify that he is of the opinion that an adult is incapable in relation to a decision about medical treatment. They shall then have the authority to do what is reasonable in the circumstances in relation to the proposed medical treatment to safeguard or promote the physical and/or mental health of the adult.

Child Protection in Scotland

UN Convention on the Rights of the Child

In 1991, the UK ratified the United Nations Convention on the Rights of the Child, which has had a significant impact on Scottish law and practice. The passing of the Human Rights Act 1998 made the European Convention on Human Rights a part of Scottish law. This has positive implications for children who are as entitled as adults to benefit from its provisions. The principles of both conventions shaped the Children and Young People (Scotland)Act 2014, which is discussed below.

The Convention on the Rights of the Child's explicit focus on children means that it has more obvious implications for child protection. Ratification means that all practice should be shaped by it unless this is actually contrary to Scottish, or European human rights law. Much remains to be done in moving towards full implementation, but we should not underestimate what has been achieved. Statutory and voluntary agencies in Scotland have been active in promoting the convention and continue to work towards greater recognition of it. The convention's particular relevance for child protection lies in its commitment to:

- support for family life;
- respect for the child's views;
- provision of an adequate standard of living, education and health services, to leisure and to a cultural and spiritual life;
- making the child's best interests a primary consideration for Scottish society;
- prevention of abuse and neglect;
- protection from harm;
- help to recover from abuse; and
- identification and investigation of concerns about child abuse and neglect, and follow-up, including involvement of the courts where appropriate.

Scottish legal framework

The Scottish legal framework in relation to child protection centres on:

Scottish and UK Acts of Parliament, in particular the Children and Young People (Scotland) Act 2014

- rules and regulations made under powers delegated by these Acts;
- principles derived from decided cases; and

- the European Convention on Human Rights, which acts either as a lens through which the above must be interpreted or, in some cases, an immediate corrective where the law does not meet the requirements of the Convention.

The UN Convention on the Rights of the Child is not an integral part of Scottish law in the same way as the European Convention; however, following the practice of the European Court on Human Rights, it should be considered when interpreting the European Convention. Scottish courts have also increasingly referred to the UN Convention when considering matters relating to children.

The Children and Young People (Scotland) Act 2014 defines and regulates family relationships and sets out the powers and duties of local authorities and other agencies regarding child welfare and protection. Local authorities must collaborate with other agencies to plan and publicise services promoting the welfare of children. They have a duty to safeguard and promote the welfare of children 'in need' in their area by providing services for them or their families. The main aim is to help families stay together. Children are 'in need' if one or more of the following conditions is satisfied:

- they need local authority services to help them achieve or maintain a reasonable standard of health or development;
- their health or development will be significantly impaired if such services are not provided;
- they are disabled; or
- they are affected adversely by the disability of any other person in their family.

Sometimes, family support is not enough to protect children from abuse and neglect. The Act sets out procedures for concerns about child welfare and protection to be passed to the Children's Reporter who will decide whether to refer the matter to the children's hearing (this is discussed later). There are also procedures for obtaining court orders to make sure that children can be seen, assessed and protected where necessary, sometimes through removal from their homes. However, it is a principle of the Act that no court or children's hearing should make an order relating to a child unless it can be shown that this will be better for the child than not making an order.

The legal framework assumes that the majority of parents will act in the best interests of their children. Where they cannot do so, the state prefers to help than intervene. However, support is not always enough. Further, in a small number of cases, the circumstances may be so clear or so detrimental that support is not appropriate. If children are to be protected there must be, and there are, threshold conditions and procedures for compulsory intervention.

Guidance

The legal framework is underpinned by legal regulations and guidance. The guidance to the Children (Scotland) Act provides guidance on the circumstances that might indicate a child is in need, the type of services that might be provided and the key elements for planning services as well as considering the needs of children with a disability or those who need protection.

There is National Guidance for Child Protection in Scotland and Local inter agency guidance that can be referred to also.

Appendix H: Notification of Accident Form (Please refer to the Safeguarding Officer for a copy)

Appendix I: Notification of Incident Form (Please refer to the Safeguarding Officer for a copy)

Appendix J

Bullying

The lives of many people are made miserable by bullying. Victims of bullying can feel lonely, isolated and deeply unhappy. It can have a devastating effect on a child or vulnerable adult's self-esteem and destroy their self-confidence and concentration. They may become withdrawn and insecure, more cautious and less willing to take any sort of risk. They may feel it is somehow their fault or that there is something wrong with them and at worst cause depression and/or feelings of worthlessness that lead to suicide.

Any suspicions or allegations of bullying of a child or vulnerable adult against a member will be dealt with through the Break the Silence Disciplinary Procedures and/or Responding to a Suspicion or Allegation of Abuse against members of staff and volunteers of Break the Silence.

Appendix K: Consent Form for the Use of Photographs, Film or Video Recordings of Children or Vulnerable Adults (Refer to Safeguarding Officer for a copy)

Documents for Reference:

For further information about bullying, see:

- www.kidscape.org.uk
- www.childline.org.uk
- www.children1st.org.uk