

Safeguarding Handbook I

What you need to know and do to
protect children and adults at risk
from harm or abuse

June 2011

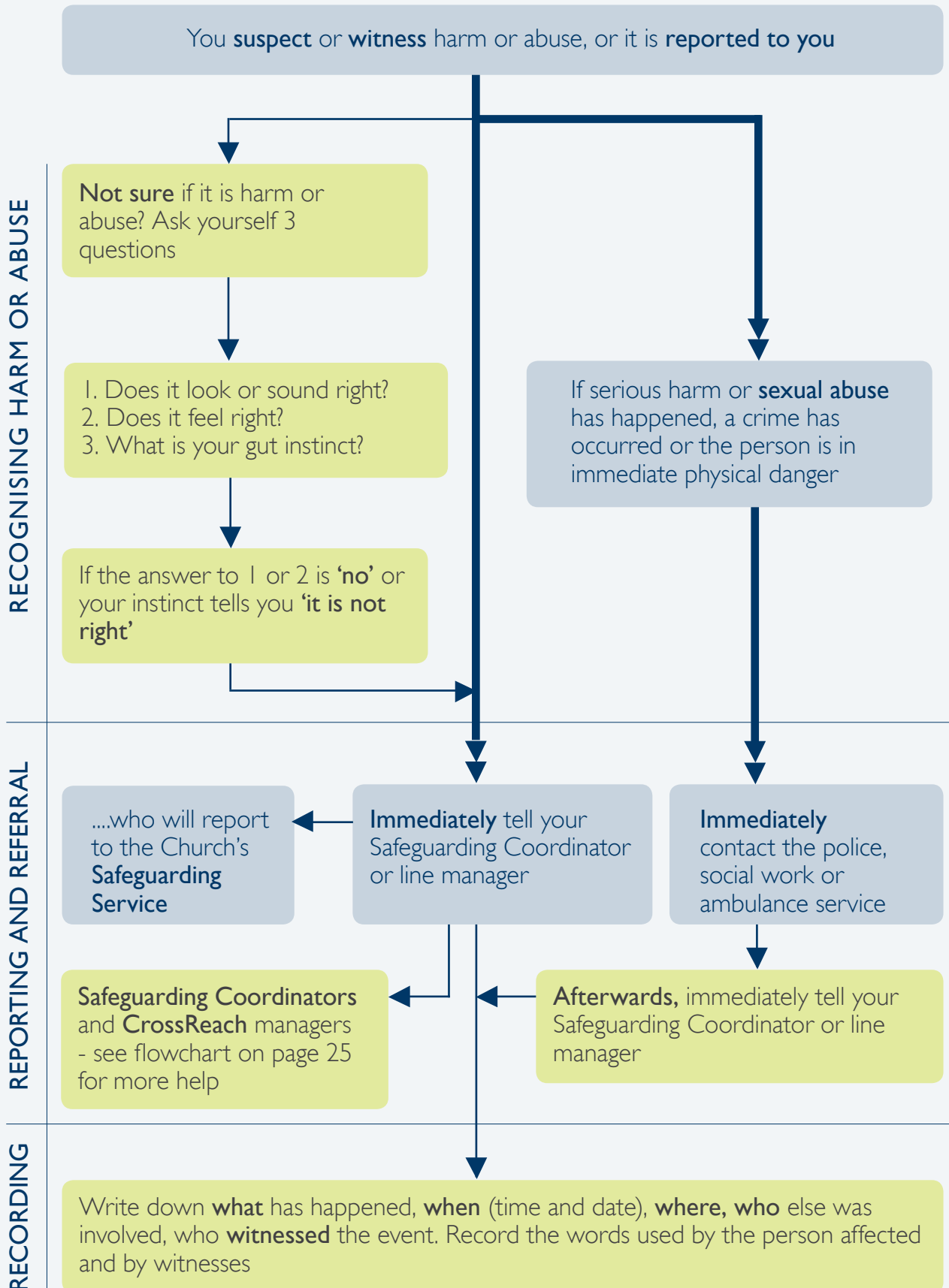
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The Church of Scotland
Safeguarding Service

Recognising and Reporting Abuse: A One Page Summary

What to do immediately if you suspect or witness harm or abuse, or it is reported to you. For all Church staff volunteers in contact with **children** or 'adults at risk.'



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Foreword

Safeguarding is one of the key challenges facing the Church. Harm or abuse in any context at any time is abhorrent. Harm or abuse within the Church is an affront to our faith and our doctrine. It is everyone's responsibility therefore to guard against the risk of harm or abuse happening and to respond appropriately to any situation which may arise.

The Church's safeguarding journey, from the introduction of formal child protection procedures in 1997, to the landmark report of the Forgiveness and Proportionality Working Group: *"For of Such is the Kingdom of Heaven"* in 2009 and the establishment of the whole Church Safeguarding Service in 2010, has been significant. The Church is a safer and more aware place for all as a result. However, part of maintaining this vigilance, is ensuring that our policies, procedures and practices are kept up-to-date, are fit for purpose, and in line with current legislation and guidance. We also need to ensure that Church members and staff, in both congregations and services, are well-informed and supported.

The revision of the Child Protection Handbook into four Safeguarding Handbooks is central to this process and the plan is that all four will be completed and issued during 2011. I sincerely hope you find them informative, useful, and most importantly usable, in maintaining the safety and protection of all those within the fellowship of the Church.

Ranald Mair, Convener, Safeguarding Committee, May 2011

Section I: The Context of Safeguarding in the Church

I. Introduction

Harm or abuse of children and adults at risk can happen anywhere – even in Church communities. Abuse is incompatible with our Christian values and is never excusable. We have a duty to ensure a safe Church for all. This means protecting children *and* adults at risk. This activity is also known as child protection and adult protection.

The Church of Scotland has a zero tolerance approach to harm or abuse of people: any type or level is unacceptable.

This safeguarding handbook aims to cover child protection and adult protection, in one volume, and meet the needs of a very wide audience within the whole Church.

Since the publication of the Handbook for *Child Protection in The Church of Scotland*, 2005, changes in legislation and societal attitudes have widened our understanding of what is meant by safeguarding. There is now recognition that harm and abuse can also happen to adults at risk: people with learning disabilities, physical disabilities or mental health difficulties, older people, people affected by addictions, or who are homeless, or are using counselling services.

The Church's first safeguarding priority is to prevent abuse where possible. Harm or abuse cannot be eliminated. But the Church's safeguarding structures, including the Church of Scotland Safeguarding Service, demonstrate that we will minimise the risk of harm occurring. If harm or abuse occurs, with appropriate support

and training, it will be recognised and reported. Appropriate and timely action will be taken. This includes working with the police and social work services where appropriate.

The **purpose** of this safeguarding handbook is to equip paid staff and volunteers within the Church with the knowledge to minimise the likelihood of harm or abuse occurring. And if it is disclosed or witnessed, to ensure that people recognise:

1. What harm or abuse looks or sounds like.
2. Know when and how to report it and to whom.

This handbook also underpins the Church's safeguarding training and awareness programmes.

Throughout the handbook short examples of safeguarding situations are embedded in the text. They are not real cases. But they illustrate the types of harm and abuse that could occur in the Church, in any other faith community or any social/health care service.

We all have a duty to protect vulnerable people in our Church communities and services – this handbook demonstrates how the Church does this work so effectively. We also have a duty to meet the needs of Church members who have been affected by abuse.

2. The Church of Scotland Safeguarding handbooks

The Handbook for Child Protection, 2005, was one large volume. Because of the rapidly changing nature of safeguarding legislation the replacement will be published as four **safeguarding handbooks**. The handbooks will cover 'what you need to know and do'; safe recruitment; practical guidance about safeguarding in practice; and details about the Church's safeguarding training programmes.

3. Who this handbook is for

This handbook attempts to meet the needs of a very wide audience:

Those working with children and adults at risk:

- Members of congregations working with children and protected adults
- CrossReach (Social Care Council) staff and volunteers in 75 care services for children and adults
- Presbytery and Parish Workers (PPWs)
- Boys' Brigade and Girls' Brigade volunteers
- Volunteers and paid staff in Parish Development Fund Church social care projects
- Pastoral Care Visitors
- Paid staff in the Church including all Ministries Council employees
- Ministers and all clergy

Those with responsibilities for the scrutiny and support of safeguarding activities

- Kirk Sessions
- CrossReach managers
- Safeguarding Coordinators
- Presbytery Safeguarding Contacts
- Safeguarding Trainers
- Presbytery Clerks
- All of the above Church post holders in The Presbyteries of Scotland, England, Europe and Jerusalem
- Other groups, within and outwith the Church, who have an interest in the delivery or outcome of our safeguarding activity

4. The Church's key safeguarding message

If you *suspect* or witness harm or abuse, or it is reported to you, you must immediately report it to your Safeguarding Coordinator or line manager.

Trust your intuition or gut feeling about the person or the situation – if it looks or feels wrong then it probably is. In safeguarding it is sometimes necessary to think the unthinkable about a person or situation. This is a difficult and uncomfortable thing to do. This handbook gives you permission to do this.

Nobody is going to pre-judge a situation or a person. But concerns or suspicions will be sensitively and appropriately investigated. **We would much rather that you spoke to your Safeguarding Coordinator or line manager if you are not sure about something rather than wait until you're absolutely sure.** Not sharing a concern may result in the suspected abuse continuing – sometimes indefinitely – with all the consequent damage that this entails for the person affected. Don't wait until you're absolutely sure before sharing information about a safeguarding concern.

5. Terminology

Safeguarding means protecting children *and* adults at risk from harm or abuse.

The terms 'harm' and 'abuse' are discussed on pages 14 and 15. They are often used together. The term 'abuse' is used more often in relation to children. 'Harm' is the preferred term when speaking about adults at risk. It is the term used in the Adult Support and Protection (Scotland) Act, 2007.

Another new term is **adults at risk** as defined on page 14. This is the preferred term for *some* adults who in *some* circumstances may be more vulnerable to harm because they are affected by disability, frailty, substance misuse or homelessness.

It is important to note that not all people affected by disability or old age are vulnerable just because they are older or disabled. Their vulnerability to harm is due to failures in the systems of social or health care and support and the misuse of positions of responsibility or trust by perpetrators of harm.

6. The Church of Scotland safeguarding values and policy

Values

Values are the things that we hold dear or believe to be right and which govern our actions. The Church's safeguarding values:

- **The love of Christ** compels us to care and protect those who are vulnerable in the Church and society.
- **Priority:** safeguarding children and adults at risk known to the Church.
- **Acting in the best interest of the person** affected by harm or abuse is paramount.
- **Zero tolerance:** no type or level of harm to people known to the Church or using Church services is acceptable or justifiable.
- **Duty to protect people:** we all have a duty to protect as well as a duty of care.
- **Immediate reporting:** if you suspect or witness harm or it is reported to you, you must immediately report it to your Safeguarding Coordinator or your line manager.
- **Safeguarding is a multi-agency activity.** The Church of Scotland will ensure that the social work department, police and health services are involved, as appropriate, when harm is witnessed, suspected, or reported.
- **Communication and information sharing:** is essential within the Church of Scotland and with other agencies to promote joint decision making.
- **Confidential information sharing:** the duty to protect takes precedence over individual confidentiality if they or others are at serious risk of harm or have been seriously harmed. But information sharing will be proportional: the person will be advised before the appropriate amount of information is shared with only the minimum number of people that need to know.
- **For adults at risk of harm – balancing risks and rights:** we recognise the balance between the duty to protect and the right of the adult who has capacity to make decisions to choose to live in a situation that puts themselves at risk of harm. We will work with them to ensure that such risks are understood and minimised. Risk taking, with appropriate support, can be positive and life-enhancing.

Example: a member of staff who regularly borrows a service user's mobile phone to call home to Canada. (Adult protection; financial abuse)

Policy

Policy is about what the Church aims to do to protect children and adults at risk in, or known to congregations.

Church of Scotland Safeguarding Policy Statement, May 2010:

Safeguarding Policy Statement 2010

Ensuring a Safe Church for All

The Church of Scotland has a deep concern for the wholeness and well-being of each individual. Through its congregations, working together with the Safeguarding Service and statutory agencies, the Church seeks to safeguard the welfare of all people who come into contact with the Church and its services.

The Gospel proclaims that it is the responsibility of everyone within the fellowship of the Church to prevent harm, be it physical, sexual or emotional, and we will always seek to reduce risk.

The Church's commitment to safeguarding reminds us that God cares passionately about the welfare and well-being of all people.

Further details of the Church's theology of Safeguarding can be found in the For of Such is the Kingdom of Heaven General Assembly Report, May 2009.



The Church of Scotland
Safeguarding Service

Scottish Charity Number SC0 11353

www.churchofscotland.org.uk

8. What is safeguarding about?

Safeguarding is about protecting children and adults at risk in, or known to, Church congregations or using CrossReach services. It is about getting the whole system right as illustrated in Figure 1 below

Figure 1: The Church's Safeguarding System



9. The structure of safeguarding in Church of Scotland congregations

The structure of safeguarding in the Church is illustrated in Figure 2. Paid staff, volunteers and members of congregations are a key part of our safeguarding system. For CrossReach services managers, of the 75 social care services, contact the Safeguarding Service directly where harm or abuse is witnessed, suspected or reported. And similarly contact is made with social work or the police where appropriate.

Figure 2: The Church of Scotland safeguarding structure



The **Safeguarding Coordinator** is a key post in the structure. They are the person to whom witnessed, suspected or reported harm or abuse is reported. They are supported in their work by Safeguarding Panels – see page 37 for guidance about Safeguarding Panels.

Safeguarding is a **multi-agency activity**: in serious cases of abuse or harm the police and/or social work must be involved. This process is called making a **referral**. See page 28 for more details about how to make a referral.

But the view of **social work or police** should also be sought when there is doubt about how serious suspected abuse may be. Social work and the police always tell us that it is better to make an uncertain referral rather than no referral. They will soon tell us if there is a matter to investigate and the best way to proceed.

And the **Safeguarding Service**, see page 33, is always available to provide advice and written guidance about what to do when abuse or harm is witnessed, suspected or reported to you.

10. Definitions

The types and causes of abuse and harm to children and adults at risk are similar. The underlying cause is the misuse of power or trust by a person in a dominant position and the violation of another person's human rights and dignity. That is why we could just speak about protecting people rather than child protection or adult protection. But the following are widely recognised definitions used in child and adult protection work.

Who is a child?

A child is a person under the age of 16 years.

In certain circumstances (Part 2, Children (Scotland) Act, 1995) this definition is extended to children under 18 years. And The United Nations Convention on the Rights of the Child applies to under 18 year olds. Although differing legal definitions of a child can be confusing, the priority is to ensure that a vulnerable young person who is, or may be, at risk of significant harm is protected.

What is child abuse?

Abuse and neglect are forms of child maltreatment.

Child abuse is all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or commercial or other exploitation resulting in actual or potential harm to the child's health, survival, development or dignity. Such abuse happens when there is another person involved who is in a position of responsibility, trust or power. See pages 49-51 for more details and examples about what is meant by child abuse.

In everyday language, and as a starting point, abuse is any conduct that you *suspect* or know is having a seriously adverse effect on a child.

Research evidence suggests that children affected by disability, particularly with learning disabilities or communication difficulties, are more vulnerable to abuse.

Example: a 19 year-old paid youth worker in the Church twice sent sexually inappropriate suggestions to a 15 year-old boy in the youth group causing distress. (Child protection: non-contact sexual harm: unwanted and inappropriate sexual attention by a person misusing a position of trust and responsibility)

Who is an adult at risk of harm?

The Adult Support and Protection (Scotland) Act, 2007 defines **adults at risk** as adults who:

- (a) are **unable to safeguard their own well-being**, property, rights or other interests; *and*
- (b) are at risk of harm; *and*
- (c) 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.

All three parts of the definition need to be met.

In practice this means that the following groups of people may *sometimes* be at risk of harm: people with learning disabilities, physical disabilities or mental health difficulties, older people, people affected by addictions, or who are homeless, or are using counselling services.

The Adult Support and Protection (Scotland) Act, 2007 says that **an adult is at risk of harm when:**

- (a) another person's conduct is causing (or is likely to cause) the adult to be harmed; or
- (b) the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.

In everyday language, and as a starting point, an **adult at risk** is: a person affected by disability or old age that you suspect or know is being harmed or exploited by another person or is harming themselves *and* they are unable to protect themselves.

What is harm or abuse in adult protection?

Harm, rather than abuse, is the preferred term when speaking about adult protection. Sometimes both terms are used interchangeably.

Harm is the violation of a person's human rights. This happens through the misuse of **power** and **trust** by someone in a dominant position. If one or more people in this relationship are in a caring role and the adult at risk is receiving care or support, there is an expectation of trust that is breached when harm occurs. Sometimes if harm is perpetrated by staff it is because the boundary of appropriate professional practice is crossed and professional codes of conduct are not followed.

In practice, the following is a useful *starting point* for identifying harm or abuse: it is any conduct that you suspect or know is having, or could have, a significantly adverse effect on a person who is unable to protect themselves.

Often this means the wrongful application of power by a person in a position of trust or responsibility. **See the flowchart on page 2** for more details about identifying harm and what to do about it.

Harmful behaviour includes:

- Physical: hitting, slapping, pushing, shaking, physical restraint etc
- Psychological: threats, humiliation, verbal abuse, bullying etc
- Sexual: any sexual activity that a person does not understand or want. The activity may involve physical contact and/or non-contact (e.g. suggestive or sexually intimidating verbal abuse)
- Neglect: things that are not done to ensure someone's well-being. Neglect is also often described as 'an act of omission'. It includes over or under medication and denying food or heating and failure to ensure appropriate medical care or treatment.

- Financial: stealing, fraud, coercion to hand over money, possessions or property and the misuse of welfare benefits

See pages 52-53 for more details and examples about what is meant by harm and abuse of adults at risk.

Harm detracts from the dignity of the person – their innate value as an individual, their right to respect, and their self-worth.

The starting point is that harm or abuse is any conduct that you suspect or know is having, or could have, an adverse effect on a person who is unable to protect themselves. For adults at risk this often also means that the person is not able to protect themselves too.

The definition of adults at risk does not include people in the general population affected by domestic abuse unless the person affected is also an adult at risk as defined on page 14.

Most people using CrossReach services and members of congregations who are visited by Church Pastoral Care groups may at some time be adults at risk.

Example: a service user with learning disabilities was given a double dose of two types of medication because the first member of staff didn't record that it was administered and the second didn't check (Adult protection; neglect: act of omission)

What is the difference between child protection and adult protection?

Although children and adults at risk can experience the same types of harm and the causes are often similar, the main difference between child protection and adult protection hinges on the right to make choices.

We all have rights to make choices and live our lives the way we want to. Sometimes we may consider that others make bad choices that put themselves and others in harmful situations. People have the right to make such choices. But where a child is at risk of serious harm, or has been seriously harmed, it is likely that action would be taken by social work or the police to protect them whether or not the parent/carer or child agree.

Sometimes adults at risk do not want social work or the police to take action to protect them from harm. Taking action to protect them *against* their wishes is a dilemma. Although the Adult Support and Protection (Scotland) Act, 2007 gives legal measures to protect adults at risk, the rights of the person need to be taken into account. There is a need to strike a balance between the 'need to protect' and the rights of the adult.

Who known to the Church may be harmed or abused and by whom?

Abuse can happen anywhere. It can be perpetrated by anyone.

It is important to note that abuse or harm '*in the Church*' should not be equated with 'abuse or harm *by* members of the Church'. Not all harm or abuse that happens to Church members is perpetrated by Church members.

Safeguarding activity in the Church starts when suspected or reported abuse *becomes known* to members of the Church – congregation members, paid staff or volunteers – and that information is shared with the Safeguarding Coordinator, line manager, Minister or other key people in the congregation.

The following are examples of people and circumstances in which harm or abuse may occur: And then it *becomes known* to members of the Church:

- a child harmed by an adult member of the congregation.
- a child harmed by another child involved in a Church activity or outwith the Church premises.
- a child harmed outwith Church premises or activities by a relative, a friend, a volunteer or professional member of staff, a member of the public or a stranger.
- a child or adult at risk may be harmed by a volunteer or paid member of Church staff of the Church.
- an adult at risk receiving a care service, living in residential care or receiving a care service in their own home. The social care service may be provided by a social work department, a voluntary organisation, the Church or a private company. The harm may be disclosed to, or recognised by, a visitor from a Church pastoral care visiting group.
- a child attending an activity on Church premises or on a trip/holiday with a uniformed organisation.
- any volunteer or paid member of staff in a position of trust or responsibility with unsupervised access to children or adults at risk.
- members of congregations may also report harm or abuse of children or adults at risk known to them in the community who are not members of the congregation e.g. Church members providing child care for a friend's children in their own home.

Example: a person looked after a friend's young children and suspected that they were being physically and emotionally neglected and reported this to their minister. The minister immediately spoke with the Safeguarding Coordinator who made a referral to social work for investigation. (Child protection; suspected neglect).

- adults at risk or children attending organised activities in the Church e.g. a lunch club, a Bible study group, a children's holiday scheme, drop-in café or a group for young families etc.

Abuse or harm is rare but it happens. We know from the work of the Church's Safeguarding Service that harm or abuse does come to light in these types of Church settings. But it does not mean that a member of the Church congregation or clergy is the alleged or reported perpetrator as illustrated in the above examples.

What is historical abuse¹?

For children historical abuse means allegations of neglect, emotional, physical or sexual abuse which took place before the victim was 16 years old (or 18 in particular circumstances) and which have been made after a significant lapse of time.

Also adults at risk can make similar allegations of harm and abuse that occurred when they were under the age of 16 years and/or after a significant lapse of time when they were adults.

The Church's safeguarding key message for historical abuse is exactly the same as for any type of suspected or reported abuse:

If you suspect or witness harm or abuse, or it is reported to you, you must immediately report it to your Safeguarding Coordinator or line manager.

How may historical abuse come to light?

The person disclosing alleged historical abuse may be an adult or a young person making allegations about abuse in early childhood. The allegations may relate to an individual's experience in the family home, community or whilst in foster or residential care. Also the person disclosing historical abuse may be a parent/carer, partner or other family member of a person who was alleged to have been abused.

The historical abuse is often disclosed to a trusted person e.g. a Church Minister, a care worker or a counsellor in a counselling service such as those provided by CrossReach. It is not uncommon for individuals to make allegations of historical child abuse to such people when they did not feel able to report it to the police when it occurred.

¹ Source: The following information is taken from The Scottish Government's National Guidance for Child Protection in Scotland, 2010, Paragraphs 558-539. Most of this guidance applies equally to adults at risk because the issues and principles are similar.

Ethical dilemmas, confidentiality and what to do

Sometimes it may not be immediately clear about what to do when historical abuse is disclosed. The dilemma for some professionals, in counselling, pastoral care and similar service, is to balance the ethical need to ensure confidentiality whilst being aware that the alleged perpetrators could still be abusing children (or adults at risk). Sometimes the adults themselves are still at risk from, or being abused by, the alleged perpetrator. So the personal needs of the person disclosing the alleged abuse must be weighed against the 'public interest', as discussed later.

If there is reasonable belief that a child, or the person themselves, may be at risk of significant harm this will always override a professional or agency requirement to keep information confidential.

Ideally the person making the disclosure should be in control of the decision about when and how to report such allegations to the police. Appropriate support should be available for them throughout. In practice, very occasionally, the wishes of the person may need to be second to the need to protect others who are judged to be at risk of serious harm or abuse by the alleged perpetrator. Or the person themselves may be at very serious risk of significant harm. In such rare cases information about an allegation may be shared with the police, with the person's knowledge, but without their consent. Contact the Church's Safeguarding Service for advice in such situations.

If a paid worker or volunteer in a Church congregation or CrossReach service receives a disclosure of historical or current alleged abuse, always advise the person about the limits to confidentiality. Make this clear during the initial stages of contact with the person. CrossReach counselling services have a written agreement at the start of counselling that covers this issue.

Example: 29 year-old person affected by diagnosed depression told a minister about alleged childhood sexual abuse by a ring of seven people, one of whom recently sexually assaulted the person. (Adult and child protection; sexual, psychological, physical and organised abuse)

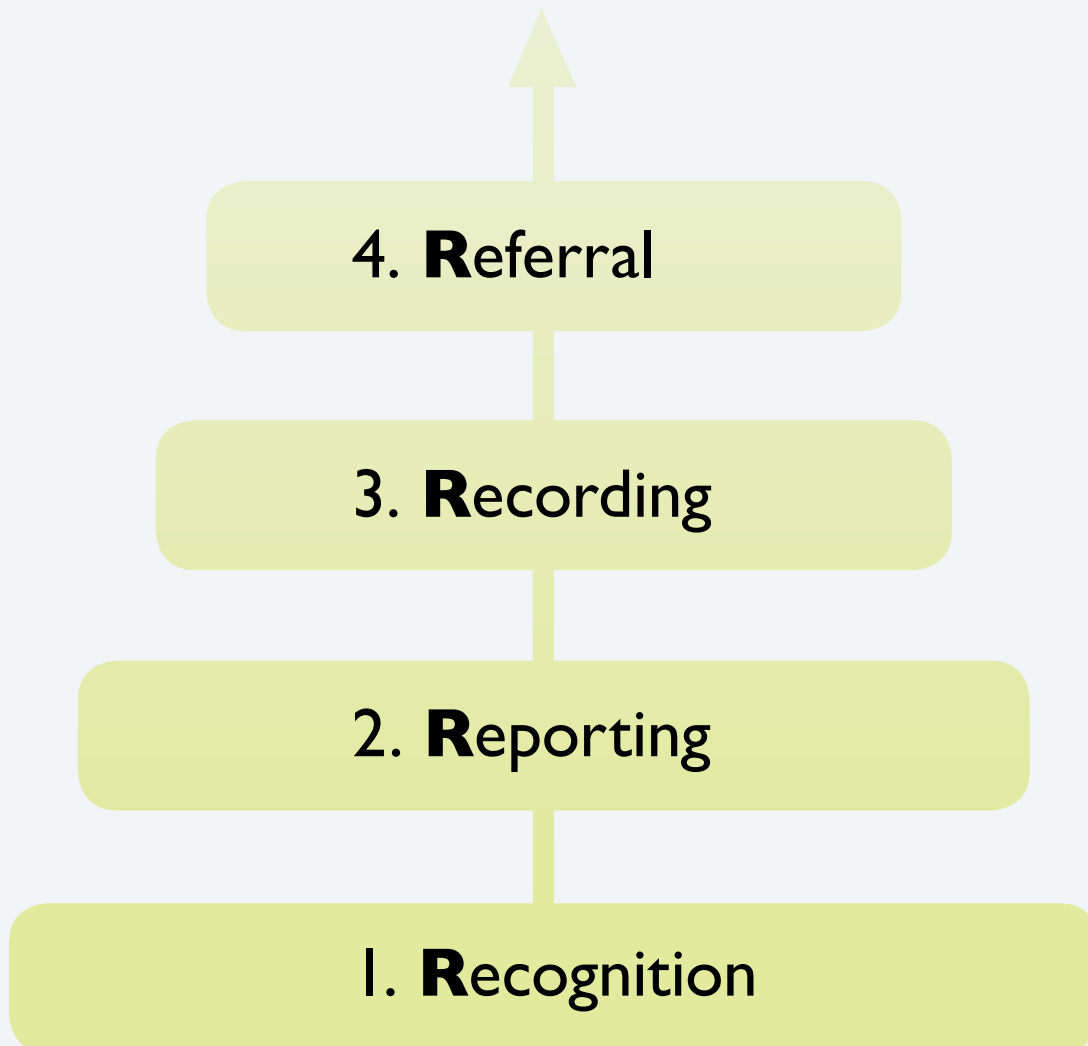
In summary, investigating alleged historical abuse is the responsibility of the police. When historical harm is alleged it is the role of trained volunteers and paid staff in the Church to (a) **recognise** it and (b) **report** it, as for any other type of abuse.

Section 2: The 4 Rs of Safeguarding

Safeguarding is about preventing harm to people and making a timely and appropriate response when harm is witnessed, suspected or reported. This is summarised in the diagram below: The 4 Rs of Safeguarding. Although preventing harm or abuse is the starting point, when it does occur, the foundation of safeguarding activity is to be able to recognise it. This is illustrated in Figure 3. Without this fundamental understanding people cannot be protected from harm or abuse that has occurred, is happening or will otherwise continue.

Figure 3: The 4 Rs of Safeguarding

5. Social work or police-led child or adult protection investigation



I. RECOGNISING Signs and Types of Abuse or Harm

Recognising harm or abuse is often not easy. You need to act when harm or abuse is **suspected** and not just when you are absolutely sure that harm has occurred or there is solid proof. Suspected means that you do not have proof of abuse. It does **not** mean jumping to conclusions or prejudging a situation. It means simply that there is a safeguarding concern that must be reported so that we can find out more information. This is the time to act: to recognise and report.

Some types of abuse may go undetected or reported for many years² or never be disclosed by the person affected. Categories of harm or abuse that can affect children and adults at risk are shown in Section 4, pages 49-53. These tables are for reference only. Keep it simple.

Key questions to ask yourself when first presented with a potentially harmful situation:

- *does it look right?*
- *does it sound right?*
- *does it feel right?*

Trust your intuition or gut feeling. If it looks or feels wrong then it *probably* is. Then **report** your concern: share the information with your Safeguarding Coordinator or line manager following the **procedures set out in the flowchart** on page 2. Instincts are often, but not always, right and are a good starting point. In fact sometimes a person's gut instinct is *not* to believe what they have heard – hence the importance of safeguarding awareness training.

Finding out about harm or abuse: how it may be disclosed

Disclosure is the process of finding out about alleged, reported or witnessed harm or abuse. Sometimes this information emerges gradually over a period of time; or immediately in the case of abuse that is witnessed or when a full statement is made by the person who is affected. Harm or abuse can come to light when:

- an incident or behaviour is seen or heard.
- an incident or behaviour is seen or heard by a member of the Church congregation who passes that information on to another person who then informs you. This is third party information.
- an anonymous allegation is received.
- a child's or adult at risk's appearance, behaviour, health or comments may cause suspicion of harm or abuse.
- a person affected by the alleged harm or abuse tells you about it. That harm may have occurred days, weeks, months or years ago.
- an investigation into the misconduct of a paid member of staff or a volunteer reveals information about a harmful incident.
- a complaint is made about a person in a position of trust or responsibility but on closer examination the complaint is actually an allegation of harmful conduct.

² See page 18 for discussion about historical abuse

Responding when you suspect or witness harm or abuse or it is reported to you

When harm or abuse is disclosed your role is to start to gather the **basic facts**. It is not your role to investigate – that is the role of the police or social work in serious cases of suspected or reported abuse. **Investigating** means finding out if there is evidence to prove or disprove the allegation and establishing *how* and *why* the abuse happened. See page 55 for more details about the distinction between establishing the basic facts and investigating.

The disclosure may be sudden with a lot of information provided. Or a statement may be made which just hints at an abusive situation.

The following is a guide to finding out more about the **basic facts**: what happened, to whom, where, when and who was involved.

What to ask - using open questions:

- Use the 'Little TED' questions with TED representing questions such as: **T**ell me about...; **E**xplain to me; **D**escribe to me.
- Use the **5WH** questions: **who**; **what**; **when**; **where**; and **which**. For example in response to a disclosure of alleged harm '*Can you tell me what happened?*', '*Who was there?*', '*When did that happen?*', '*Where did that happen?*
- Do **not** ask 'why' questions.
- If the person being interviewed uses an unusual word or a slang word in relation to, for example, a part of the body, then that word should be recorded. See page 27 for details about what to record (write down or type) when a disclosure is made. In short **record the person's own words** – do not paraphrase them.

How to react and listen if abuse or harm is disclosed directly to you.

1. **Listen** to the child or adult at risk. Take what they say seriously.
2. **Reassure** the person – tell them they have done the right thing by telling you.
3. **Remain calm** no matter how difficult it is and listen to what a child or adult at risk is saying. You have been chosen because the person feels they can talk to you.
4. **Be honest.** Tell the child or adult at risk that you cannot keep a secret and that you have to talk to someone else who knows what to do. Don't make false promises.
5. **Only ask open questions** (as described on page 22) to establish the basic facts.
6. **Do not investigate** – that is the role of social work or the police.
7. **Tell** the person what you are going to do next. Always finish on a positive note.
8. **Write down** everything the child or adult at risk has told you, in their own words, as soon as possible *after* you have spoken with them. This is called **recording**. See section 3 for guidance with recording.
9. **Report** what you have heard or seen – see section 2 for guidance and the flowchart on page 2.
10. Keep what you have heard or seen **confidential** between yourself, the person and the person to whom you have reported your concerns.

2. REPORTING Harm or Abuse: What You Need to Do if You Witness or Suspect Harm or Abuse or it is Reported to You

Reporting is about immediately sharing appropriate information verbally, and later in writing, with the responsible people who need to know.

If you *suspect* or witness harm or abuse, or it is reported to you, you must immediately report it to your Safeguarding Coordinator or line manager.

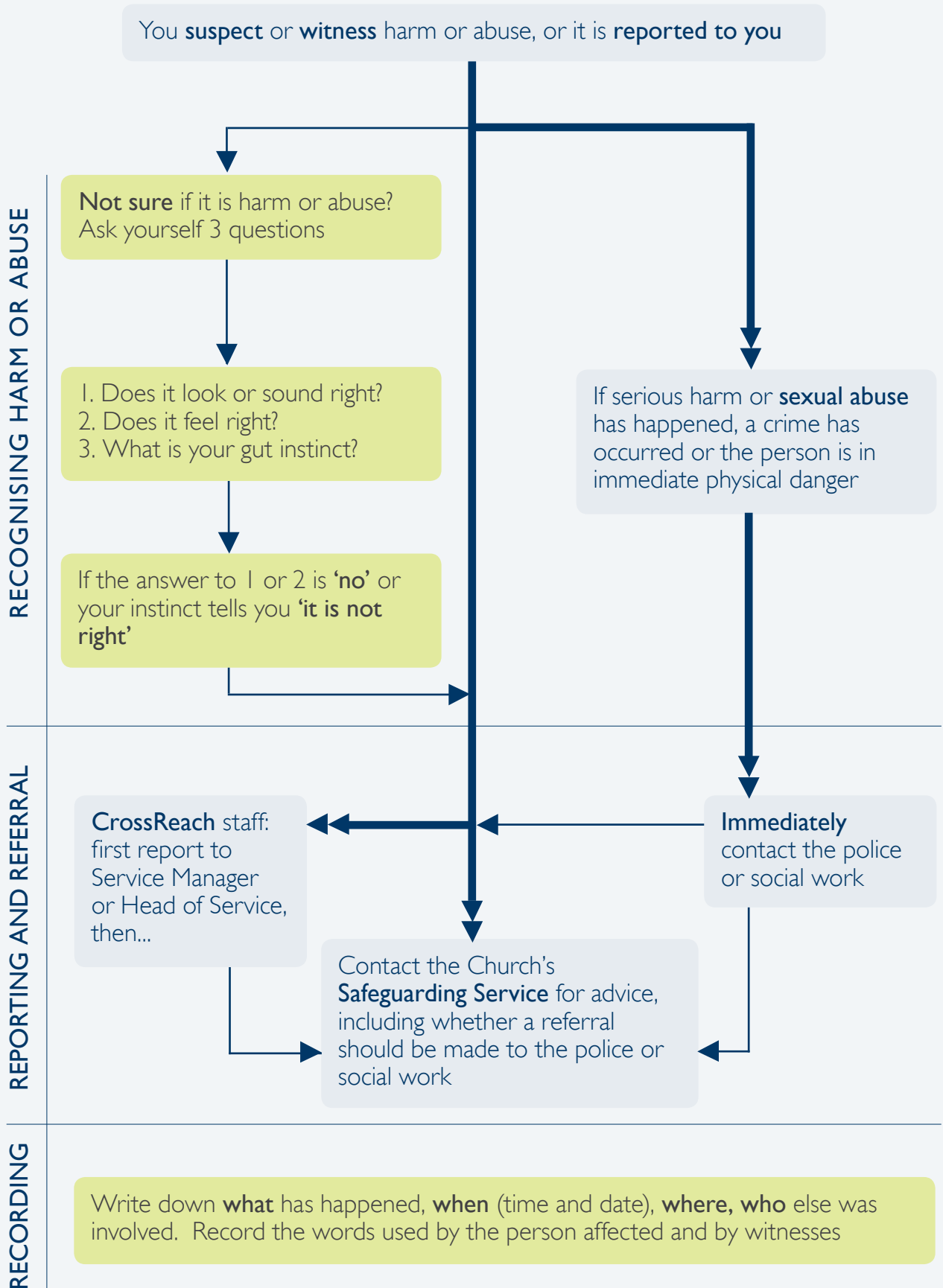
If you are a **volunteer or employee** who witnesses or suspects harm or abuse or it has been reported to you, follow the procedure set out in the flowchart on page 2.

If you are a **Safeguarding Coordinator, Minister** or **CrossReach** Service Manager, follow the procedure below.

Caution: the route for reporting harm that is witnessed, suspected or reported to you is clear from the flowchart on page 25 . But often the person receiving the information or concern is not too sure whether or not the situation is harmful or should be referred on. And therefore very occasionally significant information may not be reported to a Safeguarding Coordinator or the line manager. Consequently it is sometimes useful to consider the three questions on the left-hand side of the flowchart. But this is **not** to say that we are encouraging everyone to 'just go with their instincts'. These questions are a helpful consideration and a useful starting point in some situations. The outcome is **not** being prejudged either: it could turn out not to be a harmful event.

In short: if in doubt share that information.

Figure 4: For Safeguarding Coordinators, Church employees, CrossReach staff and Parish Development Fund projects' staff: what to do immediately if harm or abuse of a child or 'adult at risk' is reported to you



Protecting adults at risk without their permission

The difference between child protection and adult protection has been discussed on page 16 and the dilemma between the duty to protect and adults' rights explored. The key safeguarding message, on page 9, holds true for adults at risk too – you must tell your Safeguarding Coordinator or line manager. There should then be a discussion about when, how and if that information should be shared with social work, the police or other agencies. **If in any doubt contact the Safeguarding Service for advice.**

Ideally you will be able to consult with the adult and get their permission to share information and seek help for them if harm is suspected or reported. Ask the adult at risk what their wishes are. As in child protection you must be honest and say that you cannot keep a secret. Occasionally you will need to take action and share information without their consent. In making those decisions consider the following:

Example: a member of a congregation with learning disabilities, reports that he is being financially abused by a relative, leaving him without sufficient money for food or heating. (Adult protection; neglect and financial abuse).

- Does the adult at risk live in a residential care setting or receive care services in their own home? If the answer to either is yes then other people may be at risk if the alleged perpetrator is a paid member of staff or volunteer. Consequently there is a public interest, in protecting other people, to share the information with social work or the police.
- Does the person have the mental capacity to make informed choices? Can they make decisions, remember them and communicate them to others? This requires a specialist assessment by a doctor. If there is any doubt about someone's capacity to make such decisions then share the information with social work or the police.
- Is the adult at risk being placed under undue pressure by the alleged perpetrator? This means that they may not be able to voice a complaint or ask for help because they are afraid of the consequences of doing so. This is especially an issue if the alleged perpetrator is also the person's main care provider. If there is undue pressure, again share the information with social work or the police.

In short, if you are ever in doubt about whether to share information with social work or the police when an adult is at risk of harm, share the information. It is better to be criticised for sharing information in good faith (and for good reasons) rather than for not sharing the information at all. The latter may result in the abuse continuing indefinitely.

If in any doubt about what to do in such situations please contact the Safeguarding Service for advice. See page 33 for details. For reference write down your local social work and police contact details on page 62 of this handbook.

3. RECORDING: Guidance about Written and Electronic Recording

The following is general guidance about best practice in written and electronic recording of information about an event where harm or abuse has been disclosed. Good recording is a critical part of detecting and investigating harm or abuse.

What to record and how to record effectively

All records must:

- be **completed on the same day** or within 24 hours.
- be written legibly or typed. If typed from your handwritten notes keep those notes – in some serious cases they may be used as evidence.
- **dated** (day, month and year) and **signed** (and name printed along side).
- detailed **description** of the incident: **what** exactly happened, **where, when, how, who** was involved, names of witnesses, who reported and exactly what they said etc. Record the **person's own words** to describe their experience and views. If a referral is subsequently made to social work or the police (see page 28) this information will be needed.
- **use headings** to assist with case recording to avoid long essay-style writing.
- **stick to recording the facts and don't record opinions.** Facts are supported by evidence. Opinions are subjective and are not backed up by evidence. The absence of supporting information means that opinions cannot be tested. They may wrongly become accepted as facts.
- record the **child's or adult at risk's views** and wishes.
- record who you spoke or consulted with, when, what decisions were made by whom, and the reasons for those decisions.

The storage of electronic and paper case recordings

For records typed on a personal computer, including email correspondence, print them and store securely in a locked drawer. To ensure confidentiality delete the electronic files from your computer and from your computer's recycle bin. When the safeguarding incident is concluded transfer these printed records to a locked storage cabinet on Church premises if this is not already where the documents are stored. Records must be kept indefinitely. Further guidance about the safe-keeping and retention of such records will be provided by the Safeguarding Service.

4. REFERRAL: Making a referral to social work or the police and what information to provide

For Church congregations it is usually the Safeguarding Coordinator who makes contact with social work or the police to share information about a safeguarding concern. This contact is known as making a referral. The police officer or social worker will let you know what information is required. But the following is a useful **checklist** to help you to prepare to share information:

1. **Name** and date of birth (if known) of child or adult at risk.
2. **Address** of child or adult at risk.
3. Is the child or adult at risk or their parent or carer **aware** of the referral and what are their views and wishes?
4. **Details** of witnessed, suspected or reported harm or risk of harm.
 - *What* happened before, during and after the harmful event? Use the person's own words if known.
 - *When* did the event happen? Include times and full dates.
 - *Where* did it happen?
 - *Who* was allegedly involved and what did they say or do?
 - Names of witnesses.
5. If known give details of any **previous** concerns about witnessed, suspected or reported harm or risk of harm.

It is good practice to follow up a verbal referral with confirmation in writing. CrossReach services have profomas for this: see those used by Geilsland and Ballikinrain schools for CrossReach adult protection cases use the Confirmation of Adult Protection Referral form³.

³ See CrossReach Adult Protection Policy Procedure and Guidance, January 2008

Other Guidance

The previous section provides basic guidance about the 4Rs of Safeguarding. For paid staff working for the Church in a professional capacity, for example in CrossReach or some Parish Development Fund services, see *National Guidance for Child Protection in Scotland, 2010* (<http://www.scotland.gov.uk/Publications>) for further guidance.

This is important national guidance shaping local child protection.

It includes sections about:

- The framework within which child protection is set: *Getting it Right for Every Child (GIRFEC)*, Paragraph 265.
- Identifying and managing risk.
- Responding to concerns about children.
- Confidentiality and consent.
- Children affected by disability or parental substance misuse.
- The overlap between child protection and adult protection.
- Historical abuse.
- Online and mobile phone safety.

Section 3: Standards and Responsibilities

This section is about who will do what to implement the Church's safeguarding policy, as detailed on page 11, and the Church of Scotland Code of Good Safeguarding Practice, 2010.

I. The Church of Scotland Code of Good Safeguarding Practice, 2011

Background

The Church of Scotland Code of Good Safeguarding Practice, 2011, updates the Code of Good Practice for Kirk Sessions and Congregations in the Church approved by the General Assembly, 1997. This updated version was the subject of deliverance to the General Assembly, 2011.

What is the Code of Good Safeguarding Practice?

In short it is a checklist, or set of standards, of what good safeguarding practice looks like. Further details about each of these statements can be found in The Church of Scotland, Safeguarding Handbooks when published in 2011.

Example: failure to ensure safe recruitment: safeguarding concerns about a volunteer working with children who had not been formally recruited, interviewed or asked to apply for membership of the PVG Scheme. (Neglectful recruitment practice by the Kirk Session and risk of abuse).

This Code of Good Safeguarding Practice is for all paid staff and volunteers in the Church who have responsibility for organising, managing or providing care and support to children and adults at risk. This means congregations, all councils and CrossReach services. It will ensure that all those within the Church, who work with children and adults at risk, follow the same standards of safeguarding practice. And it demonstrates a commitment of the Church to the safety, well-being and care of children and adults at risk.



Code of Good Safeguarding Practice, 2011

Policy

1. The Church of Scotland is committed to 'Ensuring a Safe Church for All'. Use and display The Church of Scotland Safeguarding Policy Statement agreed by the General Assembly, May 2010.
2. Paid staff and volunteers in the Church will minimise situations where harm or abuse of children or adults at risk may occur by carrying out risk assessments for activities.
3. The Church will respond to needs of those affected by harm or abuse by providing suitable pastoral care and ensuring that the person feels safe in the Church community.

Recognising and reporting harm or abuse

4. The Church has clear written procedures for responding to witnessed, suspected or reported harm or abuse. These can be found in *The Church of Scotland Safeguarding Service Safeguarding Handbook 1*, January 2011 and *CrossReach's Adult Protection Policy Procedure and Guidance*, January 2008. If you witness or suspect harm or abuse, or it is reported to you, you must immediately report it to your Safeguarding Coordinator or line manager.
5. Paid staff and volunteers in the Church will use the 4 Rs of Safeguarding: to recognising harm or abuse, ensuring that it is reported to the Safeguarding Coordinator or line manager, recording the details in writing and referring on to social work or the police in appropriate cases.
6. Confidentiality: information about a person who has allegedly been harmed or is at risk of serious harm, can be shared without their permission if they, or others, are at risk of serious harm.

Safe recruitment and management

7. Every congregation must have a formally recruited Safeguarding Coordinator. (Some congregations may choose to have more than one to share the responsibility).
8. All paid staff and volunteers working with children or 'protected adults,' as defined in the Protection of Vulnerable Groups (Scotland) Act, 2007 or the Safeguarding Vulnerable Groups Act, 2006, must be formally and safely recruited. This means:
 - Every post must have a written job description.
 - Applicants must be interviewed, provide two references (which must be followed up), and be members of the Protecting Vulnerable Groups Scheme or, in England and Wales, not be on the 'barred lists' introduced by the Vulnerable Groups Act, 2006.
 - All volunteers should receive one-to-one supervision with the person to whom they are responsible.
 - All paid and voluntary appointments should be conditional upon the successful completion of a probationary period (usually 6 months).
 - All volunteers and paid staff should attend the appropriate level of Church of Scotland safeguarding training.
 - All paid staff and volunteers, with suitable training and support, must be able to recognise harm and abuse and be confident enough to report it to their Safeguarding Coordinator or line manager.
 - If allegations of harm against a paid member of staff are found to be unsubstantiated but there are good grounds for believing that the person continues to pose a risk, 'compromise agreements' should not be used to end the person's employment. A compromise agreement is where a person agrees to resign, the employer agrees not to pursue disciplinary action and both parties agree a form of words to be used in any future reference.
 - Paid and volunteer posts should have a Code of Conduct so that workers are clear about expected behaviour and to ensure appropriate boundaries between themselves and children and adults at risk.

Working with convicted sex offenders known to congregations

9. When it is known or suspected that there is a convicted sex offender in the congregation, this information **must** be reported to the Church of Scotland Safeguarding Service. A convicted sex offender means a person convicted of sexual offences against children. The Safeguarding Service will then provide full advice and support with setting up a Covenant of Responsibilities to ensure the person's safe inclusion in worship.



Responsibilities

10. Employees and volunteers of the Church are strongly recommended to follow verbal and written advice provided by the Church's Safeguarding Service in cases where harm is witnessed, suspected or reported.
11. Every congregation must appoint a Safeguarding Panel. This usually comprises the Minister, the Safeguarding Coordinator plus one or more members with a suitable understanding of, or a professional background in, safeguarding.
12. Kirk Sessions will ensure that all paid staff and volunteers working with children or adults at risk know what the Church's safeguarding policy is and receive appropriate safeguarding training.
13. An appropriate level of safeguarding training will be provided for: Presbytery Safeguarding Trainers, Safeguarding Coordinators, Kirk Sessions, Presbytery and Parish Workers and paid staff and volunteers in congregations and CrossReach services.

2. The Church of Scotland Safeguarding Service

This section gives an overview of the responsibilities of the Church of Scotland Safeguarding Service. The associated Safeguarding Committee is responsible for governance, policy and safeguarding strategy.

The Church of Scotland Safeguarding Service aims to: (a) ensure best practice in *preventing* harm or abuse to children and adults at risk and (b) ensure that the Church makes a timely and *appropriate response* when harm or abuse is witnessed, suspected or reported. See Figure 2, page 13, to see where the Safeguarding Service fits into the Church's safeguarding structure.

(a) Preventing harm and abuse

The Safeguarding Service aims to *prevent harm* or abuse by ensuring that there is good recognition and reporting (2 of the 4 Rs of Safeguarding). The Safeguarding Service provides:

1. **Support** and advice with every-day safeguarding matters *where there is not an incident* of suspected or reported harm or abuse. This work is called safeguarding enquiries.
2. Advice and support for the **safe recruitment** and selection of all paid staff and volunteers: the process of checking a person's suitability to work with children or protected adults via membership of the Protection of Vulnerable Groups (Scotland) Act, 2007, (PVG Scheme). In 2011 the PVG Scheme replaced Disclosure Scotland checks. Safe recruitment is about ensuring that only people suitable to work with children and adults at risk, become part of the workforce.

3. A **Safeguarding Advisory Group** to risk assess potential volunteers and paid staff, who have convictions on their PVG Scheme Record. This process demonstrates safe recruitment practice and it ensures that those with criminal offences that do not affect their suitability for the particular post can be safely employed.
4. A comprehensive range of safeguarding **training** programmes to meet the particular learning needs of different groups of people in the Church e.g. volunteers, Kirk Sessions, Safeguarding Coordinators, Ministries Council staff and CrossReach employees.

(b) Responding to disclosures of harm or abuse, or risk of abuse

The Safeguarding Service:

5. Provides verbal and written **advice** in situations where harm or abuse is witnessed, suspected or reported to members of the Church. This service is also provided for CrossReach Social Care Council services. This work is called managing safeguarding referrals.
6. Advises and works alongside Safeguarding Panels working with **convicted sex offenders** to ensure their safe inclusion in worship. The Church has a rigorous system of support and monitoring in place based on the use of Covenants of Responsibilities - written and regularly reviewed agreements between the offender and the congregation. Often this involves joint working with Criminal Justice Social Work services and/or the police. (See page 41 for more details).

The Church of Scotland Safeguarding Service statement

This statement summarises what we aim to do and how.

Safeguarding Service

What we aim to do and how

‘Ensuring a safe Church for all’

Protecting children and ‘adults at risk’ from harm or abuse

1. Fact

Harm or abuse of children and ‘adults at risk’ can happen anywhere - even in the Church

2. Our aim

Zero-tolerance – harm or abuse of any type or level is unacceptable. We will minimise the risk of harm occurring.

3. How?

All church workers, with support and training, will be able to recognise alleged, witnessed or suspected harm. They will immediately report it to their Safeguarding Coordinator or line manager. We will demonstrate the ‘safe recruitment’ and supervision of staff and volunteers. ‘Those who pose a risk’ of harm to church members will be safely included in congregations.

Protecting people from harm or abuse is a multi-agency task.

We will involve social work and the police where appropriate

How to contact the Safeguarding Service

The service is available 9.00am-4.45pm, Monday to Friday. You can leave a telephone or email message outwith this time. If your concern is very urgent look at the flowchart on page 2 for advice on whether to directly contact the police or social work.

The Church of Scotland Safeguarding Service

The Church of Scotland
121 George Street
Edinburgh
EH2 4YN

Tel: 0131 240 2256
Email: safeguarding@cofscotland.org.uk
Website: www.churchofscotland.org.uk

2. Responsibilities of The Presbytery

The Presbytery is responsible for ensuring that Kirk Sessions implement the Church's Safeguarding Policy, 2010, (page 11) and adhere to the Code of Good Safeguarding Practice 2011 (pages 30 - 33) via the Annual Attestation of Records and the Quinquennial Visitation and Inspection.

The Presbytery also has a responsibility to ensure effective communications about safeguarding matters. Safeguarding should appear as a standing item on one of the Presbytery Committees. Two Presbyteries each also have their own Presbytery Safeguarding Committees to oversee these responsibilities. This is good practice but is not mandatory.

Additionally Presbyteries are responsible for appointing Safeguarding Trainers and a Presbytery Safeguarding Contact to coordinate safeguarding training.

3. Responsibilities of The Kirk Session

Since the introduction of the Code of Good Practice in 1997, Kirk Sessions have been responsible for implementing many of the instructions of the Church's General Assembly and ensuring that their congregations adhere to them.

Summary of General Assembly instructions to Kirk Sessions

A record of all safeguarding General Assembly Deliverances that apply to Kirk Sessions will be available on the Church of Scotland Safeguarding Service website. The list will be updated in May each year after the General Assembly.

4. The Role of the Safeguarding Coordinator

All Kirk Sessions must appoint a Safeguarding Coordinator. Previously this post was known as a Coordinator or Child Protection Coordinator. At the Church's General Assembly 1998, Kirk Sessions were instructed to appoint Coordinators in Child Protection and to register the name and address of the Coordinator with the Safeguarding Service. In addition, the appointment of a Coordinator must always be formally minuted by the Kirk Session.

Kirk Sessions may wish to appoint more than one Safeguarding Coordinator. This allows the workload to be shared and also helps to maintain continuity if one of them retires or leaves.

The Safeguarding Coordinator is appointed to act on behalf of (not instead of) their Kirk Session, to help to ensure that the instructions, recommendations and legislation relating to safeguarding practice in the Church are implemented.

Kirk Sessions should ensure that the congregation know who their Safeguarding Coordinator is and what their role is. The Safeguarding Coordinator should report regularly to the Session. Safeguarding should be a standing item on the Kirk Session's agenda.

Example: a Safeguarding Coordinator recognised a convicted sex offender – who had previously been a member of their congregation – at a social event in another congregation. They reported their concerns to the Safeguarding Service. A Covenant of Responsibilities is now in place. (Risk of harm; the safe inclusion of convicted sex offenders in the Church).

Job description for a Safeguarding Coordinator

Title of Post: Safeguarding Coordinator
 Congregation: Name
 Responsible to: The Kirk Session

Main purpose: to ensure that the Church of Scotland Code of Good Safeguarding Practice, 2010 is effectively implemented in the congregation.

Principal duties and responsibilities:

1. *Be the recognised person for receiving reports of any witnessed, suspected or reported harm or abuse of children or adults at risk and be responsible for liaison with social work and/or the police in any further action taken.*
2. Promote and facilitate safe working practices by providing information on risk management and the protection of children and adults at risk from abuse/harm.

3. Ensure that all:
 - a. Pastoral Care Team workers visiting vulnerable adults and children's workers are safely recruited, and recorded in the Congregational register
 - b. Appointments of children's workers are ratified by the Kirk Session and recorded in the Congregational Register.
4. Managing the process in congregations for volunteers to become members of the Protection of Vulnerable Groups (Scotland) Act, 2007 Scheme – see separate guidance available from the Safeguarding Service.
5. Maintain accurate and confidential records of all children's workers and Pastoral Care Team workers and ensure that these are securely stored.
6. Promote training opportunities for those doing regulated work⁵ with children and adults at risk.
7. Monitor the continuing implementation of the Church of Scotland Code of Good Safeguarding Practice, 2011, by all groups and organisations under the jurisdiction of the Kirk Session.
8. Liaise with individuals responsible for the lets and hires of Church premises to non-Church of Scotland groups to ensure compliance with contracts agreed by the Kirk Session.
9. Report to every meeting of the Kirk Session on safeguarding issues.
10. May also be part of the Safeguarding Panel that monitors the safe inclusion of a convicted sex offender in the congregation. Not all Safeguarding Coordinators will feel comfortable with this particular task and their involvement is *not* mandatory.

Skills and experience required for the post: current or previous professional or voluntary experience, and hence a good understanding of child or adult protection in any setting.

5. The role of the Safeguarding Panel

What is a Safeguarding Panel?

A Safeguarding Panel is a group of at least three people appointed by the Kirk Session to manage safeguarding matters on its behalf. Safeguarding Panels were established at the General Assembly 1998. Every congregation must have one. In 2009 the General Assembly accepted the Safeguarding Committee's deliverance to '*instruct Kirk Sessions to adopt and use the Safeguarding Panel model to manage confidential safeguarding matters.*'

⁵ Separate guidance is available about what is meant by regulated work under the Protection of Vulnerable Groups (Scotland) Act, 2007

Membership of the Safeguarding Panel

The suggested membership of a Panel is:

- The Safeguarding Coordinator
- The Minister
- One or two other Church members with relevant experience

There should be at least three Safeguarding Panel members but there can be more to include key relevant people. Occasionally the Minister decides not to be involved in the Safeguarding Panel because it may compromise their pastoral care role. Many congregations include their Session Clerk as a member of the Safeguarding Panel too.

Example: A young boy, who attending a summer Bible class, reported that he was sexually assaulted by a much older teenager in the toilets during a break. (Child protection; sexual abuse).

The role of the Safeguarding Panel

The Safeguarding Panel will:

- Support the Safeguarding Coordinator with the 'safe recruitment' of volunteers to work with children or adult at risk in congregations.
- Consider how to manage a situation where an applicant is not suitable to work with children or adults.
- Ensure that the congregation complies with safeguarding policies and the implementation of the Code of Good Safeguarding Practice, 2011.
- Consider how to promote good safeguarding practice and awareness raising training.
- Ensure that procedures are followed and records maintained to the satisfaction of the Presbytery.
- Ensure safe arrangements for a convicted sex offender who wishes to attend worship in the congregation. It is recognised that not all individual members of a Safeguarding Panel may feel comfortable with this particular task - it is up to the individual.

For more details see the Church's report, policy and procedure for working with those that pose a risk: *'For of such is the Kingdom of Heaven'* 2009 and *Including those Who Pose a Risk: a Code of Practice for Church of Scotland Congregations*, June 2010. These documents are available from the Church of Scotland Safeguarding Service and the Safeguarding Service web page.

Safeguarding Panel members should attend safeguarding training to equip them with the knowledge and skills for their role.

How often should a Safeguarding Panel meet?

In practice Safeguarding Panels meet as and when required. They must be able to meet at short notice when there is a safeguarding incident.

Keeping records and confidentiality

It is very important that Safeguarding Panels keep a written/electronic record of their decisions, the reasons for those decisions, fact finding reports and notes of actions taken. See page 27 for more detailed guidance about record keeping. These records must be kept indefinitely. Further guidance about the safe keeping and retention of such records will be provided by the Safeguarding Service.

Records should always be stored in a secure and confidential place. If records are stored electronically then care should be taken to ensure the network is secure and the records are password protected.

In the event of an allegation or suspicion of abuse, the Safeguarding Panel members must keep the information confidential. This also means that details about allegations or concerns of abuse/harm will not be discussed at Kirk Session meetings.

The Safeguarding Panel's role when an allegation or suspicion of abuse or harm is made about a child or adult at risk

If there is suspicion of harm or abuse, or it has been reported to the Safeguarding Coordinator the first thing that they must do is to report this to the Safeguarding Service and their Minister. In cases of serious abuse this will be reported to the police first. See the flow chart on page 25. Then the role of the Safeguarding Panel is to assist the Safeguarding Coordinator with managing a safeguarding situation in the congregation. Often this will include taking forward actions recommended by the Safeguarding Service.

7. Role and Responsibility of the Minister

The Church requires that Ministers must:

- Be aware of the Church's safeguarding policy and procedure.
- Attend an in-service safeguarding training day.
- From **2011** to **2014**, become members of the PVG Scheme under the Protection of Vulnerable Groups (Scotland) Act, 2007. This scheme replaced the Enhanced Disclosure checking system. Details are available from Ministries Council and the Safeguarding Service.

In practice Ministers will also be members of Safeguarding Panels as discussed above. The Minister's role is to help the Kirk Session and Safeguarding Coordinator fulfil their safeguarding remit and to establish good pastoral practice for the care and support of Church members whose lives are (or have been) affected by abuse.

Ministers who have to manage disclosures of abuse (both current and historical) should initially discuss them with their Safeguarding Coordinator and Safeguarding Panel for support and advice. Similarly the Safeguarding Service must be contacted as in the procedure on page 25.

Many individuals needing to speak about abusive experiences will often look to their Minister first. Ministers must then follow the procedure set out on page 25 and summarised in the flowchart on page 2. An allegation or suspicion of abuse/harm should normally be referred to the Safeguarding Coordinator and then the Safeguarding Service - see the flowchart on page 2

Section 4: Further Guidance

I. Working with those who pose a risk: For of Such is the Kingdom of Heaven, Church of Scotland General Assembly Report, May 2009

Working with those who are a risk to others in the Church

The task of the Safeguarding Service includes working with congregations to ensure the safe inclusion of convicted sex offenders in congregations. Sex offenders are defined as those with convictions relating to the sexual abuse of children. Since May 2009 the Church of Scotland has had an explicit policy about working with sex offenders. This is set out in the General Assembly 2009 report, *'For of such is the Kingdom of Heaven.'* But the Church's safeguarding priority is still the safety of children and adults at risk.

The Safeguarding Service provides full support to congregations with setting up such arrangements with the offender called a Covenant of Responsibilities. This usually means working jointly with the police and social work services. The Church makes a significant contribution to public safety through this work too.

Example: A member of a congregation told a friend, who told the minister, that they suspected that a convicted sex offender has recently joined the congregation. Appropriate action was taken by the minister. Contact was made with the Safeguarding Service and the police confirmed the suspicion. (Child protection; managing risk of abuse; safe inclusion of a convicted sex offender).

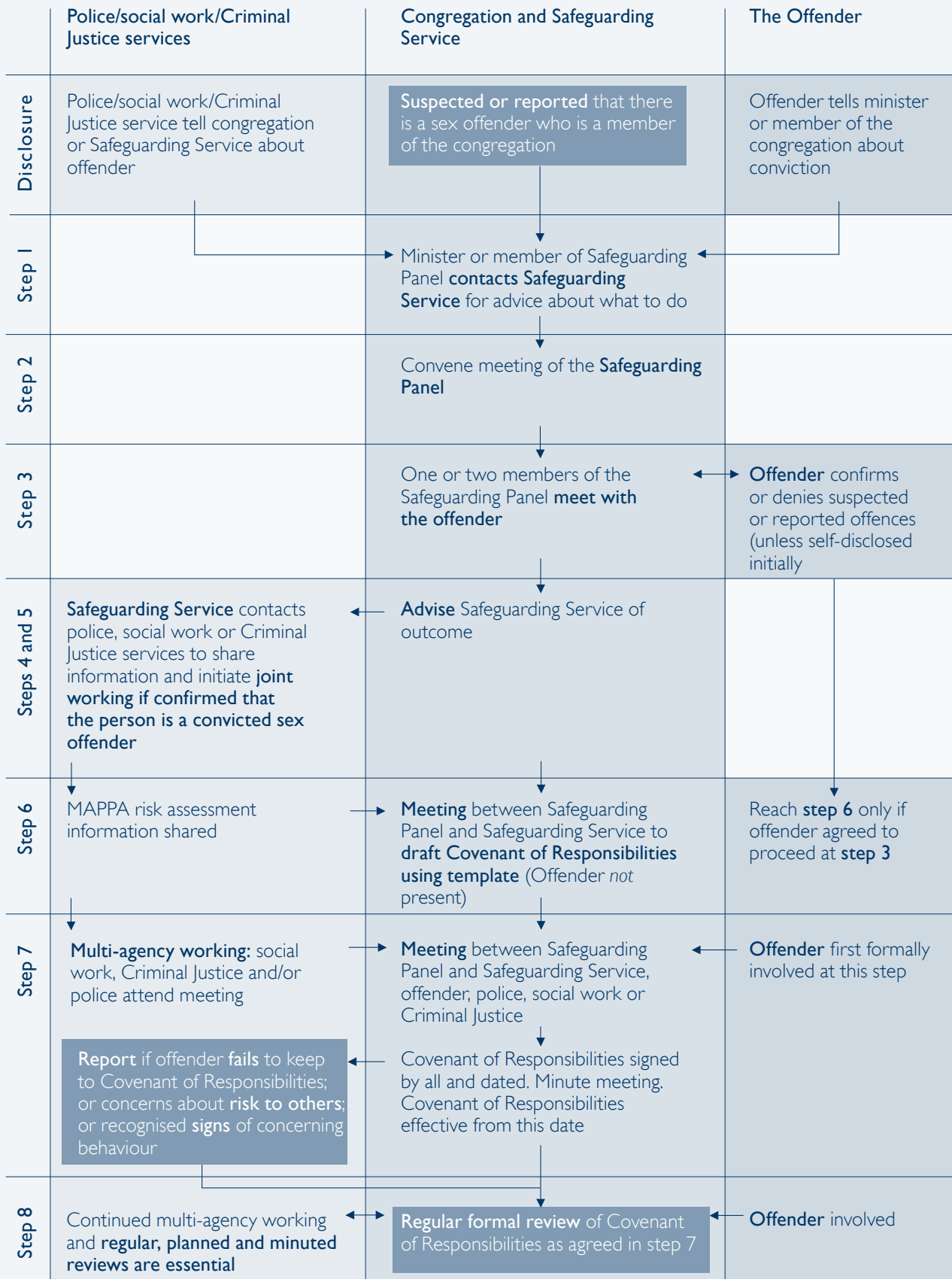
When it is known or suspected that there is a convicted sex offender in the congregation this information must be reported to the Church of Scotland Safeguarding Service.

The Safeguarding Service has produced a step-by-step guide on putting such arrangements in place: *Including those Who Pose a Risk: a Code of Practice for Church of Scotland Congregations*, June 2010. This document and the General Assembly report referred to above, are available from the Church of Scotland Safeguarding Service and on the Safeguarding Service website. For information only, the process of setting up a Covenant of Responsibilities is summarised on page 42.

Figure 5:

Process for setting up a Covenant of Responsibilities, Church of Scotland, May 2010

Further details about each step is in the Code of Practice for setting up a Covenant of Responsibilities.



2. Confidentiality and Information Sharing

Sharing confidential information without a person's permission is a relatively rare step for those involved in safeguarding children and adults at risk. But it does occur and can cause anxiety and conflict for those involved. The following principles and dilemmas apply to confidential information sharing about children and families.

There are particular dilemmas about sharing confidential information to protect people when the person is an adult at risk or an adult *not* affected by disability. This is the case when an adult – who has the capacity to make their own decisions and choices no matter how good or bad they may appear to be – makes a disclosure of harm and does not want the information to be shared with the police or social work. For example, in a hypothetical case, an adult could disclose that a relative has been sexually abusing them for 25 years...and that the person occupies a position of trust in the Church... and has grandchildren too. Who needs to be protected, and how, when the victim says that they do not want the information shared with the police and that they will harm themselves if their wishes are not upheld?

The decision to share confidential information without the person's permission is often an extremely difficult one – follow the steps in the flowchart on page 2 and **contact the Safeguarding Service for a discussion and guidance.**

If there is reasonable concern that a child or adult at risk has been abused, or may be at risk of harm, sharing information without the person's consent will always override the requirement to keep information confidential.

Common law requires that information may not lawfully be disclosed when given in certain circumstances of confidentiality. There are laws that protect personal information too including Human Rights Act 1998 and the Data Protection Act 1998. Confidentiality is not a bar to information sharing.

What is confidentiality?

Not all information is confidential and much of it is already in the public domain. Confidential information is usually information that is shared in the understanding that it will not be shared with others. But there are limits of confidentiality. From the start be open about what information may be shared and when, with or without the consent of the person receiving the service. As detailed on page 31 never promise confidentiality i.e. 'not to tell anyone else.'

What sort of information is confidential?

- Addresses, dates of birth, details of households.
- Information about previous convictions and court appearances.
- Parent or childhood history, personal and sexual relationships, drug use, etc.
- Sometimes, professional assessment or opinion.
- Information disclosed through the professional/client relationship e.g. in counselling or providing support in the course of the normal working relationship.

When can confidential information be shared without the person's permission?

The Data Protection Act 1998 also provides for sharing of information for purposes such as public protection, crime prevention and crime detection. **Confidential information can be shared, for example with police or social work, without the individual's consent** when⁶:

- It is needed to prevent, detect or prosecute serious crime (Data Protection Act 1998, section 29).
- Failure to gain the information may work against the apprehension or prosecution of offenders (Data Protection Act 1998, section 29).
- There is a risk of death or serious harm.
- It is in the interests of the person's health.
- It is in the interests of the person concerned.
- There is a public health interest.
- There is a 'public interest'.

⁶ Source: *National Guidance for Protection in Scotland*: Scottish Government, 2010

'Public interest' can mean:

- Protecting vulnerable members of the community.
- Maintaining public safety.
- Apprehending offenders.
- Preventing crime and disorder.
- Detecting crime.
- Administering justice.

Best practice guidance for sharing confidential information

when information is shared, a **written record** should be made of:

- When it was shared.
- With whom.
- For what purpose.
- In what form.
- Whether it was disclosed with or without consent.
- **Always aim to get the person's consent** to sharing information first.
- Wherever possible the practitioner should **inform the person that consideration is being given to breaking confidentiality**. It is possible that the person will choose to disclose for himself or herself in such circumstances. If the person isn't forewarned about the disclosure inform them as soon as possible afterwards.
- **What to say to a person when sharing information *without consent*:**
 - Aim to tell the person that you intend to share the information, unless this may place the child or adult, or others, at greater risk of harm.
 - Tell them what information will be shared with whom e.g. if there are concerns that an adult has been harmed by a carer then obviously don't seek consent from the parent before sharing information.
 - Explain the reasons why information needs to be shared and why particular actions need to be taken.

Example: a member of staff supporting a person with learning disabilities in a supported flat took their own washing to work and using the service user's washing machine. The service user did not want the matter reported. But because other service users may be at risk the allegation was reported to the service manager. (Adult protection: material abuse; public interest.)

- If a decision is made not to share information this should also be recorded in writing.
- Only share relevant information e.g. not everything you know about the person but just information in relation to the particular safeguarding concern.
- Share information immediately when harm is suspected or reported.
- Restrict the disclosure of confidential information only to those people who need to know.
- **Never refuse a request to share information** with another agency solely on the basis that all information held by the Church is confidential.

In conclusion, follow the steps in the flowchart on page 2 and **contact the Church's Safeguarding Service** for a discussion and guidance.

3. What is serious or significant harm?

This information is provided for **reference only**. The concept of significant harm is a complex matter subject to **professional judgement** based on an assessment of the child or adult at risk's circumstances. There are no absolute criteria for judging what significant harm is. Sometimes a single traumatic event may constitute significant harm e.g. a violent assault, theft of a large amount of money, or being restrained in a locked room.

Often significant harm may be the end result of an accumulation of smaller, relatively insignificant, harmful events. Or what initially looks like insignificant harm can turn out to be serious on further investigation. Therefore follow the procedure for all harm regardless of whether the initial impression is that it is significant.

The seriousness or extent of abuse is often not clear when it is first witnessed, suspected, or reported to staff. An assessment of the seriousness of the risk of harm should be carried out by all the professionals involved i.e. on a multi-agency basis.

Checklist for assessing the seriousness of harm:

- The **vulnerability** of the person: how able are they to protect themselves from harm by what they do or tell others? What is their ability to communicate verbally or using aids to communication? Children and adults at risk with disabilities that effect communication and understanding are more vulnerable to abuse.
- **For an adult at risk** their rights and legal capacity to make decisions must be considered e.g. is it their informed choice to remain in an abusive situation when they have the capacity to make their own decisions? This is an issue where professionals assess that someone needs protection but the person thinks that they do not.
- **The nature and extent** of the abuse: how serious is the harm and who else is affected? e.g. are other service users, using the same service, potentially at risk or are other members of the person's family? How much physical, psychological, material or emotional harm has occurred?
- **The length of time** harm has been occurring. Is this a one-off or is there a pattern of repeated abuse? Use a **chronology** or timeline to log previous concerns and dates and look for patterns (see page 54).
- The **frequency** of harm: how often has it occurred and for how long? Have others reported concerns in the past e.g. carers, relatives, other professionals?
- **The impact**, emotionally and physically, on the individual's well-being and development. What is the person's reaction, his or her perceptions, wishes and feelings? Address communication difficulties by using non-verbal gestures, pictures and other aids to communication.
- What is the **risk of repeated or increasingly serious** harm to the child or adult at risk ?
- What was the intent of the perpetrator particularly if he/she is a professional member of staff or volunteer working in a service or congregation or a person occupying a **position of trust and responsibility** in the Church. How much premeditation was there? How much power or trust was abused by the alleged perpetrator in contrast with the child or adult at risk's ability to protect themselves? If the alleged perpetrator is a member of staff how does their conduct measure against professional codes of conduct?
- Were the actions of the perpetrator **deliberate or done in ignorance?** (Don't forget that the perpetrator is able to use common sense to judge what is right or wrong too). In a care service where the alleged perpetrator is another service user do they have insight into their actions or the capacity to understand what they have done? This may be impaired by learning disabilities, mental health difficulties or substance misuse.
- How much **threat**, coercion, sadism, bizarre or unusual behaviour was involved?
- Have social or health care professionals completed a **formal risk assessment** of the risks to the person from others or from themselves? What are the risk factors and what protection plan, if any, is in place to address them?

4. Indicators of Harm or Abuse of Children and Adults at Risk

Important note: this section is for information and reference only and is **NOT** to encourage volunteers and staff to go looking for abuse or harm. Remember the key message:

If you witness, suspect or harm or abuse, or it is reported to you, you must immediately report it to your Safeguarding Coordinator or line manager.

You do not have to identify the category or type of abuse but simply report and record what you have seen, heard or been told as summarised in the flowchart on page 2. Nonetheless it can be helpful to understand the different ways in which, unfortunately, children and adults at risk can be abused.

There are broad categories of harm that are widely recognised in child and adult protection literature and Scottish Government guidance. The categories of abuse are very similar for children and adults at risk. The person affected may experience more than one type of harm at the same time. Emotional abuse will usually accompany all types of harm.

The following two tables summarise the main types of abuse that may be perpetrated against children and adults at risk.

I. The main types of abuse that may be perpetrated against children

Main types of abuse	Signs of these types of abuse
<p>Physical: hitting, slapping, pushing, inappropriate touching, kicking, smothering, attempted drowning, poisoning; being threatened with a weapon, burned, scalded or bitten; inappropriate sanctions or holding the child down; Munchausen syndrome by proxy (care giver feigns symptoms of, or deliberately causes, ill health of child), parental lifestyle prior to birth causing foetal abuse (drug or alcohol misuse or addiction) etc.</p> <p>Includes inappropriate restraint that is not part of an agreed plan: any direct interference with bodily movement or actions preventing a child from doing what he or she wishes. Restraint can be chemical (medication) or physical.</p>	<ul style="list-style-type: none"> • Unusual or unexplained injuries. • Misuse of medication: giving too much, too little, withholding or giving the wrong medication, or giving it late. • Fear of another person, disturbed behaviour. • Physical or electronic barriers to freedom of movement and choice; medication which limits physical movement or behaviour.
<p>Contact and non-contact sexual abuse: occurs when any person(s) deliberately or through neglect, exploits the child, directly or indirectly, in any activity intended to lead to the sexual arousal or other forms of gratification of that person(s). This definition applies whether there has been genital contact or not, and whether or not the child is alleged to have initiated the behaviour.</p> <p>Abuse may occur between young people too particularly in some institutional care settings. Indications of abuse include a lack of consent between the children involved, inequalities of age, development age or size; and the use of force or threats.</p>	<ul style="list-style-type: none"> • Sexual acts or actions involving genital contact or no physical contact. • Talking in sexual language that is inappropriate or uncomfortable. • Touching or attempting to touch in a sexual way against the person's will or understanding. • Sexual intercourse or attempted sexual intercourse. • Lewd or libidinous practices toward a child. • Non-contact sexual activity e.g. exposing sexual parts to the child or having them witness adult sexual acts. • Rape, sodomy, incest, sexual assault and inappropriate touching of genitals.

Main types of abuse	Signs of these types of abuse
<p>Psychological or emotional harm: threats, abandonment, humiliation, intimidation, bullying, harassment, verbal abuse, controlling behaviour, name-calling, insults, preventing the person from seeing others, misuse of authority or power over the service user.</p>	<ul style="list-style-type: none"> • Pressure exerted by another person to do something that they do not want to do. • Depression, withdrawal, noticeable or uncharacteristic changes in behaviour, less communicative. • Fear of another person. • Hostile or rejecting behaviour by the care-giver. • Kept isolated from other people or depriving them of health or social care services. • Jokes or pranks that are without the agreement or understanding of the service user causing emotional upset, loss of dignity or physical harm.
<p>Neglect and acts of omission: failure to provide medical or physical care; access to medical, social or educational services; appropriate medication, food or heating.</p>	<ul style="list-style-type: none"> • Person is found alone at home or in a care setting in a situation of serious risk. • Unexplained or sudden deterioration in health e.g. weight loss or infections. • Failure to give the correct dose of medication and at the right time: over-medication, missing medication. • Undue delay in getting medical care for illness or injury. • Deprived of adequate food or heating resulting in avoidable weight loss.
<p>Non-organic failure to thrive: children who significantly fail to reach normal growth and development milestones. Requires a medical diagnosis where physical and genetic causes have been eliminated.</p>	<ul style="list-style-type: none"> • Reduction in stature – in height and weight. • Increased susceptibility to illness. • Withholding food as punishment.
<p>Self-harm: children who need protection from themselves. Their intention may be to injure self but not to endanger own life, or it may be to attempt suicide.</p>	<ul style="list-style-type: none"> • Deliberate self-harm. • Attempted suicide. • Refusal to eat or drink. • Drug/alcohol/substance misuse. • Cutting, burning, hitting etc parts of the body. • Calculated and dangerous risk-taking.
<p>Discriminatory: making an unjust distinction on the basis of race, colour, age, disability or gender.</p>	<ul style="list-style-type: none"> • Prejudicial actions or remarks to the child about age, gender, disability, race, colour, sexual or religious matters.

Main types of abuse	Signs of these types of abuse
<p>Financial or material: theft, fraud, financial exploitation, pressure to hand over money, financial transactions, misuse of property, possessions or welfare benefits.</p>	<ul style="list-style-type: none"> • Unexplained debt. • Theft of possessions e.g. in a residential home or residential school. • Sale of child's possessions without their permission; misuse of a child's money or bank account by the perpetrator. • Pressure on the person to comply with the wishes of another about wills, property, inheritance or money.
<p>Other types of abuse. There is no universally agreed definition of 'child abuse'. The types of behaviour defined as abusive, and the range of people deemed to be perpetrators of abuse, are continually expanding. They are defined by society's changing awareness and attitudes.</p> <p>For the most recent Scottish Government child protection guidance see The Scottish Government's National Guidance for Child Protection in Scotland, 2010.</p>	<ul style="list-style-type: none"> • Organised or multiple abuse: abuse by organised groups of people targeting children. • Child abuse through prostitution and the sex industry. • Child abuse and the internet: e.g. children using online social networking sites and perpetrators hacking into accounts; potential abusers accessing their accounts and accessing personal information; children meeting adults offline who have 'groomed' them online etc • Institutional abuse in e.g. a residential or school setting where a service is delivered in a way that meets the needs of the provider first and the service user second e.g. regimented routines for meals or activities, some staff's attitudes, lack of training, skills or supervision; withholding or threatening to withhold food or privileges as punishment or coercion etc. • Children with disabilities are particularly vulnerable to abuse e.g. sometimes they have many intimate personal carers, communication difficulties, and are often considered to be unreliable witnesses or reporters of harm. • Munchausen's by proxy/fabrication or the induction of illness in a child by a carer for the gratification of the carer. • Domestic abuse: domestic abuse is a factor in 27% of child abuse investigations. • Foetal abuse: where the foetus may be damaged in utero by the mother's tobacco, alcohol or drug use; or harm by another person physically assaulting the mother. • Children affected by drug abuse and addictions of parents/carers. • Female Genital Mutilation. • Forced Marriage where the child is under 16 years.

For CrossReach's Geilsland and Ballikinrain schools see **Appendix B** of those school's Child Protection Procedures for a more detailed step-by-step guide about what to do. It is also useful to get a copy of your local authority's multi-agency child protection guidelines.

2. The main types of harm that may be perpetrated against adults at risk.

Main types of harm	Signs of these types of harm
<p>Physical: hitting, slapping, pushing, inappropriate touching, kicking, being threatened with a weapon, burned, scalded or bitten, inappropriate sanctions or holding the person down.</p> <p>Includes inappropriate restraint that is not part of an agreed plan: any direct interference with bodily movement or actions preventing a person from doing what he or she wishes. Restraint can be chemical (medication) or physical.</p>	<ul style="list-style-type: none"> • Unusual or unexplained injuries. • Misuse of medication: giving too much, too little, withholding or giving the wrong medication, or giving it late. • Fear of another person, disturbed behaviour. • Physical or electronic barriers to freedom, of movement and choice; medication which limits physical movement or behaviour.
<p>Sexual: includes rape, sexual assault and inappropriate touching of genitals. May or may not involve physical contact.</p>	<ul style="list-style-type: none"> • Sexual acts or actions that are not wanted or understood and to which the adult could not, or did not, consent. • Talking in sexual language that is inappropriate or uncomfortable for the service user (non-contact sexual harm). • Touching or attempting to touch in a sexual way against the person's will or understanding. • Sexual intercourse or attempted sexual intercourse against the person's will.
<p>Financial or material: theft, fraud, exploitation, pressure to hand over or sign over property or money, misuse of property, possessions or welfare benefits.</p>	<ul style="list-style-type: none"> • Unexplained debt; not paying bills for services. • Sale of property, possessions, misuse of bank account by the perpetrator. • Pressure on the person to comply with the wishes of another about wills, property, inheritance or money.
<p>Psychological or emotional harm: threats, abandonment, humiliation, intimidation, bullying, harassment, verbal abuse, controlling behaviour, name-calling, insults, preventing the person from seeing others, misuse of authority or power over the service user.</p>	<ul style="list-style-type: none"> • Pressure exerted by another person to do something that they do not want to do. • Depression, withdrawal, noticeable or uncharacteristic changes in behaviour, less communicative. • Fear of another person. • Hostile or rejecting behaviour by the caregiver. • Kept isolated from other people or from receiving health or social care services. • Jokes or pranks that are without the agreement or understanding of the service user, causing emotional upset, loss of dignity or physical harm.

Main types of harm	Signs of these types of harm
<p>Neglect and acts of omission: failure to provide: medical or physical care; access to medical, social or educational services; appropriate medication, food or heating.</p>	<ul style="list-style-type: none"> • Person is found alone at home or in a care setting in a situation of serious risk. • Unexplained or sudden deterioration in health e.g. weight loss, infections or pressure sores. • Rushing a person with eating their meal or not cutting up their food so that they can easily eat it. • Failure to give the correct dose of medication and at the right time. • Undue delay in getting medical care for illness or injury. • Deprived of adequate food or heating resulting in avoidable weight loss or hyperthermia.
<p>Self-harm: the intention may be to injure self but not to endanger own life, or it may be to attempt suicide.</p>	<ul style="list-style-type: none"> • Refusal to eat or drink. • Drug/alcohol/substance misuse. • Cutting, burning, hitting etc parts of the body. • Calculated and dangerous risk taking.
<p>Discriminatory: making an unjust distinction on the basis of race, colour, age or gender.</p>	<ul style="list-style-type: none"> • Prejudicial actions or remarks to the person about age, gender, disability, race, colour, sexual or religious matters.
<p>Information abuse: denial of information or advice.</p>	<ul style="list-style-type: none"> • Failure to provide adequate information. • Being misinformed.
<p>Abuse of Human Rights: as included in the 14 Articles of the Human Rights Act, 1998. For example the prohibition of torture (article 3) and forced labour (article 4), the right to liberty and security (article 5), respect for family and private life (article 8) and freedom from discrimination (article 14).</p>	<ul style="list-style-type: none"> • Absence of information or not knowing rights. • Being misinformed about rights. • Most forms of harm will be covered by the abuse of one of these Human Rights.

5. At-a-glance History of Significant Harmful Events Form for use by CrossReach Services

This tool is only appropriate for use by CrossReach services. If used it should be kept at the front of the person’s case file. Such tools are also called ‘**chronologies**’. This format for recording can assist with detecting harm and recognising patterns over time. The form can be used for logging and analysing recurrent ‘low level’ suspected harm over a period of weeks, months or years.

History of Significant Harmful Events Form

Name of person:..... Date of birth:.....

- The purpose of the form is to provide an at-a-glance view of concerns over time so that patterns of incidents or concerns can be identified. In this way individual incidents will not be viewed in isolation from what has gone before.
- Record all witnessed, suspected (not just proven), reported harm; and risk of harm.
- Record all types of harm: physical, neglect, sexual, financial, psychological, etc. See pages 49–53 for details.
- Describe the event or incident in just a few lines. Identify triggers.
- Detailed information to be noted in case file.
- Update for every new event including so-called ‘low level’ or less obviously serious concerns about harm.
- Keep this form at the front of the case file where it is readily visible.

Date of event	Brief details of event	Agencies/professionals involved	Outcome
Add more rows as required			

6. Suggested Structure and Process for Fact-Finding Investigations after Police or Social Work investigations

This guidance is for use **only** when:

- The Church has made a safeguarding referral to the police or social work; **and**
- A police or social work investigation has been concluded; **and**
- The Kirk Session/Safeguarding Panel/employer need to then use disciplinary procedures to manage a paid member of staff or volunteer.

To save confusion there are three types of information gathering activity:

1. The Safeguarding Coordinator's or care service provider's **gathering of basic information** (who, what, where and when as detailed on page 22) when an allegation or report is first received.
2. Police and/or social work **single or joint agency investigation**.
3. **Fact finding investigation** by the employer (Kirk Session or service provider) only after (2) above and then **only after** the police/Procurator Fiscal have given the go-ahead.

It is **not** the role of the Safeguarding Coordinator, Safeguarding Panel or service provider to **investigate** when an allegation of abuse or harm is first made. But it is their role to gather basic information about the situation as above. It **is** the role of the police or social work to investigate - they determine if there is evidence, or not, to support the allegation or reported harm.

In practice, **after** a safeguarding investigation by the police, the Safeguarding Panel/Kirk Session/employer is often left with a situation to manage. Unless it is absolutely clear that there is no evidence to support any of the allegations or suspicions, or the allegations were proved to be false, the Safeguarding Panel/Kirk Session/employer often need to conduct their own in-house fact finding investigation. The purpose is usually to determine if there are grounds for **disciplinary** action with regard to a paid member of staff or a volunteer.

Example: after alleged bullying a person in a position of trust and responsibility working with teenagers hit a child with a broom. The young person ran away from the camp and was emotionally very distressed. The Procurator Fiscal decided to take no further action. A fact finding investigation followed to see if there were grounds for disciplinary action. Outcome: a written warning was issued to the worker plus mandatory re-training. (Physical harm; police referral; fact finding investigation.)

Where there is a police investigation and charges are made the level of proof required is 'beyond all reasonable doubt'. For fact finding investigations conducted by the Kirk Session/Safeguarding Panel/employer, a lower level of proof - 'on the balance of probabilities' – is used. With regard to the allegations of harm there will usually be a finding that they are:

1. **Substantiated** (there are facts and evidence that prove that the harm occurred).
2. **Unsubstantiated** (it is not known whether harm has occurred or not and often it is one person's word against that of another).
3. The allegations or suspicions are **false** (there are facts or evidence that determine beyond all reasonable doubt that the harm did not occur). The allegation may thus be false or malicious.

The following structure for a fact-finding investigation can be adapted to meet your particular needs e.g. providing a report to the Kirk Session or an employer carrying out a safeguarding related investigation as part of a disciplinary procedure. Note the importance of step 8: establishing a timeline for the incident or events.

Structure of the report

1. Executive summary	The main points, findings and conclusion summarised for quick reading.
2. Purpose of the report.	Clearly identify the remit . Agree this with the person commissioning the report and get it in writing. Is it just to report findings (what happened) or to make recommendations (what needs to be done to address the findings)?
3. The process of producing the report.	Details about who has written it and the process e.g. who was interviewed and when, supporting information such as the write-ups of the interviews, other agencies who contributed, examination of case records and files, telephone calls etc.
4. Two or three key questions for the investigation to address.	It is useful to identify 2 or 4 key questions for the investigation to address . Write them down. This helps to maintain the focus and ensures that at the conclusion, the investigation achieves what it set out to do.
5. Background and contextual information.	Brief history of the circumstances and background leading up to the incident.

6. Detailed description of the alleged harmful event.	Write this up in detail. Sources will include interviews with the service user, staff, witnesses and significant others. What happened before, during and after the event?
7. Assessment of the impact of the alleged harmful event on the service user.	Identify the emotional, psychological, social and physical impact on the service user e.g. withdrawal, injuries, changes in mood and behaviour that are out of character, effect on mental health and relationships, impact of loss of property or money etc.
8. Chronology of events, actions and decisions. This is a key tool .	Insert a two-column table that briefly summarises (1) the main events and what happened, who was involved and where and (2) when with day, date and time. This enables an at-a-glance summary of events and can be used like a map to find your way around the report. (Otherwise it is too easy to lose track of what happened, who was involved and when).
9. The facts that were established.	State what facts were established using your 2–4 key questions. What can you say happened with (1) <i>certainty</i> (2) <i>is likely</i> to have happened on the 'balance of probabilities' or for which 'there are reasonable grounds for belief' or (3) <i>did not</i> happen because there is no evidence to support it? Separately identify corroborated, uncorroborated and disputed statements or facts.
10. Possible explanations for key questions 1 to 3.	Suggest possible explanations based on the above section.
11. Additional findings .	Opportunity to make other observations that may be strictly outwith the original remit but have emerged and are relevant.
12. Action plan .	Who will do what by when, resources needed and arrangements for review to ensure that change will be lasting.

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Version:	Title:	Author:
Final Version, 16 June 2011	Safeguarding Handbook I: <i>What you need to know and do to protect children and adults at risk from harm or abuse.</i>	Richard Crosse Head of Safeguarding Tel: 0131 240 2256 Email: safeguarding@cofscotland.org.uk Web: www.churchofscotland.org.uk

Your Local Safeguarding Key Contacts for Congregations, Church Organisations and CrossReach Services

Name	Telephone number and email address
<p>Your Safeguarding Coordinator (for congregations only)</p> <p>Name:</p>	<p>Tel:</p> <p>Email:</p>
<p>Your organisation's or service's manager or responsible person to whom harm or abuse should be reported</p> <p>Name:</p>	<p>Tel:</p> <p>Email:</p>
<p>Your local social work service</p> <p>Name:</p>	<p>Tel:</p> <p>Email:</p>
<p>Police: The Public Protection Unit, The Family Protection Unit, Family and Children's Unit or equivalent named specialist police unit for child and adult protection and domestic abuse.</p> <p>Name:</p>	<p>Tel:</p> <p>Email:</p>
<p>Your local police station</p> <p>Name:</p>	<p>Tel:</p> <p>Email:</p>

