

Chapter 2 – Protecting children and adults at risk of harm

Child and Adult Support and Protection and the Four Rs of Safeguarding.

Understanding child and adult support and protection and what to do if you suspect or witness harm or abuse, or harm or abuse is reported to you.

What is child protection?

The Scottish approach to child protection is based upon the protection of children's rights.

The [Getting it Right for Every Child \(GIRFEC\)](#) policy and practice model is a practical expression of the Scottish Government's commitment to implementation of the [United Nations Convention on Rights of the Child \(UNCRC\)](#). This requires a continuum of preventative and protective work.

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

Child protection guidance provides overall direction for agencies and professional disciplines where there are concerns that a child may be at risk of harm.

Child protection procedures are initiated when police, social work or health professionals determine that a child may have been abused or may be at risk of significant harm. This approach is detailed in the [National Guidance for Child Protection in Scotland 2021](#).

Child protection is part of a continuum of collaborative duties upon agencies working with children.

The Getting it Right for Every Child (GIRFEC) approach promotes and supports planning for such services to be provided in the way which best safeguards, supports and promotes the wellbeing of children, and ensures that any action to meet needs is taken at the earliest appropriate time to prevent acute needs arising.

Single-agency responsibilities for child protection

All services and professional bodies should have clear policies in place for identifying, sharing and acting upon concerns about risk of harm to a child or children.

Each practitioner remains accountable for their own practice and must adhere to their own professional guidelines, standards and codes of professional conduct.

Practitioners at all levels in all services, including Third Sector and private sector services, should have information, advice and training to make them aware of potential risks to children; and to support their knowledge and confidence about steps they might take to keep children safe.

Faith organisations

Religious leaders, practitioners and volunteers within faith organisations have a unifying priority in relation to the protection of children.

They may provide regulated care as well as a wide range of voluntary support services.

Faith organisations including churches provide carefully planned activities for children, supporting families under stress and caring for those hurt by abuse in the past, as well as ministering to and managing those who have caused harm.

Within these varied roles, all reasonable steps must be taken to provide a safe environment that promotes and supports the wellbeing of children and young people.

This includes careful selection and appointment of those who work with children.

It also means ensuring practitioners and volunteers are confident about how to respond promptly, in line with agreed protocols, when concerns arise about risk of harm to a child from abuse or neglect.

Safeguarding Co-ordinators and Safeguarding Advisers or Officers, should be available for consultation within faith organisations.

They will work with social workers and police officers as and when required.

Practitioners and volunteers with church and faith organisations must report concerns about harm to a child to their line manager or Safeguarding Co-ordinator.

The safety of the child or adult at risk is the priority.

What is adult support and protection?

The [Adult Support and Protection \(Scotland\) Act, 2007](#) gives legal measures to statutory agencies to protect adults at risk from harm or abuse. There is a need to strike a balance between the “need to protect” and the rights of the adult.

Since the implementation of the Adult Support and Protection (Scotland) Act, 2007, there has been a number of developments both within the overall context of Adult Support and Protection and in day-to-day-practice that are not fully reflected in the last version of the Adult Support and Protection [Code of Practice](#).

For example, there is now a growing appreciation that Adult Support and Protection can have direct relevance to a broader range of people than originally anticipated including some people who have addiction problems or who are homeless.

It can also potentially apply to people who may be being placed at risk and having their human rights infringed through inappropriate arrangements for their care.

As a result of these developments the [Code of Practice](#) is currently being revised which will undoubtedly have implications for future practice.

There are many other pieces of relevant legislation designed to support and protect adults. Two of the most significant pieces are the [Adults with Incapacity \(Scotland\) 2000 Act](#) and the [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#).

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 agrees.

Sometimes adults at risk do not want social work or the police to act to protect them from harm.

Acting 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 considered.

There is a need to strike a balance between the “need to protect” and the rights of the adult. If in any doubt, contact the Safeguarding Service for advice.

The impact of trauma on children and adults

Trauma may be defined as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individuals mental, physical, social, emotional or spiritual wellbeing”.

Many different types of experience can lead to psychological trauma, including but not limited to: accidents, interpersonal violence, surgery and serious physical illness, chronic or repetitive experiences such as child abuse and neglect, enduring deprivation, war or living in a war zone, and military combat.

Children are particularly vulnerable to the adverse effects of trauma and abuse, with many children having experienced four or more adverse childhood experiences ([commonly referred to as ACEs](#)).

Experiencing trauma can have a wide range of adverse outcomes, including poorer mental and physical health, economic and social outcomes and religious/spiritual impacts which can be long term.

Childhood trauma has lasting impacts:

- Opportunities (education, employment, income)
- Mental Health (depression, anxiety, suicide and PTSD)
- Risky Behaviours (alcohol and drug abuse, unsafe sex, offending)
- Maternal Health (unintended pregnancy, pregnancy complications)
- Chronic Disease (cancer, diabetes)
- Injury (traumatic brain injury, fractures, burns)
- Infectious Diseases (HIV, STDs etc.)

NHS Education for Scotland has developed a [National Trauma Training Programme](#) to help the whole Scottish workforce understand the role they have to play in understanding and responding to children, young people and adults affected by psychological trauma.

Recognition: Who we are protecting and signs of abuse to look out for

Who are we seeking to protect?

Children

While child protection procedures may be considered for a person up to the age of 18, the legal boundaries of childhood and adult are variously defined and there are overlaps.

For example, the [Children \(Scotland\) Act 1995](#) Part 1 defines a child as someone under the age of 18. However, other parts of the same Act define a child as someone who has not yet attained the age of 16 years.

The [United Nations Convention on the Rights of the Child](#) applies to anyone under the age of 18. However, Article 1 states that this is the case unless majority is attained earlier under the law applicable to the child.

The [Children and Young People \(Scotland\) Act 2014](#) defines a child as someone who has not attained the age of 18.

[Section 67 of the same Act](#) inserted a new section, [26A](#) into the [Children \(Scotland\) Act 1995](#). The current law provides that a young person born on or after 1 April 1999 who is looked after in foster, kinship or residential care is generally eligible to remain in their current placement, and be provided with accommodation by the local authority, until they turn 21 years.

The local authority has a duty to provide advice, guidance and assistance to looked after children until they reach the age of 26 years.

The [Adult Support and Protection \(Scotland\) Act, 2007](#) can be applied to over 16's where the criteria are met.

Where a young person between the age of 16 and 18 requires support and protection, services will need to consider which legal framework best fits each person's needs and circumstances.

The key message in this guidance is the following: "Although the differing legal definitions of the age 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 offered support and protection".

Adults at Risk

The [Adult Support and Protection \(Scotland\) Act, 2007](#) defines an adult at risk as a person aged 16 or over who:

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

This is commonly known as the three-point test.

For an adult to be at risk in terms of the Adult Support and Protection (Scotland) Act, 2007, the adult must meet all three points above.

It should be noted that that the three criteria above make no reference to capacity.

Capacity is not, and never should be a consideration in the three-point test.

In practice this means that the following groups of people may *sometimes* be at risk of harm:

- People with learning disabilities, physical disabilities, autism, ADHD or mental health difficulties
- Older people
- Those who are homeless or affected by addictions

Signs and types of harm or abuse affecting children or adults at risk

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.

Some types of abuse may go undetected or reported for many years or never disclosed by the person affected.

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. Report your concern to your Safeguarding Coordinator or line manager.

The main types of abuse that may be perpetrated against children

Physical

Physical abuse is the causing of physical harm to a child or young person. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Fabricated or induced illness is physical harm that may be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child they are looking after.

Signs of physical abuse:

- 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.

Sexual

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

The activities may involve physical contact, including penetrative or non-penetrative acts.

They may also include non-contact activities, such as involving children in looking at, or on in the production of indecent images or in watching sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways.

Harmful sexual behaviour between children and young people

Some children and young people can develop harmful sexual behaviour which harms others and themselves. 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.

Signs of sexual abuse:

- 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.

Child sexual exploitation

The sexual exploitation of children and young people under 18 is an often-hidden form of child sexual abuse, with distinctive elements of exploitation and exchange.

For example, this might involve them being coerced, manipulated, forced or deceived into performing sexual activities in exchange for receiving some form of material goods.

Signs of child sexual exploitation:

- Staying out late and going missing
- Multiple callers
- Excessive use of a mobile phone or multiple mobile phones
- Expressions of despair
- Disclosure of abuse followed by withdrawal of allegation
- Sexually Transmitted Infections (STIs) and unwanted pregnancies
- Drug and alcohol misuse
- Truancy or exclusion
- High number of sexual partners and/ or older boyfriends
- Unexplained amounts of money or other material items
- Marked change in appearance

Emotional

Emotional abuse is persistent emotional neglect or ill treatment that has a severe and persistent adverse effect on a child's emotional development.

It may involve conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person.

It may involve the imposition of age or developmentally - inappropriate expectations on a child.

It may involve causing children to feel frightened or in danger, or exploiting or corrupting children.

Some level of emotional abuse is present in all types of ill treatment of a child; it can also occur independently of other forms of abuse.

Signs of emotional abuse

- 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 depriving them of health or social care services.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

It may involve a parent or carer failing to provide adequate food, shelter and clothing; failing to protect a child from physical harm or danger or to ensure access to appropriate medical care or treatment.

It may also include neglect of, or failure to respond to, a child's basic emotional needs.

Neglect may also result in the child being diagnosed as suffering from "non-organic failure to thrive", where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated.

In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing and stimulation.

This can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature.

With young children in particular, the consequences may be life-threatening within a relatively short period of time.

Signs of neglect:

- Constant hunger, sometimes stealing food from other children
- Constantly dirty or "smelly"
- Loss of weight, or being constantly underweight
- Inappropriate clothing for the conditions.

- Complaining of being tired all the time
- Not requesting medical assistance and/or failing to attend appointments
- Having few friends
- Mentioning being left alone or unsupervised

Self-harm

Children who need protection from themselves.

Their intention may be to injure themselves but not to endanger their lives, or it may be to attempt suicide.

Signs of self-harm

- Deliberate self-harm including self-cutting, burning, hitting (to damage) parts of body
- Attempted suicide including overdosing, use of ligatures
- Refusal to eat or drink
- Drug/alcohol/substance misuse
- Calculated and dangerous risk-taking.

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.

For the most recent Scottish Government child protection guidance see The Scottish Government’s [National Guidance for Child Protection in Scotland, 2021](#).

Organised, multiple or institutional abuse: abuse by organised groups of people targeting children. Such abuse can occur both as part of a network of abuse across a family or community and within institutions such as residential settings, in day care and in other provisions such as youth services, sports clubs and voluntary groups. There may also be cases of children being abused via the use of the Internet.

Child trafficking is a crime involving the movement of children for the purpose of their exploitation

Online Abuse is any type of abuse that happens on the web, whether through social networks, playing online games or using mobile phones. Children and young people may experience cyberbullying, grooming, sexual abuse, sexual exploitation or emotional abuse. Children can be at risk of online abuse from people they know, as well as from strangers. Online abuse may be part of abuse that is taking place in the real world (for example, bullying or grooming). Or it may be that the abuse only happens online (for example, persuading children to take part in sexual activity online). Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking.

Fabricated or induced illness (FII) is a rare form of child abuse. It occurs when a parent or carer exaggerates or deliberately causes symptoms of illness in the child. FII is also known as “Munchausen’s syndrome by proxy”.

Domestic abuse: Domestic abuse can seriously harm children and young people. Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships. Children living in a home where domestic abuse is happening are at risk of other types of abuse too. For more information on domestic abuse see chapter 7.

Foetal abuse is 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

Substance Misuse Children affected by drug abuse and addictions of parents/carers

Female Genital Mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence. There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

Forced Marriage where the child is under 16 years.

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

Physical

Hitting, slapping, pushing, inappropriate touching, kicking, being threatened with a weapon, burned, scalded or bitten, inappropriate sanctions or holding the person down.

Includes **inappropriate restraint** that is not part of an agreed plan. Restraint can be chemical (medication) or physical.

Signs of physical harm:

- 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.

Sexual

Can include any sexual activity that the person does not understand or want, as well as degrading or inappropriate photographs

Signs of sexual harm or abuse:

- 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

Financial or material harm

Theft, fraud, exploitation, pressure to hand over or sign over property or money, misuse of property, possessions or welfare benefits.

Signs of financial or material abuse:

- 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

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 adult at risk.

Signs of psychological or emotional harm:

- 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

Neglect and acts of omission

Can include not being given the correct medication or care, not allowed to see a doctor or other health professional, or restricting access to educational services, appropriate medication, food or heating.

Signs of neglect:

- 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 hypothermia

Self-harm

The intention may be to injure self but not to endanger own life, or it may be to attempt suicide.

Signs of self-harm:

- Refusal to eat or drink
- Drug/alcohol/substance misuse
- Cutting, burning, hitting etc. parts of the body

- Calculated and dangerous risk taking

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).

Signs of abuse of Human Rights:

- 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.

Hate crime

Hate crime is the term used to describe behaviour which is both criminal and rooted in prejudice.

Hate crime can be verbal or physical and can be online or face-to-face.

It has hugely damaging effects on the victims, their families and communities.

Current hate crime legislation in Scotland allows any existing offence to be aggravated by prejudice in respect of one or more of the protected characteristics of race, religion, disability, sexual orientation and transgender identity.

Prejudice or hostility also lies at the heart of some other offences which are recognised as hate crimes.

These include racially aggravated harassment and stirring up of racial hatred. The [Hate Crime and Public Order \(Scotland\) Act 2021](#) consolidates, modernises and extends hate crime legislation in Scotland.

It adds age as an additional characteristic and creates a new offence of 'stirring up of hatred', that will apply in relation to all protected groups protected by current hate crime laws.

The Act includes a regulation-making power to enable the characteristic of 'sex' to be added to the lists of protected characteristics by regulations at a later date.

Historical (non-recent) abuse

The term 'historical abuse', often referred to as non-recent abuse, refers to reports of neglect, emotional, physical and sexual abuse which took place before the victim was 16 (or 18, in particular circumstances) and which have been made after a significant time lapse.

The complainant may be an adult but could be a young person making reports of abuse in earlier childhood.

The reports may relate to a person's experience in the family home, community or while they were a looked after and accommodated child in a residential, kinship or foster care setting.

See the Historical Abuse Policy in Appendix 2.

Spiritual abuse

Religious abuse is abuse administered under the guise of religion, including harassment or humiliation, which may result in psychological trauma.

Religious abuse is the control of one individual by another and may include manipulation and exploitation, enforced accountability, censorship of decision making, requirements for secrecy and silence, pressure to

conform, misuse of scripture or using the pulpit to control behaviour, requirement of obedience to the abuser, the suggestion that the abuser has a 'divine' position.

Spiritual abuse is no less harmful or difficult to endure than any other kind of abuse, as a person's spiritual life is deeply personal.

However, it can be very difficult to identify, as many victims may not recognize they are being abused.

Who might perpetrate abuse?

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 or Minister and then the Safeguarding Service.

How suspected or actual, harm or abuse may be disclosed or come to light

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 disclosed.

Harm or abuse can come to light when:

- An incident or behaviour is seen or heard by you
- 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
- The appearance, behaviour, health or comments of a child or adult at risk 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.

Reporting: What to do if harm or abuse is suspected or disclosed 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 Safeguarding Coordinator, and harm or abuse has been reported to you, contact the Safeguarding Service for written and verbal advice within 24 hours of receipt of the concern where possible.

If serious harm or abuse has happened, a crime has occurred or the person is in immediate danger, police or social work can be contacted first, and the Safeguarding Service after.

What do you do if harm or abuse is disclosed 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 cases of suspected or reported abuse.

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.

- Listen to the child or adult at risk. Take what they say seriously.
- Reassure the person – tell them they have done the right thing by telling you.
- 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.
- Never promise confidentiality.
- Only ask open questions to establish the basic facts. Do not continue to question or judge.
- Do not investigate – that is the role of social work or the police.
- Tell the person what you are going to do next (unless to do so places them or others at risk of harm).
- 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 (discussed later in the handbook).
- Report what you have heard or seen.
- Keep what you have heard or seen confidential between yourself, the person and the person to whom you report your concerns.

What questions to ask - using open questions

Use 'TED' open questions with TED representing questions such as: Tell me about...; Explain to me; Describe to me.

Use the 4WH questions: who, what, when, and where. For example, in response to a disclosure of alleged harm: 'What happened?', 'Who was there?', 'When did that happen?', 'Where did that happen?'

Recording reported, suspected or witnessed harm or abuse

The following is general guidance about best practice in relation to the recording of information about an event where harm or abuse has been disclosed.

Good recording is a critical part of the Safeguarding agenda.

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 as in some serious cases they may be used as evidence.
- Be dated (day, month and year) and signed* by the person who received the disclosure (*with name printed along-side).
- Include a 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 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 views and wishes of the child or adult at risk.
- Record who you spoke or consulted with, when, what decisions were made by whom and the reasons for those decisions.

The written record should then be passed to your Safeguarding Coordinator.

Safeguarding Coordinators should refer to the [Data Retention Guidance from the Law Department](#) and [Data Protection guidance for Safeguarding Coordinators](#) for more information on the proper storage of these reports.

Making a referral to social work or the police

For Church congregations it is usually the Safeguarding Coordinator who contacts 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:

- Name and date of birth (if known) of child or adult at risk
- Address of child or adult at risk
- Is the child or adult at risk or their parent or carer aware of the referral and what are their views and wishes?
- 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.
- 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.

It is useful to note that all local authorities will have their own child protection and adult support and protection interagency procedures and guidance which you should refer to for your locality.

Further guidance about reporting to child protection services can be accessed in the [National Guidance for Child Protection in Scotland 2021, page 266](#)

Fact-finding investigations

Suggested structure and process for fact-finding investigations after police or social work investigations if it has involved a paid staff member or volunteer.

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 gathering of basic information (who, what, where and when) 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.

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:

- Substantiated (there are facts and evidence that prove that the harm occurred)
- Unsubstantiated (it is not known whether harm has occurred or not and often it is one person's word against that of another)
- 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 suggested structure for a report, following a fact-finding investigation, can be found in appendix 5.

This can be adapted to meet your particular needs: for example, providing a report to the Kirk Session, or an employer carrying out a Safeguarding-related investigation as part of a disciplinary procedure.